

IMPORTANT NOTICE TO MEMBERS OF INSURED PLANS REGARDING OUR MEDICAL LOSS RATIO



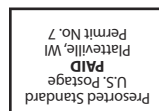
The Affordable Care Act requires health insurers in the individual and small group markets to spend at least 80 percent of the premiums they receive on health care services and activities to improve health care quality (in the large group market, this amount is 85 percent). This is referred to as the Medical Loss Ratio (MLR) rule or the 80/20 rule. If a health insurer does not spend at least 80 percent of the premiums it receives on health care services and activities to improve health care quality, the insurer must rebate the difference.

A health insurer's Medical Loss Ratio is determined separately for each state's individual, small group and large group markets in which the health insurer offers health insurance. In some states, health insurers must meet a higher or lower Medical Loss Ratio. No later than August 1, 2012, health insurers must send any rebates due for 2011 and information to employers and individuals regarding any rebates due for 2011.

You are receiving this notice because your health insurer had a Medical Loss Ratio for 2011 that met or exceeded the required Medical Loss Ratio. For more information on Medical Loss Ratio and your health insurer's Medical Loss Ratio, visit www.HealthCare.gov.

"My health plan uses my premiums to help improve my care."

21637



HEALTH LITERACY: ASKING QUESTIONS CAN IMPROVE YOUR HEALTH CARE

Q. How many people easily understand what their doctors tell them?

A. About half. And the other half—those who have trouble taking it all in—includes a lot of very smart people. Maybe it includes you.

HEALTH INFORMATION CAN BE COMPLICATED

The ability to read, understand and act on health care information is called health literacy. Low health literacy is common because health care is so complicated. It's even harder to understand health information if you're sick—with a chronic illness, for example.

Having low health literacy can result in:

- Not understanding how to take your medicine
- Missing appointments or procedures
- Not knowing how to take care of your condition at home

THREE QUESTIONS

There's a surefire way to boost your health literacy—ask questions. The Ask Me 3 questions are designed to get you the information you need. At every appointment, ask:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

CHANGES TO RX CLINICAL MANAGEMENT PROGRAMS

Highmark Blue Cross Blue Shield continues to address the rising costs and utilization of prescription drugs through its Prescription Drug Clinical Management Programs.

PRIOR AUTHORIZATION PROGRAM*

Korlym (mifepristone) will be added to the Prior Authorization Program effective August 1, 2012, for all commercial products and immediately upon CMS approval for all Medicare products. Korlym is used in the treatment of hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing's syndrome who have type 2 diabetes mellitus or glucose intolerance.

MANAGED RX COVERAGE (MRXC) PROGRAM*

Altoprev, Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor, Simcor, Vytorin (policy will apply to Brand form of medications ONLY).

The above brand name medications used in the management of hyperlipidemia will be added to the MRxC program for the comprehensive and progressive commercial formularies. Coverage for these products requires prior use of generic statin. The effective date of this policy is September 1, 2012. MRxC criteria for automatic authorization requires that the member has at least one prescription drug claim within

the past 24 months for a generic statin.

Solodyn (minocycline er) which is used in the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 12 years of age and older will be added to the MRxC Program for the comprehensive and progressive commercial formularies. The effective date of this policy is August 15, 2012. MRxC criteria for automatic authorization are as follows:

The member is 12 years of age and older AND has at least one prescription drug claim for minocycline, one prescription drug claim for a different oral antibiotic, and one prescription drug claim for a topical agent for the treatment of acne within the previous 12 months.

Oxy IR (oxycodone); **Opana** (oxymorphone) {immediate-release opioid products} used in the management of pain will be added to the MRxC program for the comprehensive and progressive commercial formularies. The effective date of this policy is October 1, 2012. This is an addition to the MRxC program with "oxycontin-like" rule, but with limits that are yet to be determined.

OxyContin (oxycodone er); **Opana ER** (oxymorphone er) {extended-release opioid products} used in the management of pain will be added to the MRxC program for the open, incentive/closed,

and progressive formularies. The effective date of this policy is September 17, 2012. This is a revision to the extended-release opioid limit for OxyContin and Opana ER. New limits to be:

- **OxyContin** (oxycodone) 10mg, 15mg, 20mg, 30mg, 40mg, 60mg—100 tablets per 25 days (retail edit) and 300 tablets per 75 days (mail-order edit)
- **OxyContin** (oxycodone) 80mg—100 tablets per 25 days (retail edit) and 300 tablets per 75 days (mail-order edit)
- **Opana ER** (oxymorphone) 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg—100 tablets per 25 days (retail edit) and 300 tablets per 75 days (mail-order edit)
- **Opana ER** (oxymorphone) 40mg—100 tablets per 25 days (retail edit) and 300 tablets per 75 days (mail-order edit)

Glyburide (*applies to all brand formulations, generic formulations and combination formulations) which is identified by CMS as high-risk medication in the elderly ≥ 65 years of age will be added to the MRxC Program for the Medicare formularies after September 1, 2012. MRxC criteria are yet to be determined upon CMS approval of prior authorization.

QUANTITY LEVEL LIMIT PROGRAM*

Stendra will be added to the Quantity Level Limit Program effective August 1, 2012, for the comprehensive and progressive commercial formularies. Stendra is indicated for the treatment of erectile dysfunction.

Acetaminophen (aka APAP) containing opioid products will be added to the Quantity Level Limit Program with an effective date that is yet to be determined for the comprehensive and progressive commercial formularies. Limits are based on a maximum daily dose of 4 grams of APAP/day. These limits are based upon safe maximum daily dosages of APAP.

**All effective dates are tentative and subject to delay pending internal review or CMS approval. Policies will not become effective earlier than the dates listed above.*



HELP PREVENT THE FLU

There are everyday preventive actions you can take to stop the spread of germs. The Centers for Disease Control and Prevention recommends that you:

USE A TISSUE

Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue away after you use it.

WASH YOUR HANDS

Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

AVOID GERMS

Avoid touching your eyes, nose and mouth. Germs get into your body this way.

AVOID SICK PEOPLE

Try to avoid close contact with sick people.

STAY HOME

Stay home for at least 24 hours after your fever is gone, except to get medical care, if you are sick with a flu-like illness.

LIMIT CONTACT

Limit contact with others as much as possible when you're sick to avoid spreading the flu.

GET A FLU SHOT

Remember: As soon as the vaccine is available, **EVERYONE** six months of age and older should get a yearly flu shot. Don't let the flu get you. Protect yourself—and others.



THE FLU: DON'T LET IT GET YOU

Tens of thousands of people in the United States die each year from complications of influenza (the flu), according to estimates from the Centers for Disease Control and Prevention (CDC). The best way to prevent the flu is to get a yearly flu shot.

The flu is a contagious viral infection that attacks your respiratory system—your nose, throat and lungs. The influenza virus is not the same as the stomach viruses that cause diarrhea and vomiting.

People who have the flu often have some or all of the following symptoms:

- Fever or feverish feeling/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue

The flu virus spreads when people with the flu cough, sneeze or talk. The virus can land in the mouths or noses of people who are nearby. Occasionally you may get the flu by touching a surface or an object that has the flu

virus on it and then touching your mouth, eyes or nose.

When you have the flu, it's possible to pass it on to someone before you even know you are sick—and, of course, while you are sick. Most healthy adults can infect others beginning one day before symptoms develop and up to five to seven days after actually becoming sick.

People who are at higher risk of developing complications from the flu include:

- Young children
- Older adults
- Pregnant women
- People with weakened immune systems (e.g., those with HIV/AIDS or having chemotherapy, etc.)
- People who have chronic illnesses

The CDC recommends a yearly vaccine as the first and most important step in protecting against the flu virus. Flu vaccination usually begins in September, or as soon as the vaccine is available, and continues throughout the flu season, which can last as late as May.

DID YOU KNOW?

- Nationally, only 48 percent of African-American seniors get flu shots.
- Flu is one of the leading causes of death for African-Americans with diabetes.
- The flu shot does not cause the flu. It is not a live vaccine.
- Even if you had a flu shot last year, you need to get one again each year. It is not a one-time shot.





IMPORTANT NAME CHANGE

If you have prescription drug coverage through Highmark, take note.

Medco, the company that administers Highmark's prescription drug benefits, has merged with Express Scripts, Inc. With this merger, the company's new name is Express Scripts (ESI). Beginning September 1, the ESI name began to appear on communications to members.

There are no changes to your prescription drug benefits as a result of this merger. You can continue to use the same retail pharmacy and make use of home delivery as you have before.

HIGHMARK'S NEW CARE COST ESTIMATOR

FIND OUT WHAT YOU MAY OWE FOR CARE—BEFOREHAND

Did you know that you can often choose where to go for care, and that your choices may affect how much you end up paying? You might not realize it, but the costs for common medical care can vary widely from place to place.

Our new Care Cost Estimator makes it easy to get an estimate of what you might owe for a procedure, so you can compare costs of different doctors and hospitals and make the most informed decision.

For example, let's say you sprain your

knee and your doctor recommends an MRI. There are multiple imaging centers nearby, but you're not sure which one offers the most cost-effective services. Just log onto your member website and use the Care Cost Estimator to help you decide.

On the search page, select the location where you want to receive care by the distance from your ZIP code—5, 10, 25 or 50 miles. Choose the type of care you need—in this example, it's diagnostic, but other choices include inpatient, outpatient and office visits.

Simple drop-down menus let you select the right procedure—MRI Lower Limb with Joint, in this case. By clicking the Compare Costs button, you'll see an estimated range of your costs at the different providers in your area.

The Care Cost Estimator lets you shop and find high-quality, cost-effective care on everything from screening tests, such as colonoscopies, to surgeries, including gastric bypass, cardiac and cataract surgeries. You can also see estimates for what you may owe at hospitals versus at outpatient

surgical centers and freestanding imaging centers.

This new tool calculates your portion of medical costs by taking into account your specific deductible, coinsurance and copay amounts. Your potential cost is based on the charges likely to be associated with the service or procedure you need.* If you were pricing a surgery, the estimated cost range could include fees from admission through discharge, such as:

- Physicians' charges
- Surgical suite
- Anesthesia
- Recovery room
- Medical supplies

Knowing your estimated costs can help you make informed decisions to plan for the health care you need. Try the Care Cost Estimator today!

**Care Cost Estimator does not accommodate HMO pricing.*



COPD: TAKE ACTION TO MANAGE YOUR SYMPTOMS

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases that affects up to 24 million people in the United States—and the number is increasing. By 2020, experts predict that COPD will be the third leading cause of death and the fifth leading cause of disability worldwide.

Initially, people with COPD may have few or no symptoms. As the disease progresses, however, they have more and more difficulty breathing. They begin to cough, may notice problems with mucus (phlegm) and then have shortness of breath during everyday activities such as climbing stairs. As the condition gets worse, people become less active, more physically disabled, and more dependent on friends and family to take care of them.

If you are diagnosed with COPD, here are two of the most important steps you can take to improve your health:

1. If you smoke, quit. Long-term cigarette smoking is the most common cause of COPD, and it makes symptoms worse.
2. Take your medications regularly and exactly as your doctor tells you to take them.

To control your symptoms, you must understand your medicine and how to take it correctly. Here are some common medicines used to treat COPD:

- **Bronchodilators.** These are either inhaled or taken by mouth as a pill. They relax the muscles and open the air passages in the lungs.
- **Corticosteroids.** These are either inhaled or taken by mouth as a pill. They reduce irritation and swelling, which in turn opens your airways.
- **Antibiotics.** These may be used in special cases—for example, if you have an infection. These medications

can improve problems with shortness of breath and wheezing.

Develop a COPD treatment plan with your doctor. By following your treatment plan, you can prevent your COPD symptoms from getting worse. Although there is no cure for COPD, you can control your symptoms—and your quality of life—by taking action.

Highmark has resources available to help you understand and manage your COPD:

- Blues On Call Health Coaches are available 24 hours a day, seven days a week to give you one-on-one support over the phone for COPD and many other health problems. Call 1-888-BLUE-428.
- Free chronic condition guides and free programs on COPD, quitting smoking, reducing stress, managing chronic conditions and many other topics are available on highmarkbcbs.com.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

A diagnosis of breast cancer can be devastating. And while we hope you never face such a situation, we want you to know that Highmark will be there if you need us.

Our health plans are in compliance with the Women's Health and Cancer Rights Act of 1998. This federal act requires group health plans that cover mastectomies to also cover all stages of reconstruction and surgery of the breast on which the mastectomy was performed and surgery and reconstruction of the other breast to produce a symmetrical appearance. The act also requires such plans to offer coverage for prostheses and treatment of physical complications of a

mastectomy, including lymphedema. Coverage may be subject to deductibles and coinsurance. If you have any questions, please call Member Service.



INFO JUST A CALL AWAY

If you are facing decisions about breast cancer, you can discuss your options or concerns with a Blues On Call Health Coach anytime, day or night, by calling **1-888-BLUE-428**.

DRUG UPDATE

Generic drugs are quality medications that you can trust and afford. The average brand-name drug can cost up to three or four times the cost of the generic equivalent. The U.S. Food and Drug Administration (FDA) requires that all generic drugs contain the same active ingredients and be the same strength and dose form as their

brand-name equivalent. Many generic drugs are made by the same companies that make brand-name drugs.

If you take any of the following medications, be sure to watch for their generic equal sometime this year.



BRAND NAME (GENERIC NAME)	INDICATION
Avapro (irbesartan)	Hypertension
Avalide (irbesartan/hydrochlorothiazide)	Hypertension
Seroquel (quetiapine)	Antipsychotic
Plavix (clopidogrel)	Antiplatelet
Actos (pioglitazone)	Diabetes
Detrol (tolterodine)	Antispasmodic
Diovan (valsartan)	Hypertension
Diovan HCT (valsartan/hydrochlorothiazide)	Hypertension
Femcon Fe (ethinyl estradiol/norethindrone)	Contraception
Revatio (sildenafil)	Pulmonary arterial hypertension
Singulair (montelukast)	Asthma
Tricor (fenofibrate)	High cholesterol
Xopenex (levalbuterol inhalation solution)	Asthma/chronic obstructive pulmonary disease

DO YOU USE DURABLE MEDICAL EQUIPMENT?

Wheelchairs, walkers, oxygen supplies—these are some of the items called durable medical equipment. Because of new billing policies, some national suppliers of this type of equipment are no longer in the Highmark network. So if you use durable medical equipment, it's important to make sure your supplier is.

WHAT THIS MEANS TO YOU

You can check to see if your supplier is still in the network at highmarkbcbs.com, or call Member Service at the number listed on the back of your member ID card. If it turns out that your supplier is no longer in the network, the difference for you depends on your coverage:

- If you have HMO coverage, the equipment or supplies you get from this supplier will not be covered.
- If you have PPO coverage, the

equipment or supplies will be covered at the lower, out-of-network level. This lower payment will be sent directly to you. You are then responsible for paying the supplier. That company may also charge you the balance between the insurance benefit and their charge—a practice called balance billing.

- If your coverage doesn't use a network (as in traditional coverage), the out-of-area supplier is considered "nonparticipating." As with PPO coverage, the payment comes to you and you then pay your supplier. They may balance-bill you.

These changes affect both group and individual plans.

WHAT WE ARE DOING

We have identified out-of-area durable medical equipment suppliers

that are used by a significant number of members, as well as those that supply unique items that cannot be obtained from local providers. The goal is to acquire contracts with these providers to minimize any inconvenience or increased out-of-pocket costs to Highmark members.

WHAT YOU CAN DO

If you have any questions, call Member Service at the number located on the back of your member ID card. We are happy to help you keep your expenses down.

The best way to do that is to get your durable medical equipment and supplies from a Highmark network provider. You can see a list of network suppliers at highmarkbcbs.com.

ONE PPO BLUE CARD FOR MORE CONVENIENCE

If you have employer-sponsored *PPO Blue* coverage, the next time you receive a new identification (ID) card or request a replacement, your card may have a new, easy-to-read design. And if you have Highmark dental and/or vision coverage under the same group number, one card will replace your individual vision, dental and medical cards. So if you have multiple Highmark products, you may no longer need to keep separate cards.

This new consolidated ID card is part of Highmark's initiative to make all aspects of your health coverage easier for you to manage.



WHAT'S YOUR ANTIBIOTIC IQ?

	TRUE	FALSE
1. Antibiotics kill bacteria.	<input type="checkbox"/>	<input type="checkbox"/>
2. Antibiotics kill viruses.	<input type="checkbox"/>	<input type="checkbox"/>
3. Bacteria and viruses are the same thing.	<input type="checkbox"/>	<input type="checkbox"/>
4. Antibiotics can help treat colds and the flu.	<input type="checkbox"/>	<input type="checkbox"/>
5. Antibiotics can help strep throat.	<input type="checkbox"/>	<input type="checkbox"/>
6. When taking an antibiotic, you can stop taking it once you start feeling better.	<input type="checkbox"/>	<input type="checkbox"/>
7. When taking an antibiotic, you should take the full dose exactly as prescribed by your doctor.	<input type="checkbox"/>	<input type="checkbox"/>
8. If you're sick and taking an antibiotic, it's sometimes OK to share your antibiotic with a friend or child who is also sick.	<input type="checkbox"/>	<input type="checkbox"/>
9. Using antibiotics when they are not needed can be harmful.	<input type="checkbox"/>	<input type="checkbox"/>
10. Fifty Americans die every day from infections that can no longer be cured by antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>

Check your answers below.

- | | | | |
|---|---|---|--|
| <p>1. True. Antibiotics are drugs that fight infections caused by bacteria.</p> <p>2. False. Antibiotics kill bacteria, not viruses.</p> <p>3. False. Bacteria and viruses are not the same thing, but both can cause infections.</p> <p>4. False. Antibiotics kill bacteria, not viruses. Colds and the flu are caused by viruses.</p> | <p>5. True. Strep throat is caused by bacteria, so antibiotics should be taken for strep throat.</p> <p>6. False. When taking an antibiotic, you should always take the full dose. Even if you start feeling better before using the entire prescription, you could still have infectious bacteria in your body that could make you sick again.</p> | <p>7. True. Taking the full dose of antibiotics will make sure that all the bacteria are killed. If you don't take the full dose, remaining bacteria may grow and multiply.</p> <p>8. False. Antibiotics should never be shared.</p> <p>9. True. Taking antibiotics when they are not needed can make them less effective when they are.</p> | <p>10. False. Fortunately, learning how and when to take antibiotics can help prevent the development of antibiotic-resistant bacteria.</p> <p><i>Reprinted with permission from CAQH</i></p> |
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LOG ON, ON THE GO

HIGHMARK'S MOBILE WEBSITE

On the go, but still need access to your medical information? Highmark is making it easier than ever to tap in to health care information from your mobile device. We've added new features to our already easy-to-use and fully secure mobile website.

Once on the site, you'll have immediate access to provider lists, plan contact information and a registration page. After you register, you can log onto the password-protected section of the site. Here you can view:

- Provider directory (find doctors, hospitals, imaging centers, etc.)
- Member ID cards
- New claim alerts
- Claims history
- Deductible balance and summary (for HDHP members)
- Health and wellness content
- Contact and communications options (change your password, address or email)
- And more...

The mobile member ID card allows you to view important plan information such as your copay amounts and member ID number. You will be able to fax your health insurance information directly to a provider. Additionally, you will be provided a link to the full site where you can order a hard copy of your ID card.

The mobile site also allows you to sort through your claims by type, whether medical, vision or dental. Or you can look at your claims based on the provider name, member or date of service. And if you're the subscriber to the plan, you can keep track of the ID cards and claims of everyone on your plan.

The mobile website is updated automatically—there's no app to download. So you'll always have the latest information at your fingertips. You can even access the full Highmark Internet site from the mobile site and use the same ID and password to view your personal information.



Highmark will continue to develop new features for the mobile site to

make sure you have the interactivity and information you need.



INFO JUST A CALL AWAY

For more information, call the Member Service number on the back of your ID card.

RECIPE: FRENCH COUNTRY BEAN SOUP

INGREDIENTS

- | | |
|---|--|
| 2 tablespoons olive oil | 1 teaspoon dried thyme |
| 1 carrot, cut in half-moons | 1 garlic clove, chopped |
| 1 rib celery, sliced | 2 cups squash (e.g., butternut), peeled and diced |
| 1 small onion, chopped in bite-size pieces | 1 can (15 ounces) chickpeas or white beans, rinsed and drained |
| 1 small leek, chopped in bite-size pieces | 1 cup cooked chicken, cut in bite-size pieces (optional) |
| 3 outer leaves Savoy cabbage, rolled and cut in ½-inch strips | |
| 4 cups fat-free, reduced-sodium chicken broth | |

DIRECTIONS

Heat oil in medium Dutch oven or large, deep saucepan.

Saute carrot, celery, onion, leek and cabbage until leaves are bright green and other vegetables start to soften, about three minutes.

Add broth. Cover and simmer for 15 minutes.

Add thyme, garlic, squash and beans. Cover and simmer 15 minutes. Stir in chicken, if using.

Ladle soup into deep bowls and serve accompanied by toasted slices of whole-grain French bread or other rustic bread. (This soup reheats well. It keeps up to five days, covered, in the refrigerator.)

NUTRITION INFORMATION

Makes 8 servings (with chicken).

Amount per serving:
123 calories;
3g total fat (2g saturated fat);
18g carbohydrates;
3g protein; less than 1g dietary fiber;
586mg sodium;
425mg potassium.

Source: American Institute for Cancer Research

