Self-Serve Site Now Offers Rx Benefits

“Member Self-Service” on www.bcnepa.com can help make your health care experience easier. It offers a wealth of resources to help you make the smartest health care decisions. Now you and your employees can look up your specific prescription drug benefit information, like copays, deductibles and out-of-pocket costs.

ALONG WITH THE NEW RX FEATURES, YOU CAN USE THE SITE TO GET VALUABLE INFORMATION AS ALWAYS, INCLUDING:

- Medical benefits and claims, including accumulators and EOBs
- Online message center to send questions to service representatives, privately and securely
- Discount programs
- Wellness tools
- Detailed profiles on doctors and hospitals
- Comparison and quality data and more!

Urgent Care Centers: Are They Right for You?

If you or your employees become unexpectedly sick or hurt when your primary doctor is not available, you might go to the emergency room. But there is another choice—urgent care centers. In most cases, an urgent care center can give quicker care that costs less and is more convenient than the ER. We are pleased to remind you that an urgent care benefit has been added to your group’s coverage, effective March 1, 2012.

WHAT IS AN URGENT CARE CENTER?

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

HOW CAN YOU FIND URGENT CARE CENTERS IN THE NETWORK?

Just visit “Find a Doctor/Hospital” on www.bcnepa.com. You will find urgent care centers featured separately when you search for a provider. Our urgent care center network is still growing, so be sure to visit the website often for the most up-to-date listing.

Continued on page 3
Check out our new Doctor/Hospital Finder on www.bcnepa.com. Just click on “Find a Doctor/Hospital.” This online directory lists where to go for care if you have a Blue Cross of Northeastern Pennsylvania health care plan. The tool will help you and your employees find network doctors and facilities in our service area—or anywhere in the U.S.—and also offers information to help you find the best providers for your needs.

WHAT’S NEW AND IMPROVED?
• Login to “self-service” and view quality data so you can find the best primary doctor for your needs.
• Need immediate care? Check out our new “urgent care center” search.
• Share doctor and hospital profiles with family members and friends.
• Save favorites and save searches.

WHY SHOULD I USE NETWORK PROVIDERS?
• Choosing network doctors, hospitals and facilities usually saves you money because your care will be covered at the highest benefit levels, with the lowest out-of-pocket costs.
• Network providers will file your claims for you, which mean less paperwork for you.

IT’S EASY TO SEARCH!
• Since networks differ by coverage plans, you will be asked to “select a plan” when using this tool to find network doctors, hospitals and facilities that participate with your specific coverage plan.
• Your coverage plan is listed on your ID card.
• Don’t know your coverage plan? You can also search for a provider by name, location, specialty and medical condition.

HOW CAN I FIND THE BEST HOSPITAL FOR MY NEEDS?
Login to “Self-Service” to see profiles on hospitals that give you:
• Clinical ratings
• Patient safety ratings
• Care ratings
• Estimated costs

Medical Policy Updates Online
BCNEPA establishes and administers medical policy, which guides how your health plan’s covered benefits are applied. Because we continually review and evaluate our medical policies, they are generally updated on a monthly basis. You can review these policy changes on our website at www.bcnepa.com. Click on the “Employers” tab, choose “Employer News” and then “Medical Policy Updates” for the latest information.
Urgent Care Centers: Are They Right for You?

WHAT DO I PAY IF I USE AN URGENT CARE CENTER IN THE NETWORK?

- If you have a copay for specialty doctor office visits, the same copay will apply to all services provided by the urgent care center.
- If you have a deductible/coinsurance for specialty doctor office visits, the same deductible/coinsurance will apply to all services provided by the urgent care center that are bundled into one charge.

WHAT IF I USE A PROVIDER NOT IN THE URGENT CARE CENTER NETWORK?

If you have covered services from a provider not in our urgent care center network, we will process the claim according to how the center bills the visit. For example, it may be billed as an ER visit, an outpatient visit or office visit. You would have to pay any copays that apply. The services will not be covered under the new urgent care benefit.

WHEN ARE URGENT CARE CENTERS THE RIGHT OPTION?

If you or your family needs urgent care, try to reach your primary doctor. But if your doctor is already gone for the day, or you are not able to see your 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 go to your local ER right away. You are the only one who can decide what’s right for you.

Upon your annual renewal of coverage on or after March 1, you will receive an updated contract/policy and an Outline of Coverage reflecting the new urgent care benefit. If you have questions, call your account manager, weekdays, between 8 a.m. and 5 p.m.

Blue Cross of Northeastern Pennsylvania (BCNEPA) continues to score high on the Blue Cross Blue Shield Association’s (BCBSA) quarterly Member Touchpoint Measures (MTM) performance standards.

THE FOURTH QUARTER RESULTS ARE IN ON BCBSA’S KEY PERFORMANCE METRICS:

- The Member Touchpoint Measures (MTM) score—which measures service performance in the areas of enrollment, claims, inquiries and telephone accessibility that BCNEPA routinely scores high on—was 89.6 points out of 100.
- On the Inter-Plan Performance (IPP) Scorecard—which measures performance in the areas of inter-plan (BlueCard) transactions, plan-to-plan service, customer responsiveness claims, licensee desk audit and provider and member satisfaction—we scored 97.94 points out of 100.
- And the Federal Employee Program (FEP) score—which reflects the quality and efficiency we deliver for the Federal Employee Health Benefits Program and its participants—was 106 points, with the range of 100 to 120 points being considered “excellent.”

All three measures scored higher than our target of 80 points in every quarter of 2011. This is just another reflection of the quality of service we provide to our customers.
Blue Cross of Northeastern Pennsylvania's Multi-Tier Formulary Changes

To make sure which formulary applies to your group, check the Rx brochure you were given at open enrollment or call Customer Service at 1.877.603.8399.

<table>
<thead>
<tr>
<th>Prescription Drug</th>
<th>Change</th>
<th>Alternatives That Cost You Less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dificid (fidaxomicin)</td>
<td>Tier 3, prior authorization and quantity limits apply</td>
<td>metronidazole, vancomycin oral solution</td>
</tr>
<tr>
<td>Edurant (rilpivirine hydrochloride)</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>Eprosartan</td>
<td>Tier 1, quantity limits apply</td>
<td></td>
</tr>
<tr>
<td>Tekturna (aliskiren)</td>
<td>Tier 3, prior authorization and quantity limits apply</td>
<td>various generic high blood pressure medications</td>
</tr>
<tr>
<td>Tekturna HCT (aliskiren/hctz)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valturna (aliskiren/valsartan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amturnide (aliskiren/amlo/dipine/hctz)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tekamlo (aliskiren/amlo/dipine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multaq (dronedarone)</td>
<td>Tier 3</td>
<td>amiodarone</td>
</tr>
<tr>
<td>Elidel (pimecrolimus) and Protopic (tacrolimus)</td>
<td>Elidel now Tier 3; prior authorization applies; Protopic will remain Tier 3; prior authorization applies as well</td>
<td>generic, topical corticosteroids</td>
</tr>
<tr>
<td>Provigil (modafinil)</td>
<td>Still Tier 3; however, the following quantity limits apply: 30 of the 100 mg tabs or 60 of the 200 mg tabs/30 days</td>
<td></td>
</tr>
<tr>
<td>Brilianta (ticagrelor)</td>
<td>Tier 3, quantity limits apply</td>
<td>Plavix, Effient</td>
</tr>
<tr>
<td>Xarelto (rivaroxaban)</td>
<td>Tier 3, quantity limits apply</td>
<td>enoxaparin</td>
</tr>
<tr>
<td>Ziana Gel</td>
<td>Tier 3, step therapy applies</td>
<td>erythromycin/benzoyl peroxide products, clindamycin/benzoyl peroxide products, clindamycin, tretinoin</td>
</tr>
</tbody>
</table>

Sign Up Now for BlueBilling!

Ready to go paperless? Blue Cross of Northeastern Pennsylvania's BlueBilling lets you pay your bills quickly, easily and accurately. We encourage you to take advantage of the many benefits of BlueBilling, which allows you to:

- View your bill online.
- Pay your premium electronically, simply and securely.
- Manage your employees’ information and update coverage changes.
- Run reports detailing invoices, payments and adjustments.
- Search and manage invoices and adjustments.

Getting started is easy!

- Send an email to bluebilling@bcnepa.com and give us your company name, company number, group number, billing address, email address and group administrator name.
- You will receive an email with a link and username, followed by a separate email with a password.

Once you're enrolled, you'll also have access to:

- Online tutorials
- Paperless statements

Try BlueBilling today to see how easy managing your group's health care coverage can be. If you need technical support, call 1.855.216.7074, weekdays, between 8 a.m. and 5 p.m. For enrollment and billing questions, call your group's representative at the number on your billing invoice, weekdays, between 8 a.m. and 5 p.m.
Blue Cross of Northeastern Pennsylvania's Generic-Based Formulary Changes

To make sure which formulary applies to your group, check the Rx brochure you were given at open enrollment or call Customer Service at 1.877.603.8399.

<table>
<thead>
<tr>
<th>Prescription Drug</th>
<th>Change</th>
<th>Suggested Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dificid (fidaxomicin)</td>
<td>Tier 2, prior authorization and quantity limits apply</td>
<td>metronidazole, vancomycin oral solution</td>
</tr>
<tr>
<td>Edurant (rilpivirine hydrochloride)</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>eprosartan</td>
<td>Tier 1, quantity limits apply</td>
<td></td>
</tr>
<tr>
<td>Elidel (pimecrolimus)</td>
<td>Not covered</td>
<td>generic topical corticosteroids</td>
</tr>
<tr>
<td>Brilipta (ticagrelor)</td>
<td>Not covered</td>
<td>Plavix, Effient</td>
</tr>
<tr>
<td>Xarelto (rivaroxaban)</td>
<td>Not covered</td>
<td>enoxaparin</td>
</tr>
</tbody>
</table>

New Pharmacy Prior Authorization/Step Therapy Criteria

**Butrans (buprenorphine) Transdermal Patch Prior Authorization**

Butrans is used for treatment of moderate-to-severe chronic pain in members who require continuous, around-the-clock pain treatment for an extended period of time. Your doctor must submit a prior authorization for consideration of approval, containing information about your condition and the medications that you have already received. Coverage is further limited to prescriptions from pain management providers. Butrans is not covered under the generic-based formulary.

**Daliresp (roflumilast) Prior Authorization**

Daliresp is used for members with severe COPD with exacerbations. Your doctor must submit a prior authorization with clinical information for review. You also must be on specified medications at the same time as this medication. Daliresp is not covered under the generic-based formulary.

**Topical Acne Combination Products Step Therapy**

One 1st step generic medication, meaning (1) erythromycin/benzoyl peroxide products, (2) clindamycin/benzoyl peroxide products, (3) topical tretinoin products or (4) topical clindamycin products must be used before a 2nd step medication, Acanya, Benzacain, Benzamycin, Duac CS, Veltin or Ziana will be covered. All 2nd step medications are tier 3. If you are currently on a step 2 medication, you will have to try a step 1 medication first. This change does not affect the generic-based formulary; none of the brand medications subject to step therapy are covered under the generic-based formulary.

**Topical Immunomodulators Prior Authorization**

Elidel and Protopic require that your doctor submit a prior authorization. Approval is based upon age, diagnosis, previous medication use and the specialty of the doctor prescribing the medication. Elidel and Protopic are not covered under the generic-based formulary.

Revised Pharmacy Prior Authorization/Step Therapy Criteria

**Angiotensin II Receptors**

Now eprosartan is available as another 1st step option. The 1st step options are: losartan, eprosartan and Diovan. At least 2 of these 1st step medications must be used before any of the other medications in this class are covered. This policy applies only to the multi-tier formulary benefit; not applicable to the generic-based formulary.
Health Care Reform Update

Health Care Reform Update: Women’s Preventive Services and Religious Institutions

Since President Obama signed the Patient Protection and Affordable Care Act (PPACA) in March 2010, Blue Cross of Northeastern Pennsylvania has been working diligently to implement the law’s many provisions. We are also committed to keeping you informed about any updates that may affect your coverage.

One provision of PPACA that has received significant attention recently is the provision of women’s preventive services and, in particular, coverage for contraception.

Background: At the request of the U.S. Department of Health and Human Services (HHS), the Health Resources and Services Administration (HRSA) developed comprehensive guidelines for preventive care and screenings with respect to women, in addition to those already recommended by the U.S. Preventive Services Task Force (USPSTF). On August 1, 2011, HRSA adopted and released those guidelines for the following women’s preventive services, based on recommendations developed by the Institute of Medicine (IOM).

- Screening for gestational diabetes for all pregnant women
- Human papilloma virus DNA testing for all women 30 years and older
- Annual sexually transmitted infection counseling for all sexually active women
- Annual HIV counseling and screening for all sexually active women
- FDA-approved contraception methods, sterilization procedures and contraceptive counseling
- Breastfeeding support, supplies, and counseling, including costs for renting breastfeeding equipment
- Domestic violence screening and counseling

For all non-exempted, non-grandfathered plans and policies, coverage of the above recommended women’s preventive services, including contraceptive services, is required without cost sharing, for plan years beginning on or after August 1, 2012.

However, this February, HHS released regulations allowing group health plans and group health insurance coverage sponsored by certain religious employers to be exempt from having to cover certain preventive health services. This means that group health care coverage plans sponsored by churches, other houses of worship and similar organizations, on the basis of their religious objections, do not have to cover contraception if they meet the definition set by HRSA and IRS guidelines.

In addition, non-profit employers who do not currently provide contraceptive coverage in their insurance plan based on religious beliefs are allowed to delay the coverage for an additional year until plan years beginning on or after August 1, 2013. Employers wishing to take advantage of this safe harbor must certify that they qualify for the delayed coverage. The form and certification instructions can be found on the following website:


The Administration has indicated that, as part of the new regulation, insurers will have to provide contraception coverage to the qualified safe harbor religious groups’ participants, with no cost-share for the member, and without charging a premium to groups that fall within this safe harbor category.

Blue Cross of Northeastern Pennsylvania is currently reviewing these regulations and more regulations are expected to be released before August 2013. We will continue to provide updates as information becomes available. In the meantime, you can find more resources online at:

http://www.hrsa.gov/womensguidelines/

Source: http://www.whitehouse.gov/the-press-office/2012/02/10/fact-sheet-women-s-preventive-services-and-religious-institutions
Reminder: Advanced Imaging Services Need Prior Authorization

To help make sure you and your employees receive the appropriate care in the proper setting and to improve patient outcomes, Blue Cross of Northeastern Pennsylvania has contracted with National Imaging Associates* (NIA). NIA reviews prior authorization (approval) requests for the following advanced imaging and cardiac-related procedures:

- Stress Echo
- Computed Tomography (CT)/Computer Tomography Angiography (CTA)/Cardiac Computed Tomography Angiography (CCTA)
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA)
- Positron Emission Tomography (PET) Scan
- Diagnostic Nuclear Medicine/Nuclear Cardiology (Myocardial Perfusion Imaging (MPI))

ER, observation and inpatient imaging procedures do not require prior authorization.

WHAT YOU AND YOUR EMPLOYEES NEED TO DO:

- If using a network provider, he or she will initiate prior authorization for you.
- If using a non-network provider, it is your responsibility to be sure the prior authorization is obtained. If the provider does not receive prior authorization, the claim may not be paid and you may be responsible for payment.
- If you have questions on which services need prior authorization, call a service representative at the number on the back of your ID card.
- If your doctor orders advanced imaging, please remind him or her to get prior authorization.

Please note: The NIA radiology benefit management program may not yet apply to self-funded employer groups with First Priority Health or First Priority Life products. Providers will continue to follow the prior authorization process currently in place through BCNEPA for radiology services for members of FPH and FPLIC self-funded groups.

* Blue Cross of Northeastern Pennsylvania provides radiology network management services with administrative assistance from National Imaging Associates, Inc., an independent radiology benefits management company not affiliated with the Blue Cross and Blue Shield Association.
Blue Cross of Northeastern Pennsylvania, First Priority Health and First Priority Life Insurance Company are making several changes that may affect your group’s coverage. The changes are endorsements to the contracts/policies noted below and are noted within the specific item referenced. We encourage you to review this information and share it with your employees.

**THESE CHANGES WERE EFFECTIVE MARCH 1, 2012:**

**Definitions:** “Urgent Care Center” was added to the contracts/policies. **BlueCare contracts/policies affected:** HMO, HMO Plus, QHD PPO, PPO, Comprehensive, Traditional, EPO, AffordaBlue, QHD EPO.

**URGENT CARE:**

The Description of Benefits section was updated to include a section on urgent care. **BlueCare contracts/policies affected:** HMO, HMO Plus, QHD PPO, PPO, Comprehensive, Traditional, EPO, AffordaBlue, QHD EPO.

**THE URGENT CARE BENEFIT WORKS AS FOLLOWS, DEPENDING ON THE PRODUCT:**

- The specialty care physician copayment will apply to an urgent care visit with a participating provider in the First Priority Health Urgent Care Center network. **BlueCare contracts affected:** HMO, HMO Plus.

- For copayment-based plan designs, the specialty care physician copayment will apply to an urgent care visit with a preferred provider in the First Priority Life Urgent Care Center network. **BlueCare policy affected:** PPO.

- For coinsurance-based plan designs, deductible/coinsurance will apply to an urgent care visit with a preferred provider in the First Priority Life Urgent Care Center network. **BlueCare policy affected:** Comprehensive, Traditional, QHD PPO, QHD EPO.

- If you live outside the 13-county service area, the specialty care physician copayment will apply to an urgent care visit with a preferred provider in the First Priority Life Urgent Care Center network. **BlueCare policy affected:** EPO.

- For copayment-based plan designs, the specialty care physician copayment will apply to an urgent care visit with a Tier 1 provider in the First Priority Life Urgent Care Center network. **Policy affected:** AffordaBlue.

- For coinsurance-based plan designs, deductible/coinsurance will apply to an urgent care visit with a Tier 1 provider in the First Priority Life Urgent Care Center network. **Policy affected:** AffordaBlue.

- You will have to pay a deductible/coinsurance for urgent care visits with a contracting/preferred provider in the First Priority Life Urgent Care Center network. **BlueCare policies affected:** Comprehensive, Traditional, QHD PPO, QHD EPO.

**THESE CHANGES ARE EFFECTIVE JULY 2012, UPON RENEWAL:**

**BlueCard:** The language explaining BlueCard is changing to reflect the model language of the Blue Cross Blue Shield Association. **BlueCare contracts/policies affected:** HMO, HMO Plus, QHD PPO, PPO, Traditional, EPO, AffordaBlue, QHD EPO.

**Complaint and Grievance Procedures:** The following updates are being made to comply with the requirements of the federal health care reform law, known as the Patient Protection and Affordable Care Act (PPACA):

- Individuals in urgent care situations and individuals receiving an ongoing course of treatment may be allowed to proceed with expedited external review at the same time as the internal appeals process. **BlueCare contracts affected:** HMO, HMO Plus.

- Members have the right to receive assistance with internal claims and appeals and external review processes by contacting the Pennsylvania Insurance Department Office of Consumer Services at 1.877.881.6388. **BlueCare contracts affected:** HMO, HMO Plus.

**Deductible Application:** The Deductible section of the “Schedule of Benefits” is being updated to clarify that when services provided for in the Patient Protection and Affordable Care Act (pediatric preventive exams and screenings, adult preventive screenings and preventive drugs) are billed as preventive in nature, the deductible does not apply. **BlueCare contracts/policies affected:** HMO, HMO Plus, QHD PPO, PPO, Traditional, EPO, AffordaBlue, QHD EPO.

Continued on page 9
We’re working to save you money, while ensuring quality health care.

**EXCLUSIONS:**

- The exclusion related to non-covered procedures is being updated to reflect “treatment of gynecomastia” instead of “gynecomastia” since gynecomastia is not a procedure. **BlueCare contracts/policies affected:** HMO, HMO Plus, QHD PPO, PPO, Traditional, EPO, AffordaBlue, QHD EPO.

- The exclusion related to provision or replacement of items is updated to further clarify that repair or replacement of durable medical equipment, prosthesis and orthoses is not covered. **BlueCare contracts/policies affected:** HMO, HMO Plus, QHD PPO, PPO, Traditional, EPO, AffordaBlue, QHD EPO.

- **Generic-Based Drug Program:** The riders are updated to clarify the exclusion wording. **BlueCare policies affected:** QHD PPO, PPO, Traditional, EPO, AffordaBlue, QHD EPO.
  
  - The wording “additional charge” is being removed from the exclusion “for brand name drugs for which there is a generic equivalent drug available,” since brand-name drugs with a generic equivalent are not covered under the generic-based formulary.
  
  - The wording “in excess of four doses per month” is being removed from the exclusion related to drugs for impotence since these drugs are not covered under the generic-based formulary.

**THESE CHANGES ARE EFFECTIVE JANUARY 2013:**

**Precertification:** Section CC—Care Coordination, Precertification of Services, is being updated to reflect that precertification is required before all inpatient admissions, inpatient surgeries and transplants, with the exception of emergency services and maternity admissions. The distinction between preferred/contracting/participating and non-preferred/non-contracting/non-participating provider is being removed. **BlueCare policies affected:** QHD PPO, PPO, Traditional, EPO, QHD EPO, AffordaBlue.

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**Working to Lower Costs:**

**Our Utilization Management (UM) Team**

Blue Cross of Northeastern Pennsylvania cares about your employees’ health and the cost they pay for health care services. That’s why we have a team that reviews medical services to make sure they are cost-efficient and appropriate.

**THE UM TEAM REVIEWS AND EVALUATES REQUESTS FOR CERTAIN SERVICES FROM YOUR EMPLOYEES AND THEIR DOCTORS. SOME OF THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO:**

- All services with non-network providers, for BlueCare HMO plans
- Certain outpatient surgeries
- Home health services
- Inpatient surgeries and medical services
- Inpatient rehab
- Skilled nursing facility services

When the UM team gets a request to cover these services, a team of nurses and doctors reviews the relevant medical information. They decide what would be the best care for the member’s specific case, while also keeping in mind the most cost-efficient option.

By carefully screening what we approve for coverage, overall costs are lowered. And lower costs mean lower overall rates for our employers and members. This is just one of the ways Blue Cross of Northeastern Pennsylvania is working to save you money while ensuring quality health care for your employees.
Online Health & Wellness Resources

Blue Health Solutions wants to help you and your employees make better choices for healthier living. That’s why we offer several resources for you to share with your employees. These resources include posters, flyers, newsletter articles and email blasts. You can find them all online at www.bcnepa.com under “Health & Wellness.” Just click on “Blue Health Solutions for Employers.”

Your employees can have support at a moment’s notice by calling a BHS health coach, a registered nurse or dietitian at 1.866.262.4764 weekdays, between 8 a.m. and 8 p.m. There’s also a section of online tools and resources for employees at www.bcnepa.com under “Health & Wellness.”

Let Blue Health Solutions help your employees become healthier!

Coming Soon: My Blue Community

Join the conversation and talk about YOU! Introducing an online, member-focused resource where you and your employees can share tips and experiences on a broad range of wellness topics, including:

Mental & Personal Health  Share your stories about relationships, sleep, pregnancy and more.

Blogging  Follow our bloggers sharing their stories on marathons, parenting and nutrition.

Diseases & Conditions  Discuss topics ranging from the common cold to cancer.

Fitness & Nutrition  Exchange tips about staying in shape, losing weight and eating right.

Watch for more information on how your employees can connect with other Blue Plan members across the country in a supportive, community environment.
You can find Blue Distinction centers all across the U.S. There are approximately 1,900 Blue Distinction Center Designations nationwide, across 47 states and the District of Columbia:

- 350 Blue Distinction Centers for Bariatric Surgery®
- 500 Blue Distinction Centers for Cardiac Care®
- 90 Blue Distinction Centers for Complex and Rare Cancers®
- 540 Blue Distinction Centers for Knee and Hip Replacement®
- 310 Blue Distinction Centers for Spine Surgery®
- 100 Blue Distinction Centers for Transplants®

**Blue Distinction centers in your area**

- 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
- Gnaden Huetten Memorial Hospital, Lehighton

**Knee & Hip Replacement**

- Gnaden Huetten Memorial Hospital, Lehighton
- Williamsport Regional Hospital, Williamsport

**Spine Surgery**

- Williamsport Regional Hospital, Williamsport

**Find out more**

Talk to your doctor and visit “Find a Doctor/Hospital” on www.bcnepa.com to learn more about the Blue Distinction program and to find a Blue Distinction Center near you.

Note: Designation as Blue Distinction Centers means these facilities’ overall experience and aggregate data met objective criteria established in collaboration with expert clinicians’ and leading professional organizations’ recommendations. Individual outcomes may vary. To find out which services are covered under your policy at any facilities, please call your local Blue Cross and/or Blue Shield Plan; and call your provider before making an appointment, to verify the most current information on its Network participation and Blue Distinction status. Neither Blue Cross and Blue Shield Association nor any of its Licensees are responsible for any damages, losses or non-covered charges that may result from using this resource or receiving care from a Blue Distinction provider.
This material is not intended as medical advice. Please talk to your doctor about this and any other health information.

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

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.®

Independent Licensee of the Blue Cross and Blue Shield Association.®Registered Mark of the Blue Cross and Blue Shield Association.