

1901 MARKET STREET
PHILADELPHIA, PA 19103-1480

IMPORTANT INFORMATION ABOUT WOMEN'S HEALTH CARE GROUP OF PA

May 2008

Dear Valued Benefits Administrator:

I am writing to let you know that we received notification from Women's Health Care Group of PA that it is terminating its participation with our network as of July 1, 2008. That is the date the current contract between Independence Blue Cross and its affiliates (IBC) and Women's Health Care Group is scheduled to end. I would like to explain the effect this will have on your health benefits plan with us.

First, let me say that we understand how important access to quality care is to you and your employees, and we are very concerned about any inconvenience this contract situation may cause. However, Women's Health Care Group is asking us to agree to pay its physicians more than any other OB/GYN practice in our Pennsylvania network or it will allow its contract with us to end as of July 1. When a health care provider demands unusually high compensation increases in contract discussions, we are unwilling to agree because such increases will drive up premiums, which is not fair to our customers.

We hope an agreement on new, fair, and competitive terms can be reached before the contract end date. However, we need to prepare for the possibility that the contract will end. Below is some information about how members' coverage could be affected if our contract with Women's Health Care Group ends.

HOW WILL THIS AFFECT MEMBERS NOW?

Members may be affected now if they schedule a procedure or service in the near future with a health care provider who is affiliated with Women's Health Care Group and if their coverage requires IBC's precertification for the procedure or service.

- **What happens if members have already received the precertification from IBC for a scheduled procedure or service from Women's Health Care Group?** Members do not need to do anything if they received precertification before June 1, 2008. We will cover a gynecological procedure or service to be performed by a Women's Health Care Group provider on or after July 1, 2008, if they are a member on the date of service.
- **What happens if the Women's Health Care Group provider or the member has not requested the necessary precertification from IBC for a procedure?** To plan for the possibility that the contract will end, we are approving precertification requests for elective medical procedures to be performed on or after July 1, 2008, at the out-of-network level. For plans without out-of-network benefits, we will no longer approve precertification requests for elective medical procedures to be performed on or after July 1, 2008.
- **What if members are not sure whether their health care provider is part of Women's Health Care Group?** Enclosed is a list of health care providers affiliated with Women's Health Care Group.

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WHAT HAPPENS IF THE CONTRACT ENDS?

If the Women's Health Care Group contract ends, there are a few things that members may need to consider:

- **How do members continue seeing their specialist?** If members are currently in active treatment with a Women's Health Care Group specialist, the members or their specialist will need to request a "continuity of care" exception by calling Customer Service at the number on their ID card.

The continuity of care exception allows members to continue receiving medically necessary care from the Women's Health Care Group specialist for up to 90 days from the date the contract ends. If members are currently in their second or third trimester of pregnancy (i.e., in or after their 13th week of pregnancy), then they may continue receiving care from their doctor through their postpartum care.

- **Will Women's Health Care Group's health care providers be considered out of network?** Yes. Women's Health Care Group's providers will be out of network if the contract ends. If this happens, members will need to go to a participating provider in our network on or after July 1, 2008, in order to receive full benefits. Members will also need to obtain prior authorization from IBC where required.

If members with out-of-network benefits choose to see a Women's Health Care Group health care provider after the contract ends, services will be eligible for coverage at the out-of-network benefits level. This means members would be subject to the applicable deductible and coinsurance amounts defined in their specific benefits program. They may also be billed any applicable charges under their benefits plan.

- **If members wish to change physicians, how do they find a new specialist in the network?** To locate an in-network specialist, members may use the provider directory at www.ibx.com.

HOW DO I CHECK THE STATUS OF THE CONTRACT?

As July approaches, you may want to know how this situation is unfolding. To get an update on the status of the contract, please go to www.ibx.com and select the *News & Events* link on the upper right portion of the website. Then select the *Announcements* link on the left side of the page.

Again, we hope that we will be able to continue our relationship with Women's Health Care Group to meet our members' health care needs and those of many other families in our community.

If you do not have Internet access or have any questions regarding this matter, please call 1-800-ASK-BLUE (1-800-275-2583).

Thank you.

Sincerely,



William F. Haggett
Chief Marketing Executive

Enclosures

HOW STANDARD BENEFITS COULD BE AFFECTED

In the event of a contract termination between IBC and Women's Health Care Group of PA and its affiliates, IBC members' coverage will be affected as follows:

Keystone Health Plan East HMO

Under the Keystone Health Plan East HMO benefits program, new or existing members requiring a new course of treatment may not be referred or receive covered services from a Women's Health Care Group of PA provider. In order for members to receive coverage after the contract ends, they will need to obtain a referral to another participating provider in the Keystone network, and obtain prior authorization by Keystone where required.

Keystone 65

Under the terms of the Keystone 65 benefits program, members may not be referred or receive covered services from a Women's Health Care Group of PA provider. In order for members to receive coverage after the contract ends, they will need to obtain a referral to another participating provider in the Keystone network, and obtain prior authorization by Keystone where required.

Keystone 65 Choice

Under the Keystone 65 Choice benefits program, members may not be referred on an in-network basis to a Women's Health Care Group of PA provider for covered services. Members who self-refer to a Women's Health Care Group of PA provider would be liable for the applicable self-referred coinsurance, deductibles, and benefit maximums for any services provided by a Women's Health Care Group of PA provider on an out-of-network basis, in accordance with the self-referred portion of their benefits program. Any reimbursements for covered services will be paid directly to the provider except for deductibles and coinsurance for eligible services. In order to receive full benefits, members will need to go to another participating provider in the Keystone network and obtain prior authorization by Keystone where required.

Keystone Point-of-Service

Under the Keystone Point-of-Service benefits program, new or existing members requiring a new course of treatment may not be referred on an in-network basis to a Women's Health Care Group of PA provider for covered services. In order for members to receive network benefits after the provider's contract ends, they will need to obtain a referral to another participating provider in the Keystone network and obtain prior authorization by Keystone where required. Members who self-refer to a Women's Health Care Group of PA provider would be liable for the applicable self-referred coinsurance, deductibles, and benefit maximums for any services provided by a Women's Health Care Group of PA provider on a nonparticipating basis, in accordance with the self-referred portion of their benefits program. Any reimbursements for self-referred services will be paid directly to the member, and the member will be responsible for paying the provider, including any charges beyond the member's reimbursement from Keystone Health Plan East. This amount may be significant. If members wish to use their referred benefits, it will be necessary for the member to obtain a referral to another participating provider in the Keystone network, and obtain prior authorization by Keystone where required.

Keystone Direct POS

Under the Keystone Direct POS benefits program, new or existing members requiring a new course of treatment may not receive in-network benefits at a Women's Health Care Group of PA provider. To receive in-network benefits, the member will need to see another participating provider in the Keystone network and obtain prior authorization by Keystone where required. Members who elect to seek care from a Women's Health Care Group of PA provider would be liable for the applicable out-of-network coinsurance, deductibles, and benefit maximums for any services provided by a nonparticipating provider, in accordance with the out-of-network portion of their benefits program. Any reimbursements for out-of-network services will be paid directly to the member, and the member will be responsible for paying the nonparticipating provider, including any charges beyond the member's reimbursement from Keystone Health Plan East. This amount may be significant.

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Keystone 65 Direct Point-of-Service

Under the Keystone 65 Direct Point-of-Service benefits program, members may not be referred on an in-network basis to a Women's Health Care Group of PA provider for covered services. Members who self-refer to a Women's Health Care Group of PA provider would be liable for the applicable self-referred coinsurance for any services provided by a Women's Health Care Group of PA provider on a nonparticipating basis, in accordance with the self-referred portion of their benefits program. Any reimbursements for self-referred services will be paid directly to the provider, except for deductible and coinsurance for eligible expenses. In order to receive full benefits, members will need to go to another participating provider in the Keystone network and obtain prior authorization by Keystone where required.

Personal Choice[®]

Under the Personal Choice benefits program, any services for covered benefits provided by a Women's Health Care Group of PA provider will be reimbursed on an out-of-network basis. Services provided by a Women's Health Care Group of PA provider will be subject to the deductible, coinsurance, and benefit maximums for out-of-network services as specified in the member's benefits program. As long as an Women's Health Care Group of PA provider remains participating in Highmark Blue Shield, claims for Personal Choice members will process at the out-of-network level of benefit, subject to out-of-network deductibles, coinsurance, and benefit maximums and members will not be billed for the difference between charges and the allowed amount. All reimbursements for services performed by non-participating providers will be made directly to the provider. If members wish to use the in-network benefits, it will be necessary for them to go to another participating specialist in the Personal Choice network, and obtain prior authorization by Personal Choice where required.

Personal Choice 65SM

For Personal Choice 65 members, any services for covered benefits provided by a Women's Health Care Group of PA provider will be reimbursed on an out-of-network basis. Services provided by a Women's Health Care Group of PA provider will be subject to the deductible, coinsurance, and benefit maximums for out-of-network services as specified in the member's Personal Choice 65 benefits program. All reimbursements will be made directly to the provider, except for the deductible and coinsurance for eligible expenses. If members wish to use the in-network benefits, it will be necessary for them to see a participating specialist in the Personal Choice 65 network, and obtain prior authorization by Personal Choice 65 where required.

Women's Health Care Group of PA affiliated providers

The following providers and groups are affiliated with Women's Health Care Group of PA:

- **Bryn Mawr Women's Health Division:**
Margaret Burns, MD; Jocelyn Craparo, MD; Joan Zeidman, MD
- **Exton OB/GYN Division:**
Arnold Goldenberg, MD
- **Granite Run OB/GYN Division:**
Noelle Ludwig, MD; Lane Shima, DO; Frank White, MD; Daria Yanez, MD
- **Healthcare for Women Only Division:**
Robert Neilson, MD; Elisa Ross, MD
- **Maternal Fetal Medicine Division:**
Garo Megerian, MD
- **Main Line Fertility Division:**
Luis Blasco, MD; Michael Glassner, MD; John Orris, DO; William Pfeffer, MD
- **Main Line OB/GYN Division:**
Radhika Kakarla, MD; James Kolter, MD; Stephen Krell, MD; Frank Manfrey, DO;
Mojdeh Saberini-Williams, MD; Shari Senzon, MD; Melanie Schatz, MD
- **Main Line Perinatal Associates:**
Eric Carlson, DO; Alan Donnenfeld, MD; Andrew Gerson, MD; Nancy Roberts, MD
- **Main Line Women's Healthcare Division:**
Catherine Bernardini, DO; Robert Dein, MD; Mohamed Gaafar El Mallah, MD;
Lisa Leone, MD; Ravy Lu, MD; Bruce Hopper, MD
- **McConnell, Peden, and Belden Division:**
Michael Belden, MD; Mark Finnegan, MD; Patricia McConnell, MD;
Margaret Peden, MD
- **Norman Brest Division:**
Norman Brest, MD
- **Scott Bailey Division:**
Scott Bailey, MD; Joanne Kakaty-Monzo, DO
- **Valley Forge OB/GYN Division:**
Allyson Brown, MD; Amy Jane Cadieux, MD; Frederic Cohen, MD; Michael Lemert, MD;
Susan Roitman, MD; Allison Shirker, MD; Christine Sigal, MD;
Alan Silverberg, MD
- **Women's Healthcare Division:**
Maria Tucker, MD; Charles Touey, MD
- **Women's Healthcare Specialist Division:**
Joseph Castelli, DO; Philip Hirshman, MD
- **Women for Women Division:**
Janine Barsoum, DO; Wendy Manko, DO; Jessica Mory, DO; Jane Porcelan, MD