



US FAMILY HEALTH PLAN MEMBER NEWSLETTER

Summer 2010

IN THIS ISSUE

| | |
|---|---|
| GlobalFit | 1 |
| Recommended Health Screenings for Children | 2 |
| Vision Services Benefit | 3 |
| Why did I receive an EOB? | 4 |
| Enrolling the New Addition To Your Family | 4 |
| Customer Service Can Help | 5 |
| Frequently Asked Questions Corner | 6 |
| Diabetes | 6 |

GlobalFit

We are sure you have heard the term Return On Investment (ROI). In the business world it refers to a mathematical calculation to determine how much profit you earn on a financial investment. Financial profit leads to financial health. In order to achieve financial health, one must follow a regimen of sound financial advice based on proven business principles. What about personal health and wellness? Can you make a difference and achieve a healthier lifestyle by increasing your 'investment'? We think so! Keeping yourself at a healthy weight and exercising regularly have been shown to lower your risk of heart disease, cancer, arthritis and other chronic ailments. It's even been shown to lower medical and prescription costs. Your GlobalFit benefit can help you achieve these goals by offering you and your family a range of affordable options for healthier living. Through GlobalFit, you can save money while doing something good for your body. You can feel and look better!



Visit the GlobalFit website at www.globalfit.com/usfhpny and learn how you can:

- Get Fit – Choose from an extensive network of fitness clubs, all with affordable rates and flexible option plans for new memberships
- Lose Weight - Enjoy a special low price on the NutriSystem® 28 day weight-loss program
- Get Coached – Quit smoking, eat better, reduce stress, and more with easy, personalized phone / online access to a health professional specially trained to help you meet any healthy living goal.
- Exercise at Home – You have access to GlobalFit's exclusive low prices on home exercise equipment and fitness videos.
- GO Newsletter – Enjoy up-to-date news, tips, and recipes. You must first register as a member and then click on 'Go Newsletter' or visit the USFHP website and click on Healthy Living Benefits' and then click 'Healthy Living Newsletter'.



Our Notice of Privacy Practices is available on our website under Member Information.



450 West 33rd Street, 12th Floor
New York, New York 10001
Customer Service: 800-241-4848
www.usfhp.net

We encourage you to take advantage of these benefits designed to enhance your health! Remember, always check with your PCP before starting a new exercise program or diet. You may call GlobalFit at 1-800-294-1500 (identify yourself as a USFHP member) or visit the website.

Recommended Health Screenings for Children



US Family Health Plan strongly encourages all of its members to get regular preventive health screenings. The chart below gives some guidelines for preventive health screenings for children. Personal and family history of medical conditions may add other screenings or change the frequency of these. Be sure to request and discuss these recommendations with the child's Primary Care Provider (PCP).

| EXAM | STARTING AGE | FREQUENCY |
|---|---|--|
| Well Baby Care and Well Child Care Routine newborn care and baby care; includes comprehensive health promotion & disease prevention exams, vision/hearing screenings, height, weight and head circumference check, routine immunizations, and developmental/behavioral appraisal Well-Child Care/Routine Physical Exam <i>Note: Annual school physicals, which may be part of the well-child care / routine physical exam visit, are covered. Physicals for sports and camp are not covered.</i> | Birth 6 years | As directed by healthcare provider Annual |
| DIAGNOSTIC LABS | | |
| Routine blood work and/or urinalysis healthcare provider | As recommended by healthcare provider | Discuss with healthcare provider |
| Lead | 6 months to 6 years, if high risk | Discuss with healthcare provider |
| SENSORY SCREENING | | |
| Hearing | Under routine well-child care | Discuss with healthcare provider |
| Vision / Eye | Under routine well-child care | Discuss with healthcare provider |
| INFECTIOUS DISEASE SCREENING | | |
| HIV | 13 years, especially if high risk | Discuss with healthcare provider |
| STD's (Sexually Transmitted Diseases) | If sexually active | Discuss with healthcare provider |
| Tuberculosis | As recommended by healthcare provider | Discuss with healthcare provider |
| OTHER SCREENINGS | | |
| Clinical Breast Exam | 18 or as recommended by healthcare provider | Discuss with healthcare provider. Self-exam monthly; Clinical exam by healthcare provider at preventive health visit |

Continued on p.2

| OTHER SCREENINGS (Continued) | | |
|-------------------------------------|---------------------------------------|--|
| Pelvic Exam / Pap Test | If sexually active | Every 3 years after 3 consecutive normal tests (unless otherwise recommended by healthcare provider) |
| Testicular Exam | 13 | Self-exam monthly; clinical exam by healthcare provider at preventive health visit |
| ORAL and DENTAL EXAM* | As recommended by healthcare provider | 1 – 2 times a year |

Information provided by:

- American Academy of Pediatrics (<http://aap.org/>)
- Medline Plus (<http://www.nlm.nih.gov/medlineplus/>)
- TRICARE (www.tricare.mil)
- US Department of Health and Human Services / Centers for Disease Control and Prevention (<http://www.cdc.gov>)

*Dental care is not a covered benefit; however, all individuals are strongly encouraged to practice good dental health and hygiene. A complete oral cavity exam should be part of the routine preventive health visit performed by PCPs.

Vision Services Benefit

Did you know that your US Family Health Plan benefit includes a routine annual eye exam? A routine annual eye exam is an evaluation of the eyes, including, but not limited to refractive services. The primary purpose of an eye exam is to diagnose medical conditions of the eye. This preventive healthcare service is important to your overall health.

You are entitled to one routine eye exam or screening in a 12 month period. Most members are expected to obtain this routine annual eye exam from a participating optometrist. Some members, based on other health problems, may obtain the annual preventive exam from a participating ophthalmologist. Please visit the Provider Locator on our website at www.usfhp.net to locate a participating provider. There is no co-payment for any member for the annual preventive eye exam. And, you do not need a referral from your PCP.

In addition to the annual preventive eye examination you also have benefits, which cover ophthalmologic services that are medically necessary to treat a covered illness or injury involving the eyes. You do not need a referral from your PCP for ophthalmologic services not related to an annual preventive eye exam. Please use the Plan's Provider Locator (www.usfhp.net) to locate a participating ophthalmologist near you. Any care provided by an out of network ophthalmologist must be authorized in advance. Some members may be responsible for the usual office co-payment of \$12 for ophthalmologic services unrelated to or performed at the same time as the annual preventive eye exam. As always, if there is a need to use an out of network optometrist or ophthalmologist, your PCP will be required to request an out of network authorization.

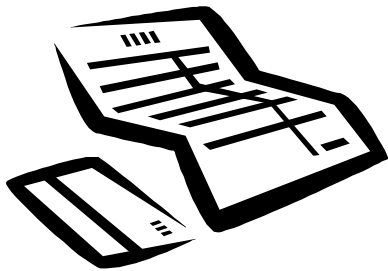
What's not covered? Unfortunately, TRICARE does not provide coverage for routine eyeglasses



Continued on p.4

and contact lenses. There is a very limited benefit for eyeglasses and/or contact lenses for certain medical problems (for example, infantile glaucoma, keratoconus, corneal irregularity other than astigmatism, loss of the routine function of the human lens as a result of intraocular surgery, ocular injury or congenital lens absence). Your PCP or vision specialist can initiate a utilization review request to determine if you have a medical condition that might entitle you to this limited benefit for eyeglasses and/or contact lenses.

Other vision services excluded under TRICARE include vision therapy, vision training, and eye exercise program.

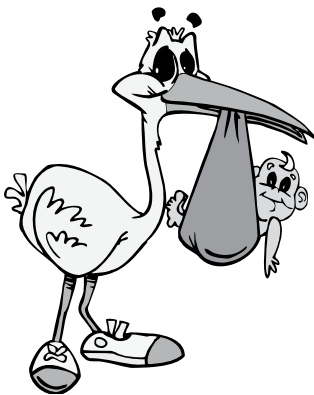


Why did I receive an EOB?

An EOB, explanation of benefits, is the statement that is sent to your provider/hospital in response to a claim for services. It provides the TRICARE allowable amount, any co-payments, any amount paid by other insurance, and how much was paid to the provider. If nothing was paid it includes a very short explanation: for example no authorization, not a covered service, timely filing limit exceeded, maximum number of visits met, refile with current codes, refile with Health Integrated, Orthonet, etc.

As a reminder, USFHP sends EOBs to members whose claims have been denied for any reason. We ask you to review these EOBs and contact us if you think there has been a mistake. You may contact us by telephone or via email but in order to keep your TRICARE appeal rights you must send us a signed letter by mail, fax, or email within 90 days of the date on the EOB. This letter should explain the error and include any additional information you may have that would help us resolve the issue.

The most common denial reason is for out of network care without an authorization. This can be avoided by going to a network provider; when in doubt please check our website, www.usfhp.net, or call Customer Service at 800-241-4848. However, it is the providers responsibility to address any denial reasons that tell the provider to refile with Health Integrated, Orthonet, or MedSolutions.



Enrolling the New Addition to Your Family

US Family Health Plan would like to take this opportunity to remind you of the enrollment process for newborns or newly adopted children. Below are some helpful tips to make sure the enrollment process is completed:

Contact the Defense Enrollment Eligibility Reporting System (DEERS) at 1-800-538-9552 and make sure to provide them with a "Certificate of Live Birth" from the birthing facility or a Birth Certificate issued by the local department of health.

Children are automatically covered by TRICARE Prime for their first 60 days (120 days if overseas) if at least one family member is enrolled in a TRICARE Prime option. To ensure continuous

Continued on p.5

Enrolling the New Addition to Your Family *continued from p.4*

coverage Sponsor has 60 days from the date of birth or the adoption date to enroll newborn or newly adopted child into any TRICARE Prime option, including US Family Health Plan. If your newborn or newly adoptive child is enrolled by the 60th day they will become effective as of date of birth or date of adoption.

To enroll your newborn or newly adopted child with USFHP you must complete the entire enrollment application form. This includes selecting a Primary Care Provider (PCP). An application can be obtained by downloading from our website at www.usfhp.net.

The application may be faxed to 212-356-4849 or mailed to:

US Family Health Plan
Attn: Enrollment Department
450 West 33rd Street, 12th Floor
New York, NY 10001

Please note that if your newborn or newly adopted child is not enrolled by the 61st day all future claims will be processed as TRICARE Standard. All applications received after the 60th day will be processed as a routine new enrollment request and may be enrolled following the 20th of the month rule.

Customer Service Can Help

If you have any questions or concerns about your coverage, we have listed below steps you can take to ensure your services are covered.

1. Confirm that your providers participate within the USFHP network by visiting www.usfhp.net and searching in our Provider Locator. You may also contact Customer Service via email at usfamily@svcmcnyc.org or by calling 1-800-241-4848.
2. Please inform USFHP if you changed your PCP, address, telephone number, or email address through our Member Portal at www.usfhp.net or by calling our toll-free number.
3. Please contact DEERS at 1-800-538-9552 if you have relocated, married, or had a new baby.
4. For equipment, ambulatory services, or medical supplies you can access the link to plan benefits at our website or contact Customer Services.
5. For a Summary of Benefits and Co-pays you may review our Member Handbook, which can also be found on our website. Some medical facilities might not charge for the co-pay on the date of service, but will in turn send you the bill at a later date. It is the member's responsibility to pay their co-payment at the time of the visit.



Our Customer Service Consultants are available to assist with any questions. Our goal is to make sure that we provide our members with guidance, and quality care.

Frequently Asked Questions corner



Many of you brought up great questions that we thought would benefit all of our members.

Q: Can I change my PCP and demographic information without calling Customer Service?

A: You may change your PCP or demographic information by accessing our Member Portal at www.usfhp.net. The web based application called Epower gives our members access to membership information and claim information. All you need to do, is register as a first time user so that you can select your User ID name and password.

Q: What is the Member Portal and where can I access it?

A: The Member Portal is located at our website www.usfhp.net under Member Services.

Q: Can my doctor refer me to a specialist with a script vs. referral?

A: Yes. The physician can write a prescription or any other form issued by the referring physician. Referrals can also be written on a USFHP referral form located on our website www.usfhp.net.

Q: What is the process I must take in order to receive pharmacy reimbursement for co-payments which I paid while using my commercial insurance?

A: Submit all information to Maxor Plus, 320 South Polk, Amarillo, TX 79101 Attn: Mona Cargin. The receipt must contain the following information: Patient name, prescribing doctor name, and name of drug with quantity.

Q: I received a bill what should I do?

A: Contact your provider to verify that they have the correct billing information on file. Also, confirm with provider to ensure they have submitted claim to USFHP address on the back of your ID Card. In the event you have commercial insurance, and your provider is refusing to submit to USFHP which is your secondary insurance please ask the provider for a copy of the claim so that you can mail to us directly. The claim image must be sent with the Explanation of Benefits from your commercial insurance. These documents can be mailed to US Family Health Plan, P.O. Box 830745, Birmingham AL 35283-0745.

Diabetes

Education / Orthotics-Shoes / Supplies

Diabetes is a disease in which an individual's blood glucose, or blood sugar levels are outside the normal range (usually too high). Glucose comes from the foods people eat. Insulin is a hormone that helps the glucose to get into the cells to give them energy.

TYPES OF DIABETES:

- Type 1 Diabetes also called Insulin-Dependent Diabetes or Juvenile Diabetes occurs when the body does not make insulin.
- Type 2 Diabetes - the more common type - also called Non Insulin Dependent –Diabetes occurs when the body does not make enough or does not use insulin well. Without enough insulin, the glucose stays in the blood.
- Gestational Diabetes – Diabetes may develop during pregnancy (usually resolves after pregnancy)

Over time, having too much glucose in the blood can cause serious health problems. It can damage the eyes, kidneys, and nerves. Diabetes can also cause heart disease, stroke and even the need to remove a limb (amputation).

Continued on p. 7

Medical Supervision

The PCP will evaluate an individual for diabetes through specific blood and urine tests. The PCP may also recommend an Endocrinology consult. Below are some other healthcare services that may be needed by a member with diabetes.

Diabetic Education

Authorization: Yes

Co-payment: some members may be responsible for co-pay for covered services

Description:

A diabetes outpatient self-management and training program provides education in the successful self-management of diabetes. The training program must include all 3 of the following criteria:

- Education about self-monitoring of blood glucose
- Diet and exercise
- An insulin treatment plan developed specifically for the patient who is insulin dependent; and motivates patients to use the skills for self-management.

Services must be provided by:

- An otherwise authorized individual professional provider who also meets the National Standards for Diabetes Self-Management Education programs recognized by the American Diabetes Association;
- A provider who is Medicare certified to provide diabetes outpatient self-management training services.

The following medical conditions, as well as any other medical condition in which diabetes self-management training is medically necessary, would be eligible for coverage:

- New onset diabetes.
- Poor glycemic control as evidenced by a glycosylated hemoglobin (HbA1C) of 7.0 or more in the 90 days before attending the training
NOTE: This is a USFHP enhanced benefit as TRICARE policy requires an HbA1C of 9.5 or more in the 90 days before attending the training
- Change in treatment regiment from no diabetes medication to any diabetes medication or from oral diabetes medication to insulin.
- High risk based on at least one of the following documented complications:
 1. Lack of feeling in the foot or other foot complications such as foot ulcer or amputation
 2. Pre-proliferative or proliferative retinopathy or prior laser treatment of the eye
 3. Kidney complications related to diabetes, such as macroalbuminuria or elevated creatinine.

DIABETIC ORTHOTICS-SHOES

Authorization Requirements

Depending on the type and cost of orthotic ordered authorization may be necessary.

Co-payment: Some members may be responsible for 20% co-pay of total purchase price

Prescription is always required. Some vendors may request a referral in addition to the prescription; the Plan does not require a referral for this benefit.

Continued on p.8



Please remember to keep us updated with other health insurance information, change of address, or change of telephone number.

ANNOUNCEMENTS:

Customer Service will be CLOSED for the upcoming holidays:

Labor Day

Monday, September 6, 2010



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Diabetes *continued from p. 7*

The benefit is limited and several types of orthotics are specific TRICARE exclusions (i.e., most foot orthotics) or are restricted to individuals with specific diseases (i.e., diabetic orthotics).

All covered orthotics are purchased.

Description:

An orthotic is an appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body.

DIABETIC SUPPLIES

Authorization Requirements:

Routine diabetic supplies should be obtained from Maxor Mail Order and do not require authorization when obtained from Maxor Mail Order.

Routine diabetic supplies require authorization if obtained from an OON pharmacy vendor

Description:

Standard glucometer, lancets, test strips, and syringes are covered with a physician prescription for Type I and Type II diabetics.

External insulin pumps are only covered for Type I diabetics

Insulin Pumps

Pre-Authorization is always required.

Co-payment: Some members may be responsible for co-pay for covered services

Insulin pumps and related supplies are not available from Maxor and authorization is always required.

TRICARE Uniform Formulary quantity limitations may apply for diabetic supplies

Continuous Glucose Monitoring System (CGMS)

Pre-Authorization is always required.

Co-payment: Some members may be responsible for co-pay for covered services

Description:

Continuous Glucose Monitoring System (CGMS) devices are covered and are intended only to supplement, not replace, blood glucose readings obtained from standard finger stick glucose meters and test strips.