



Keystone 65 has an accreditation status of Excellent from the National Committee for Quality Assurance (NCQA).



Personal Choice 65<sup>SM</sup> has an accreditation status of Full from the National Committee for Quality Assurance (NCQA).

\*Full\* is the highest level of accreditation achievable for a Preferred Provider Organization.

## Safe prescribing procedures

Keystone 65, Personal Choice 65<sup>SM</sup>, and Select Advantage have pharmacy management procedures in place to support the safe prescribing of medications that have been approved by the U.S. Food and Drug Administration (FDA).

These procedures are designed to ensure that the drug is medically necessary and is being prescribed according to both FDA and Independence Blue Cross Pharmacy and Therapeutic Committee Guidelines. Our clinical pharmacists evaluate requests for these drugs based on available clinical information to verify that the drug is being prescribed according to our guidelines.

You can obtain information on the Keystone 65, Personal



Choice 65, and Select Advantage safe prescribing procedures, such as precertification requirements, prescription limits, prior authorization, and copayment amounts, by referring to your 2008 *Evidence of Coverage* booklet or by calling the Member Services telephone number on the back of your ID card. ■

## MEMBER RIGHTS AND RESPONSIBILITIES

As a member, you should know that you have rights and responsibilities. Want to learn about your rights and responsibilities? Refer to your 2008 *Evidence of Coverage* booklet.

If you have questions, please call Keystone 65 Member Services at 1-800-645-3965. Personal Choice 65<sup>SM</sup> members, call 1-888-718-3333 (TTY/TDD: 1-888-857-4816). Select Advantage members, call 1-800-331-0017 (TTY/TDD: 1-888-857-4816). ■

# Update

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# Keeping abreast of emerging technologies

Newer doesn't always mean better.

**E**very day, new technology is developed to further the fight against disease. Many new products and procedures turn out to be highly effective, while some need further investigation. Even more, however, fall short of their original intentions, and a few turn out to be unsafe or even harmful.

In an effort to provide coverage for safe and effective treatments, we evaluate new and emerging technology for medical and behavioral health conditions. Adhering to accepted principles of technology assessment, we routinely evaluate the available evidence against the following criteria:

## **The technology must have the final OK from the right government regulatory bodies.**

This applies when organizations like the U.S. Food and Drug Administration (FDA) regulate the lawful use of a product. It is important to remember that the evidence required for FDA approval varies depending on the type of product being reviewed.

## **The scientific evidence must permit conclusions about the effect of the technology on health outcomes.**

The evidence should be based on investigations that are designed and done well. These studies should be published in peer-reviewed journals. The quality and the consistency of the results are considered crucial in reviewing the evidence. There should be evidence that the technology affects health outcomes.

## **The technology must improve the net health outcome.**

Improving the net health outcome means that the advantages outweigh the disadvantages. "Health outcome" refers to the measurable physiologic responses of a medical nature.

## **The technology must be as beneficial as any established alternatives.**

The technology should improve the net health outcome as much as, or more than, established alternatives. Direct comparison of the technology with established standard treatments for the medical condition provides the best evidence.

## **The improvement must be attainable outside the investigative settings.**

When used under usual conditions of medical practice, the technology should be reasonably expected to satisfy the previous two criteria. Participating professional providers with direct experience in the practice of the service help us evaluate the evidence to decide if the service is an acceptable medical practice that should be available to members in our plans and networks. ■



## Information about your doctors and network providers



Your Keystone 65 and Personal Choice 65<sup>SM</sup> Provider Directory contains easy-to-use, up-to-date, detailed

listings of doctors, hospitals, and other providers for you to choose from. For your convenience, the directory is arranged in alphabetical order and sorted by county, language, primary care, obstetrician/gynecologist, or specialty care physician. For more information about getting care from the providers listed in your directory, please refer to your *Evidence of Coverage* booklet.

For the most up-to-date information available on network providers, you can use the Provider Search on [www.site65.com](http://www.site65.com). From the [www.site65.com](http://www.site65.com) home page, log on to [www.ibxpress.com](http://www.ibxpress.com).<sup>\*</sup> After logging in, click on the *Find a Provider* button. For members who do not have Internet access, you may call the Member Services telephone number listed on the back of your ID card to obtain a copy of the Provider Directory or to request assistance obtaining information about the professional qualifications of our participating primary and specialty care practitioners, the languages they speak, and their addresses and phone numbers. ■

<sup>\*</sup>Registration is required.

## Need an interpreter? Help is just a phone call away.

At IBC, we speak your language.

If you, or a member you know, need help communicating with a health care provider because of an inability to speak or understand English, or because of a hearing impairment, we can help!

Keystone 65, Personal Choice 65<sup>SM</sup>, and Select Advantage offer interpreter services by certified translators, covering 66 foreign languages and dialects, as well as American Sign Language.

We also have multilingual staff members, telephone language-line services, and TTY/TDD for the deaf or hearing impaired.

All interpreter services are provided at no cost to members, and interpreter-patient confidentiality is ensured.

### Here is how to ask for an interpreter:

Members (or a member's family or friend) may call directly to schedule interpreter services. Call Medicare Member Outreach at 215-241-5635 or toll-free at 1-877-393-6729. Representatives are available Monday through Friday, 8:30 a.m. to 5 p.m.

Please ask for an interpreter at least two weeks before your doctor's appointment. ■

### HealthGrades® makes it even better

HealthGrades is an enhancement to the Provider Directory feature on [www.ibxpress.com](http://www.ibxpress.com). It lets you review and compare the qualifications and experience of network physicians, as well as the cost, quality, and safety of network hospitals. With HealthGrades, you can compare mortality, length of stay, and relative cost for more than 100 procedures. Try it today!

# When you need to see your doctor

We set certain standards to help you get the best care possible.

## Appointment availability

Along with the doctors in our network, we have set standards for the scheduling of patients' appointments.

- In an emergency, you should get medical help as quickly as possible.\* Call 911, or go to the nearest emergency room.
- In a medically urgent situation, you should be seen by your health care provider within 24 hours.\*\*
- For a routine visit, you should be able to schedule an appointment with your doctor within two weeks.
- For a routine physical, you should be able to schedule an appointment with your doctor within four weeks.

## Wait times

No one likes to be kept waiting. We have asked network doctors to set a goal of seeing you within 30 minutes of your scheduled appointment time.

Of course, unforeseen events may prevent your doctor from achieving that goal all the time. You occasionally may experience a delay. However, the aim is to ensure that you consistently have access to medical care within an acceptable waiting period.



## Access after normal business hours

Urgent or emergency medical advice should be available 24 hours a day, seven days a week. If an urgent issue arises after normal business hours, call your doctor's office for instructions on how to reach your doctor or a covering physician. In the event of an emergency, call 911 or go to the nearest emergency room.

If you have a problem obtaining an appointment with your doctor, are kept waiting in the doctor's office, or are unhappy with the services that you received, you can file a "Quality of Care/Quality of Service grievance" by calling

Member Services at the telephone number on the back of your ID card. ■

\*An emergency is defined as any medical condition that you, as a prudent layperson, reasonably believe may put your health in serious danger — when every second counts. A medical emergency could include severe pain, a bad injury, a serious illness, or a medical condition that is quickly getting worse.

\*\*Urgently needed care is defined as when you need medical attention within 24 hours for an unforeseen illness or injury, and it is not reasonable — given the situation — for you to get medical care from your primary care physician or other plan (network) providers within the service area. An urgent care condition could be a sprain, sore throat, or rising temperature.

Please refer to your *Evidence of Coverage* booklet for additional information about getting emergency or urgently needed care in and out of the service area, but within the U.S.

# Physician review and utilization management

It is the policy of Independence Blue Cross and its affiliates (“plans”) that utilization review decision-making is based on the existence of coverage and the appropriateness of health care services and supplies and is in accordance with the plans’ definition of medical necessity. Only medical directors (physicians) can make denials of coverage of health care services and supplies based on a lack of medical necessity. The plans do not compensate or provide incentives to medical directors or other physician consultants who conduct utilization review for making denials. ■

## Quality program information

Keystone 65, Personal Choice 65<sup>SM</sup>, and Select Advantage maintain extensive programs to promote quality of care and service. Information about these programs is regularly included in *Update* magazine. If you are interested in obtaining additional information about our quality programs, please call the Member Services telephone number on the back of your ID card. ■

## Prepare for doctor visits

Before your next doctor visit, think ahead so you can make the best use of your time. Experts recommend putting into writing your three top concerns and why you want to be seen. Bring that list with you to your next appointment, along with:

- ✓ paper and pen to take notes;
- ✓ a list of your medications, including over-the-counter medications and those prescribed by all of your doctors, and nutritional supplements with dosages (You want to avoid duplications and dangerous drug interactions should your doctor prescribe additional medications.);
- ✓ a record of any symptoms, how long they’ve occurred, and when and what makes them better or worse;
- ✓ any information about your condition that you found on the Internet, in books, or in magazines;
- ✓ an organized list of questions. Write down any concerns you may have so you don’t forget;
- ✓ a friend or relative to serve as another set of eyes and ears and to help think of questions you haven’t;
- ✓ duplicates of anything you have in writing so you can leave copies with your doctor. ■



# Improve your well-being with Healthy Lifestyles<sup>SM</sup>

Let us help you live healthy and stay healthy.

**D**id you know that as a member of Keystone 65, Personal Choice 65<sup>SM</sup>, or Select Advantage\*, you can take advantage of a wide variety of resources and programs to help improve your well-being? Whether you need an incentive to help you make a lifestyle change, support in managing a health condition, or care coordination while in the hospital, our Healthy Lifestyles

programs are here to help you live healthy and stay healthy!

## Reminders to schedule recommended screenings, tests, and immunizations

### Mammography and Pap tests

Breast cancer and cervical cancer are treatable when detected early. That's why we've sent more than 4 million educational reminders to our female members in support of

prevention, early detection, and treatment.

## Lifetime immunization reminders

Children, adolescents, and adults all need immunizations throughout their lifetimes. That's why we publish our Lifetime Immunization Schedule each year, stressing the importance of recommended immunizations.

## Incentives for making important lifestyle changes

### The SilverSneakers® Fitness Program

Keystone 65, Personal Choice 65, and Select Advantage members are eligible for SilverSneakers. Now members can enjoy a free basic membership to a SilverSneakers or Silver Access participating location. Members have access to amenities, such as treadmills and weights, social events, health education seminars, and health screenings. In addition, SilverSneakers members have access to specialized classes that focus on improving strength, flexibility, balance, and coordination — all taught by certified SilverSneakers instructors.



### Smoking cessation program\*\*

Get up to \$200 back when you complete your choice of a variety of proven smoking cessation programs. If you choose a smoking cessation program that costs less than \$200, you can apply the difference toward the purchase of nicotine replacement products or other prescription smoking cessation aids.

### Healthy Weight, Healthy You\*\*

We'll reimburse you up to \$200 for the cost of Weight Watchers® and/or any network hospital weight management program.

### Get individual support from the Connections<sup>SM</sup> Health Management Program\*\*\*

If you have a health condition such as diabetes, lung or breathing problems, heart conditions, or other recurring health issues, Connections can help you lead a healthier life. A Health Coach can also offer information and support when you are working with your provider to decide on a treatment course for your condition.

Through the Connections Health Management Program, you can receive:



- access to a Health Coach you can talk to anytime, day or night, 24 hours a day, seven days a week;
- personalized calls from your Health Coach about your chronic condition or other health concerns;
- educational materials mailed to your home;
- health reminders about important tests and information to help you take better control of your health;
- access to an encyclopedia of health information on the Web, through the mail, or on audio or videotape.

### Healthwise® Knowledgebase

The Healthwise Knowledgebase is an easy-to-use, comprehensive source of health information available to all members

on [www.site65.com](http://www.site65.com). From there, log on to [www.ibxpress.com](http://www.ibxpress.com) and select *Health Information*. If you don't have Internet access, call a Health Coach at 1-800-ASK-BLUE (1-800-275-2583), prompt 1, then prompt 2 (TTY/TDD: 1-888-525-4481), and ask for information to be mailed to your home.

### Care management and coordination when it counts\*

Navigating the health care system can be a challenge. Whether you are scheduling elective surgery, such as hip or knee replacement, or trying to manage complex home health care services, our staff of registered nurses will work with your

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health care provider to ensure that you receive the care you need. The care management and coordination services provided by an Independence Blue Cross (IBC) nurse can really make a difference when you don't know where to turn. To reach an IBC nurse, call 1-800-313-8628.

### When it comes to accessing care, we can help

Log on to [www.site65.com](http://www.site65.com), and select *Find a Provider* for information on more than 18,000 health care providers, or call 1-800-ASK-BLUE (1-800-275-2583), prompt 1, then prompt 1 (TTY/TDD: 1-888-857-4816), for assistance.

### Value-added items and services

The following products and services are neither offered nor guaranteed under our contract with the Medicare program, but they are made available to all members who are enrolled in

an IBC plan. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Keystone 65, Personal Choice 65, or Select Advantage grievance process.

#### Personal Health Profile

Complete our online lifestyle questionnaire on [www.site65.com](http://www.site65.com). You will receive a detailed report that identifies your possible health risks and provides recommendations on how you can make lifestyle changes with our Healthy Lifestyles programs.

#### Stress management

Receive information to help you take control of the stress in your life with our complete stress management package.

#### Alternative health

You have access to a national network of credentialed alternative health practitioners offering up to a 30 percent discount on massage therapy, acupuncture, or nutritional counseling. You can also receive up to a 40 percent

discount on more than 2,400 health and wellness products, plus free shipping. Online information on a wide variety of alternative health care topics is also available.

#### First aid and safety

Receive reimbursement up to \$25 for any American Heart Association, American Red Cross, or American Safety & Health Institute *Save-A-Life* course, including CPR and first aid. ■

### To learn more

To learn more about how our Healthy Lifestyles programs can help you, call 1-800-ASK-BLUE (1-800-275-2583), prompt 1 (TTY/TDD: 1-888-857-4816), or visit [www.site65.com](http://www.site65.com) and log on to [www.ibxpress.com](http://www.ibxpress.com).

\*Not all programs are available to Select Advantage members. Call Member Services at the telephone number listed on the back of your ID card for more information.

\*\*These programs require enrollment. Call the Health Resource Center at 1-800-ASK-BLUE (1-800-275-2583), prompt 1, then prompt 4 (TTY/TDD: 1-888-857-4816), for a complete list of program reimbursement requirements.

\*\*\*The Connections Health Management Program is available to most members. Please refer to your member materials for the terms, limitations, and exclusions of your health care coverage, or call Member Services at the telephone number on the back of your ID card to find out if you are eligible.

Note: Only one reimbursement will be issued per member per 365-day program enrollment period. You must be covered by an IBC health plan for your entire 365-day program enrollment period in order to receive a reimbursement.

® SilverSneakers is a registered mark of Healthways Health Support, Inc.

® Weight Watchers is a registered mark of Weight Watchers International, Inc.

Healthwise® Knowledgebase is a registered trademark of Healthwise, Inc.



# Improve your health with our online Personal Health Profile

**A**re you looking for ways to improve your health? With the help of our interactive online Personal Health Profile, you have the opportunity to pursue a healthier lifestyle. The profile is customized to you to help you identify and learn about potential health risks, discover opportunities for improving your overall well-being, and connect you to other resources.

The Personal Health Profile includes six sections to assess your health habits:

- nutrition
- checkups
- cardiovascular health
- stress and well-being
- general health habits
- setting goals for better health

You can complete one section at a time, or you can complete all six sections at once by selecting *All-inclusive Personal Health Profile*. Once completed, you will receive an overall health score (0-100), along with a customized and comprehensive profile report. This report provides you with detailed health information and recommendations for maintaining positive health habits, as well as identifying long-term and short-term goals for behavioral changes.

Enjoy the added benefit of the *Did You Know?* facts about health and nutrition that accompany each question. Or, print out our helpful tools, such as *On-the-Go Shopping Lists* and

*Questions to Ask Your Health Care Provider.*

To provide you with the most current health information available, content is frequently updated as nationally accepted guidelines and recommendations change. We encourage you to complete a Personal Health Profile annually or as often as you wish. ■

## To learn more

To learn how our Healthy Lifestyles programs can help you reach your Personal Health Profile goals, contact the Health Resource Center at 1-800-ASK-BLUE (1-800-275-2583), prompt 1, then prompt 4 (TTY/TDD: 1-888-857-4816), Monday through Friday, 8 a.m. to 6 p.m.



## 4 easy online steps

To get on the road to good health, get your customized Personal Health Profile at [www.site65.com](http://www.site65.com). From there, log on to [www.ibxpress.com](http://www.ibxpress.com)\*, select *Healthy Lifestyles*<sup>SM</sup>, then *Personal Health Profile*.

\*Registration is required.

Note: The products and services described in this article are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Keystone 65, Personal Choice 65<sup>SM</sup>, or Select Advantage grievance process.

# Making decisions about your care and treatment: Your rights as a patient

In Pennsylvania, you have the right to decide whether to accept, to reject, or to discontinue medical care and treatment. If you do not wish to undergo a certain procedure or to receive a certain type of treatment, you have the right to make your wishes known to your doctors or other health care providers and generally have those wishes respected. There may be times, however, when a person cannot make his or her wishes known to a health care provider.

The following frequently asked questions and answers let you know what current federal and state laws say about your rights to tell other people in advance if you would like to receive medical care and treatment from a health care provider in the event that you need medical attention but become physically or mentally unable to give instructions about your care and treatment yourself.

## **1** What are my rights to accept, to reject, or to stop medical care treatment?

In Pennsylvania, adults generally have the right to decide if they want to accept, to reject, or to discontinue medical care and treatment.

## **2** What does my doctor have to tell me about my care and treatment?

Your doctor should provide you with all of the information that a person in your situation reasonably would want to know in order to make an informed decision about a proposed procedure or course of treatment.

## **3** If I become physically or mentally unable to make a decision about my medical care or treatment, what can I do now to guarantee that my wishes will be followed through later?

There is no law in Pennsylvania that guarantees a health care provider will follow your instructions in every circumstance. There are, however, steps you can take to express your wishes about future treatment. One of these steps is to write and sign an advance directive.

## **4** What is an “advance directive”?

An advance directive is a written document that may



be used under certain circumstances to tell others what care you would like to receive or not receive should you become unable to express your wishes at some time in the future.

## **5** What is a “living will”?

In Pennsylvania, a living will is a written document that describes the kind of life-sustaining treatment you may or may not want if you are later unable to tell your doctor what kind of treatment you wish to receive. It is important for you to know that the instructions in a living will become effective only if the person is incompetent, is

permanently unconscious, or has an end-stage medical condition. You should also understand that a living will is not a will.

## **6** What is a “health care power of attorney,” and how does it relate to a “health care agent”?

A health care power of attorney is a document you sign that appoints a health care agent to make health care decisions for you. You do not have to be permanently unconscious or have an end-stage medical condition for your health care agent to speak on your behalf.

## **7** If I have more questions about living wills or health care powers of attorney, whom should I contact?

In addition to a lawyer, there are many individuals and groups that can provide you with information about such documents. Here are some that you may wish to consult:

- Area Agency on Aging
- State Department of Aging
- Medicare, 1-800-MEDICARE (1-800-633-4227)(TTY/TDD: 1-877-486-2048); 24 hours a day, seven days a week. ■

## When you need specialty care

Learn when a referral is required for specialty care services.

### Follow these guidelines when you visit a specialist:

In order to have specialist visits covered, Keystone 65 members must request a referral from their primary care physician (PCP), with two exceptions that are explained below. Your referral is valid for 90 days from the issue date as long as you are a Keystone 65 member. Your PCP will submit an electronic referral to the specialist or facility. Please make sure the referral has been received before the services are performed. Only services authorized on the referral will be covered. If you would like a hard copy of the referral, you can view and print copies of any referrals that have been issued for you at [www.ibxpress.com](http://www.ibxpress.com). Click on *View Open Referrals*, located under *My Benefit Plan* on the home page. Personal Choice 65<sup>SM</sup> and Select Advantage members do not need referrals.

### Gynecological care

Female members now have direct access to any Keystone 65 network (plan) obstetrical/gynecological sub-specialist as well as obstetrical/gynecological specialists without a referral. This is true whether

the visit is for preventive care, routine obstetrical/gynecological care, or problem-related obstetrical/gynecological conditions. Personal Choice 65 and Select Advantage members do not need a referral for these services.

### Behavioral health care

Behavioral health care services are available through Magellan Health Services. Your physician can refer you to a Magellan provider, or you can obtain care directly, without a referral, by calling the telephone number on the back of your ID card.

For additional information, please call Member Services at the telephone number on the back of your ID card. ■



# IBC cares about your privacy

**A**t Keystone 65, Personal Choice 65<sup>SM</sup>, and Select Advantage, protecting your privacy is very important to us. That is why we have taken several steps to ensure that our members' protected health information (PHI) is kept confidential. PHI is individually identifiable health information about you. This information may be in oral, written, or electronic form. Keystone 65, Personal Choice 65, and Select Advantage may obtain or create your PHI while conducting our business of providing you with health care benefits.

Keystone 65, Personal Choice 65, and Select Advantage have implemented extensive policies and procedures regarding the collection, use and release, and/or disclosure of PHI by and within our company. We review our policies often and monitor our business processes to make sure that your information is protected, while ensuring that the information is there when needed for your health care services. For example, our procedures include steps to assist us in verifying the identity of someone calling to request PHI, procedures to limit who on our staff has access to your PHI, and sharing only the minimum amount of information when PHI must be given. We also protect any PHI that is sent electronically outside our organization. We do this by using

only secure networks or encryption technology if the information is sent by email.

We do not use or share your PHI without your permission, unless the law allows or requires us to do so. Before using or disclosing your PHI for other purposes, we will obtain your written permission, known as an *authorization*. You may also direct us to share your PHI with someone by giving us your OK. However, this authorization must include certain specific information in order to be valid. You may print a copy of our *Authorization to Release Information* form from our website, [www.site65.com](http://www.site65.com), or you can request a copy by calling Member Services at the

telephone number listed on the back of your ID card.

We are permitted to use or disclose your PHI for our payment and health care operations. Examples of these activities include paying claims for services you've received, coordinating the delivery of health care services, or monitoring the performance of our network providers to improve health care outcomes. We may also share your PHI in certain other circumstances. These include disclosures to health care oversight agencies for legally authorized health oversight activities, such as audits and investigations, or when we are required to do so by law. We may also share



certain enrollment/disenrollment information, as permitted by applicable law, with the sponsor of your group health plan so they may perform their plan administration functions.

The laws that protect your privacy also give you certain rights related to your PHI. For example, you may request a copy of your PHI, which we have in our *Designated Record Set*. Please remember that Keystone 65, Personal Choice 65, and Select Advantage do not typically have copies of your medical records. Your health care provider should be contacted for copies of your medical records. ■

## For more information

Please review our *Notice of Privacy Practices* for more detailed information about your privacy rights, and how we may use and share your PHI. You may view or print a copy of our *Notice* from our website, [www.site65.com](http://www.site65.com), by clicking on *Privacy Policy*.

Or, you may call Member Services at the telephone number listed on the back of your ID card, seven days a week, from 8 a.m. to 8 p.m., to request that a copy of the *Notice* be mailed to you.

## Colorectal cancer: Find it early

According to the American Cancer Society, colorectal cancer, which develops in the colon or rectum, is the third most common cancer among both men and women. If diagnosed and treated early, the Society says the five-year survival rate is about 90 percent or more.

### Risk factors

Many people may not know their colon cancer risk. The risk of colon cancer increases with age. The Society recommends that men and women age 50 and older get screened for colorectal cancer. If you are younger than 50, you may still need to be screened. This will depend on your medical history and/or family history. It is important to talk about your risk factors with your health care provider. Remember, early detection is the key to a better prognosis.

### Recommended screening options\*

Starting at age 50, both men and women at average risk should have one of the five following screening options:

- annual\*\* fecal occult blood test (FOBT) or fecal immunochemical test (FIT);
- flexible sigmoidoscopy every five years;
- annual FOBT or FIT plus flexible sigmoidoscopy every five years;



- double contrast barium enema every five years;
- colonoscopy every 10 years.

Remember, we want you to be well and stay well. Please speak to your health care provider about these important tests.

For information about other nationally recommended preventive screenings, contact the Connections<sup>SM</sup> Health Management Program at 1-800-ASK-BLUE (1-800-275-2583), prompt 1, then prompt 2 (TTY/TTD: 1-888-525-4481), to speak to a Health Coach. Health Coaches are available 24 hours a day, seven days a week, to provide information and support on a variety of health topics. ■

\*This is not a description of benefits. Please refer to your *Evidence of Coverage* booklet for the terms, limitations, and exclusions of your health care coverage, or contact Member Services for more information about your personal benefits plan.

\*\*The single stool blood test is not adequate as a sole screening test for colorectal cancer.

# Obtaining hospital, emergency, and urgent care

Do you know what to do if you need immediate help?

## Hospital care

If you are a Keystone 65 member and you need outpatient surgery or hospitalization, your primary care physician (PCP) will arrange admission to the hospital or outpatient surgical facility on your behalf. Your PCP will coordinate the prior authorization (approval in advance) for your outpatient surgery or inpatient admission with Keystone 65.

If your PCP refers you to a specialist who then determines that you need outpatient surgery or hospitalization, the specialist and PCP will coordinate the prior authorization with Keystone 65. You can contact Member Services at the telephone number on the back of your ID card for more information.

If you are a Personal Choice 65<sup>SM</sup> member and you need surgery, hospitalization, or care in a skilled nursing facility, and your doctor is an in-network provider, he or she will coordinate prior authorization with Personal Choice 65. Please refer to your Personal Choice 65 *Evidence of Coverage* booklet for details and requirements related to out-of-network services. You can contact Member Services at the telephone number on the back of your ID card for more information.

## Emergency care

A medical emergency is when you reasonably believe that your health is in serious danger — and you feel like every second counts. It includes severe pain, a bad injury, a serious illness, or a medical condition that is quickly getting worse. If you are experiencing symptoms that might reasonably indicate such a condition, you should call 911 or immediately go to the emergency department of the closest hospital. After treatment, you or someone in your family should call your PCP or physician as soon as possible so your follow-up care can be coordinated.

## Urgent care

Urgent care services are needed as a result of an unforeseen illness, injury, or condition. For example, a sprain, sore throat, or rising temperature. If you have a sudden illness or injury that is not a medical emergency, and you are in the plan's service area, please call your PCP or physician. There is always a doctor on call after regular office hours to help you through the doctor's answering service.

## Emergency care/urgent care outside of the service area (within the United States)

If you are experiencing symptoms that indicate an emergency, immediately go to the nearest hospital, or call 911 or a local emergency number. With Independence Blue Cross's (IBC's) streamlined electronic process, you do not have to submit claims when you receive services from out-of-area providers. The non-plan provider should bill the local Blue Cross® licensee, who will submit your claim to IBC. You do not need to submit paper claims for out-of-area services. Make sure that you call your PCP or physician



for follow-up care after getting emergency care.

If you experience an urgent care condition while temporarily outside the service area, seek care from a local physician. The non-plan provider should bill the local Blue Cross licensee, who

will submit your claim to IBC. Call your PCP or network provider for follow-up care after getting urgent care.

If you are a Keystone 65 member, emergency care (except under limited circumstances as defined by Medicare) or urgent

care is not covered outside of the United States.

If you are a Personal Choice 65 member, emergency or urgent care received outside of the United States is generally covered at the out-of-network benefit level. ■

Group members: If you have coverage through your former employer, health and welfare fund, or association group, policy and procedures may differ. In some cases, benefits may vary. For more information, contact Member Services.

## If you have an appeal or grievance ...

At Keystone 65, Personal Choice 65<sup>SM</sup>, and Select Advantage, we work hard to ensure that you are satisfied with your benefits and services. Our Medicare grievance (complaint) procedure addresses concerns such as doctor's office waiting times, facility quality, and provider behavior. Our Medicare appeals procedure addresses denials for services or payment for claims.

If you have a problem with your benefits or services, please call Member Services at the telephone number listed on the back of your ID card. Our representatives are here to help you.

You also may file a written grievance or appeal through the Keystone 65, Personal

Choice 65, or Select Advantage grievance or appeals procedure. These procedures are described in your 2008 *Evidence of Coverage* booklet. If you have any questions about our grievance procedure or the Medicare appeals process, please call Member Services. For Keystone 65,

call 1-800-645-3965 (TTY/TDD: 1-888-857-4816). For Personal Choice 65, call 1-888-718-3333 (TTY/TDD: 1-888-857-4816). For Select Advantage, call 1-800-331-0017 (TTY/TDD: 1-888-857-4816). Member Services is available seven days a week from 8 a.m. to 8 p.m. We will be happy to help you. ■



# Take good care of your bones

**A**s we get older, the risks that go along with poor bone health become higher. Ten million American adults have osteoporosis (bone loss). Thirty-four million more are at risk for developing the disease. Experts say that by the year 2020, half of Americans age 50 and older will be at risk for fractures due to osteoporosis and low bone mass if no steps are taken to prevent the disease. Practice the prevention tips listed below. And talk with your health care provider about a fall prevention plan that's right for you.

Are you 65 or older? Or are you younger with risk factors for osteoporosis? Ask your health care provider about an osteoporosis screening test. Screening tests help predict the risk for future fractures. They also help your health care provider decide your treatment options.

Not sure of what the risk factors for osteoporosis are? Ask your health care provider about nutrition and dietary supplements, physical activity, and a treatment plan to make sure you get the most complete care.

## Fall prevention tips

- Wear low-heeled shoes.
- Have regular eye exams.
- Tell your health care provider about any medications that make you dizzy.

- Make sure rugs are skid-proof.
- Keep floor free of clutter.
- Keep hallways and stairs well-lit.
- Use night-lights in the bathroom and bedroom.
- Make sure you use eyeglasses or hearing aids if you need them.

## Dietary tips

- Eat foods rich in calcium, such as milk, cheese, yogurt, and green leafy vegetables.
- Take calcium supplements if needed. Your daily, recommended amount for calcium is 1,200 – 1,500 mg/day.
- Talk to your health care provider about a vitamin D supplement. Many older adults need 700 – 800 IU of vitamin D daily.
- Choose from a variety of calcium-fortified foods that include fruit juices, breads, and cereals.

## Additional prevention tips

- Make time for physical activity that includes weight-bearing and resistance-training activities, such as walking and weight lifting.
- Don't smoke.
- Limit alcohol use (discuss recommendations with your health care provider).

Remember, our Connections<sup>SM</sup> Health Management Program

Health Coaches are available 24 hours a day, seven days a week to help and support you.\* Health Coaches can answer any questions or concerns you have about osteoporosis or bone density screening. They can even guide you through your decision-making process. Call today at 1-800-ASK-BLUE (1-800-275-2583), prompt 1, then prompt 2 (TTY/TDD: 1-888-525-4481). ■

Independence Blue Cross wants members to learn more about our award-winning Healthy Lifestyles<sup>SM</sup> programs, including weight management and smoking cessation. For information on these programs, please call 1-800-ASK-BLUE (1-800-275-2583), prompt 1, then prompt 4 (TTY/TDD: 1-888-857-4816).

Note: This information is not a statement of benefits. Certain restrictions may apply. Please refer to your *Evidence of Coverage* booklet for complete details of the terms, limitations, and exclusions of your health care coverage. Benefits may be based on specific time frames. For coverage information and questions, please contact Member Services at the telephone number on the back of your ID card.

\*The Connections Health Management Program is available to most members. Please refer to your member materials for the terms, limitations, and exclusions of your health care coverage, or call Member Services at the telephone number on the back of your ID card to find out if you are eligible.