

2010 Annual Updates

An annual publication for
SummaCare Members



SUMMACARE

Cover

Do You Know Where to Get Care?

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This publication is a supplement to our member newsletter, TouchBase. The information is important to you as a SummaCare member. Please keep this publication in your files for future reference.



Do You Know Where to Get Care?

Avoid long waits and higher costs by knowing where to go.

Many people go to the emergency room when a call or visit to the doctor is really what they need. Waiting in the ER is not always the best choice and can cost as much as five times more than a visit to your doctor's office. Receiving non-emergent care in an emergency room can not only affect the experience and quality of care you receive, but will likely increase your out-of-pocket expenses. At SummaCare, we want you to know your options for receiving the best possible care while utilizing your benefits wisely. The next time you're not sure whether to call the doctor or go to an emergency room, consider all the options you have as a SummaCare member.

Call your physician first. Your doctor knows your total health history and can treat you as a whole person, rather than just treating your immediate symptoms. Many doctors can be contacted after hours, and some even have evening office hours. Ask your doctor what you should do if you need after-hours care.

Call the 24-Hour Nurse Line. If you're unsure if your symptoms are serious enough to wait until your next doctor's

visit, call SummaCare's 24-Hour Nurse Line at 800-379-5001. Registered nurses are available to assist you 24 hours a day, seven days a week.

Use SummaCare's Online Health Manager powered by WebMD. Visit www.summacare.com/healthtools to check your symptoms, learn about specific health conditions or create a lifestyle improvement plan. Register today to receive personalized information, health news and online health coaching.

Visit an Urgent Care Center. You also have access to urgent care centers throughout the SummaCare service area. Urgent care centers are good alternatives to emergency rooms for after-hours care for illness or injury that has the potential for becoming more serious if treatment is delayed. Visit www.summacare.com to search for an urgent care center located near you.

For more information on SummaCare resources or services, call SummaCare Customer Service at 330-996-8700 or 800-996-8701.

What is Healthcare Fraud & Abuse ?

Over the past few years, regulators have heightened their focus on identifying and correcting fraud and abuse. Accordingly, all managed care health plans offering Medicare have been required to establish fraud and abuse programs that meet regulatory standards.

SummaCare implemented a fraud and abuse program in 1999 and has been actively auditing financial and operational processes since then. Reports of suspected fraud come to us through a variety of reporting mechanisms including our Hotline (330-996-8821 or toll-free 800-361-3908), written correspondence and in-person meetings. In addition, our website has an online submission form to report suspected fraud and abuse. All reports are thoroughly investigated and appropriate action is taken.

SummaCare also maintains an environment of sound internal control including anti-fraud risk controls. Internal control is defined as a process that provides reasonable assurance that we are achieving business objectives while complying with laws and regulations. Internal audits routinely evaluate and assess the design and operating effectiveness of internal controls. Any exceptions noted during our control test work are comprehensively examined to determine whether the exception was caused by error or fraud.

Our philosophy is to work cooperatively with appropriate physicians, practitioners and their staff to resolve any concerns identified in our audits.

The following definitions and information will be helpful in understanding how the regulatory agencies interpret fraud and abuse.

Fraud – Is when a person or group of people tries to do something to cheat any healthcare plan. They do not do things the way they should be done. This causes the person or group of people to benefit from their actions.

Abuse – Is when something is done differently than is considered accepted practice.

Intent - Is the state of mind in which an act is done. Intent is what makes a person do something. A person's intent can be the difference between fraud and abuse.

How Can You Help Fight Fraud & Abuse?

Please do your part. Report all possible cases of fraud and abuse by calling SummaCare Compliance Hotline at 800-361-3908. You can also write to us at the following address:

SummaCare Compliance Department F&A
P.O. Box 3620
Akron, Ohio 44309-3620

SummaCare 24-Hour Nurse Line

Sometimes an emergency room is not the most appropriate place to treat certain conditions. By calling the **24-Hour Nurse Line**, you may be able to avoid an unnecessary visit to the emergency room and save on expensive hospital costs.

A registered nurse will be able to assess your symptoms, offer advice on self-care options or refer you to an urgent care center directly over the phone. As a member, you can call the **24-Hour Nurse Line** anytime of the day or night from anywhere in the country. Keep this number handy when you are out of town or have an emergency and don't know where to turn for advice.

SummaCare's 24-Hour Nurse Line

800-379-5001

The 24-Hour Nurse Line is a valuable service from SummaCare designed to supplement your physician's care.

Advance Directives

An advance directive is a written instruction, such as a Durable Power of Attorney for Healthcare or Living Will, recognized by Ohio and federal laws relating to the provision of healthcare when the authoring individual is incapacitated.

The Durable Power of Attorney for Healthcare is a document that names an individual and empowers that person with the authority to make decisions about the provision or withholding of health services when the author is incompetent, in a terminal condition or is permanently unconscious. A Living Will is a document that gives direction to continue, withhold, or withdraw life-sustaining treatment if the author becomes incompetent, declared in a terminal condition or is permanently unconscious.

SummaCare policy, in compliance with federal regulations, requires that physicians document in the outpatient medical record whether or not a Medicare, Medicaid or other member, as appropriate, has executed an advance directive. We encourage you to execute advance directives and

provide a copy of each to your primary care physician. This is important because situations for the use of an advance directive often arrive with little or no warning.

And, without knowing the wishes of an afflicted individual, loved ones can experience unnecessary emotional turmoil if such decisions must be made. It is a SummaCare policy that physicians cannot discriminate against members based on whether or not they have advance directives.

If you choose to execute advance directives, let those closest to you know that they exist and where to find them. Advance directives are an easy and free way for you to communicate your desires when a health catastrophe strikes and prevents you from communicating. While we hope your family never needs an advance directive, they will appreciate it if the need arises. Any member who is interested in obtaining more information about advance directives should contact SummaCare Customer Service at 330-996-8700 or 800-996-8701; TTY 800-750-0750.

Women's Health and Cancer Rights Act of 1998: Annual Notice

The Women's Health and Cancer Rights Act was signed into law on October 21, 1998. This law provides mandatory coverage for women with respect to medical and surgical benefits after having a mastectomy, providing that the health plan covers mastectomies.



Group health plans, as well as health insurance issuers that offer coverage for mastectomies, are required to provide the coverage to participants of group health plans, as well as to those participants enrolled in an individual plan. The benefits under the Act include:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Medical complications at all stages of the mastectomy, including lymphedemas.

Copays, coinsurance and deductible apply as long as they are consistent with other benefits under the plan.

Additionally, persons moving from one plan to another may be required to comply with the new plan's pre-existing condition limitations, subject to HIPAA (Health Insurance Portability and Accountability Act) restrictions.

If you would like more information on benefits, call SummaCare Customer Service at 330-996-8700 or 800-996-8701; TTYL 800-750-0750.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

SummaCare is dedicated to protecting the confidentiality of information we have about you. We are required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information.

This Notice of Privacy Practices describes how SummaCare may use and disclose your protected health information to facilitate treatment, carry out payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

“Protected health information” (PHI) is:

- information about you, including demographic information, that may identify you; and
- that relates to your past, present or future physical or mental health or condition; and
- any healthcare services you may receive and payment for those services.

Examples of protected health information include, but are not limited to, the notes your doctor keeps that document your physician office visits, your birth date and your social security number.

SummaCare is required by law to abide by this notice as long as the terms remain in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary. Any revisions to this notice will apply to all the protected health information we maintain, including protected information received before the change was made. Except when required by law, SummaCare will not implement a material change to any of the policies or terms described in this notice prior to the effective date of the new notice.

All members enrolled with SummaCare at the time that changes are made will receive the revised notice 60 days prior to the effective date of the changes. Copies of the most current notice may be obtained at any time by calling the Customer Service Department or by viewing the SummaCare website at www.summacare.com. You can also request a current notice in writing by mailing a request to Customer Service.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR WISH TO REQUEST A COPY, PLEASE CALL CUSTOMER SERVICE AT 330-996-8700 or 800-996-8701 or WRITE TO: CUSTOMER SERVICE, SUMMACARE INC., P.O. BOX 3620, AKRON, OH 44309-3620 OR EMAIL YOUR REQUESTS TO INFO@SUMMACARE.COM.

I. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

SummaCare must internally use your protected health information to conduct our business and to ensure you are provided with the care and

services to which you are entitled as a SummaCare member. In some cases we may disclose or share your protected health information with external individuals or organizations. In both cases, SummaCare limits access to the protected health information used and disclosed to the minimum amount reasonably necessary. Upon your enrollment, SummaCare may use and disclose your protected health information for these purposes without your signed authorization. The purposes for which we may use and disclose your protected health information are described below:

A. FOR TREATMENT

SummaCare may use or disclose information about you to facilitate your treatment by a physician or other health care provider. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, when you seek the services of a physician, SummaCare may provide information about you to the physician so he/she can better treat your illness or injury.

B. FOR PAYMENT

SummaCare may use or disclose your health information for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims, to determine whether services are medically necessary or to otherwise pre-certify services as covered under your SummaCare plan. We may also disclose such information to another health plan, which may have an obligation to process and pay claims on your behalf or to a health care provider from whom you have received medical services.

C. FOR HEALTH CARE OPERATIONS

SummaCare will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations. In limited situations, SummaCare may disclose protected health information for the operations of other health plans or health care providers with which you have or had a relationship. For example, SummaCare may share protected health information with your primary care physician's practice for quality improvement activities.

D. INFORMATION SENT TO YOU

As a SummaCare member, you may occasionally receive information from us about the care and services we provide. Sometimes this includes your protected health information. Examples include information about the payment of your claims, appointment reminders or a case management call from a SummaCare nurse. We may also send you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

E. INDIVIDUALS INVOLVED IN ARRANGING FOR YOUR CARE OR PAYMENT FOR YOUR CARE

With your approval, we may disclose your protected health information to designated family members or others who may be helping you to arrange your care or arrange payment for your care. We may also disclose your protected health information to an individual or individuals who are legally authorized to act on your behalf, such as an individual to whom you have granted durable power of attorney. We may require the individual to furnish proof of such authorization before granting them access to your information. If you are

unavailable, incapacitated, or facing an emergency medical situation and in our professional judgment we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. If you have designated a person to receive information regarding payment of the premium for your policy, we will inform that person when your premium has not been paid. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member.

F. BUSINESS ASSOCIATES

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to share some of your protected health information with one or more of these outside persons or organizations who assist us with our healthcare operations. In all cases, we require business associates to appropriately safeguard the privacy of your information and comply fully with the privacy practices described in this notice.

G. OTHER USES AND DISCLOSURES

SummaCare is permitted or required by law to make the following additional uses or disclosures of your protected health information:

- As Required by Law – SummaCare will disclose your protected health information for any purpose when required to do so by federal, state or local law.
- To the Secretary of the U.S. Department of Health and Human Services or his/her designee for

investigations of HIPAA privacy compliance.

- For Public Health Activities
 - SummaCare may release your protected health information for public health activities.

These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To the Food and Drug Administration – SummaCare may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls.

To the Plan Sponsor

Under certain limited circumstances, SummaCare may release your protected health information to your plan sponsor. The "plan sponsor" is generally your employer or the entity who has purchased or funded your group health plan. The plan sponsor may need your information for such

things as obtaining premium bids from SummaCare or another health plan. Before SummaCare shares any of your protected health information with your plan sponsor, that sponsor must agree to a number of legally required conditions designed to ensure that your information remains protected. For example, your plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other employee benefit determinations. The plan sponsor must also describe in advance the need for information and limit access to the information to those employees who require it to perform the job function described. When feasible, the plan sponsor must return or destroy all copies of your protected health information when it is no longer needed.

Health Oversight Activities

SummaCare may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. For example, SummaCare may disclose information to the Ohio Department of Health for periodic audits of the quality of care provided to SummaCare members.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, SummaCare may disclose your protected health information in response to a court or administrative order. SummaCare may also disclose your protected health information in response to a subpoena, discovery

request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement

SummaCare may release protected health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- If SummaCare believes in good faith that the information constitutes evidence of criminal conduct that occurred on the premises of any SummaCare establishment;
- As required by law to report wounds and injuries and crimes;
- In certain situations when a member is an inmate in a correctional institution.

Coroners, Medical Examiners and Funeral Directors

SummaCare may release your protected health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. SummaCare may also release your protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

Organ and Tissue Donation

SummaCare may use or disclose your protected health information to organ procurement organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.

Research

Under certain circumstances, SummaCare may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process that evaluates a proposed research project and its use of medical information. Information for research is not disclosed until the research project is approved. We may, however, disclose your medical information to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the medical information they review does not leave the possession of SummaCare.

Military and Veterans

SummaCare may use and disclose your protected health information if you are a member of the armed forces and the use and disclosure has been deemed necessary by appropriate military command authorities. SummaCare may also release protected health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence

SummaCare may release your protected health information to authorized federal officials for intelligence, counterintelligence,

and other national security activities authorized by law. SummaCare may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Workers' Compensation

SummaCare may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

H. WITH YOUR AUTHORIZATION

SummaCare will not use or disclose your protected health information without your written authorization except as described above in this notice. You may revoke your authorization in writing at any time, except to the extent that SummaCare or one of our business associates is already taking action in reliance on the use or disclosure you approved in your authorization.

II. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

A. RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on the uses and disclosures of your protected health information for treatment, payment, or health care operations. Restriction request forms are available from Customer Service, or from the SummaCare website. Mail your request to the attention of Customer Service at the address listed on page one of this notice. Your request must include (i.) the information you want to limit; (ii.) whether you want

to limit our use, disclosure or both; and (iii) to whom you want the limits to apply, for example, disclosures to your spouse. You or your authorized representative must sign restrictions. We are not required to agree to your restriction request. We retain the right to terminate an agreed upon restriction if we believe such termination is appropriate. In the event of termination by us, we will notify you of such termination. You also have the right to terminate, in writing or verbally, any agreed upon restriction by sending such termination notice to the attention of Customer Service.

B. RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to receive an accounting of certain disclosures of your protected health information. SummaCare is not required to track and account for the following types of disclosure:

- Disclosure made for the purposes of treatment, payment or operations;
- Disclosures made to you, or your authorized representative;
- Disclosures to an individual involved in arranging your care or arranging payment for your care;
- Disclosures made in accordance with an authorization you had previously signed and agreed to;
- Certain disclosures that we may legally be required to keep from you, such as disclosures to law enforcement officials in response to a legally obtained warrant.

If you would like an accounting of any disclosures of your protected health information that does not fall into the categories listed above, you must submit a written request signed by you or your authorized representative to SummaCare Customer Service. Accounting request forms are available

from Customer Service, or the SummaCare website.

C. CONFIDENTIAL AND ALTERNATIVE COMMUNICATIONS

As a SummaCare member, you may occasionally receive information from us about the care and services we provide. Sometimes this includes your protected health information. You have the right to request that SummaCare make reasonable accommodations for you to receive such communication by alternative means or at alternative locations. For example, you can request to have letters sent to a particular address that may be different from your normal home mailing address. You may also request that SummaCare restrict access and disclosure of your protected health information to specific individuals involved in arranging for your care or arranging payment for your care. Forms for requesting confidential communication are available from Customer Service, or from the SummaCare website. Your request for confidential or alternative communication must be in writing, signed by you or your authorized representative and sent to the attention of Customer Service. We are not required to agree to your request unless you clearly state that the disclosure of all or part of the information in question could place you or someone else in danger. You also have the right to request that we not send you any future marketing materials, and we will use our best efforts to honor such requests.

D. RIGHT TO INSPECT AND COPY

You have the right to copy and/or inspect most of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you

or your authorized representative. You may obtain an access request form by calling Customer Service at 800-996-8700 or at the SummaCare website. Requests for access should be sent to the attention of Customer Service. We may charge you for a copy of the information. We may also charge for postage if you request a mailed copy and may charge for preparing a summary of the requested information if you request a summary.

E. RIGHT TO AMEND

If you believe that the protected health information we maintain about you is incomplete or incorrect, you have the right to ask SummaCare to amend our records. All amendment requests must be in writing and signed by you or your authorized representative. Your request for an amendment must state why you believe our records are incomplete or inaccurate. We are not obligated to make all requested amendments but will give each request careful consideration. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment, and we can confirm that the amendment is appropriate;
- Is not part of the protected health information kept by or for SummaCare;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

SummaCare may send a copy of the newly amended record to any business associate or other entity who may have the older, inaccurate information. You may obtain an amendment request form from

Customer Service or from the SummaCare website.

F. COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint. Your complaint must be in writing, and sent to the attention of the SummaCare Compliance Department at P.O. Box 3620, Akron, Ohio 44309-3620. We will investigate your complaint and send you a written response. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. SummaCare encourages you to tell us if you believe your privacy rights were violated. By law, SummaCare may not retaliate against you for filing a complaint.

G. RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice even if you have agreed to receive this notice electronically. You may request a copy of this Notice at any time by calling Customer Service at 330-996-8700 or 800-996-8701; TTY 800-750-0750.

III. INTERNAL PROTECTIONS

SummaCare has internal policies, processes and procedures in place which all employees must follow in order to ensure protection of PHI whether oral, written or electronic such as:

- Employees are required to sign a confidentiality agreement annually
- Workstations are password protected
- Access, use and disclosure of PHI is limited to the minimum necessary
- Random audits are conducted to

ensure adherence to policies and procedures

- Policies are in place to verify the identity of each caller
- Policies are in place to ensure compliance with regulations regarding friends and family members
- Guidelines have been established to protect information sent via FAX
- Employees are encouraged to place confidential calls in an office or conference room
- Access to the floors of the SummaCare building is limited to employees and escorted visitors. All employees participate in annual educational sessions to ensure they maintain a current knowledge of and comply with these policies.

If you have questions concerning any of the material in this publication, please call Customer Service at 330-996-8700 or 800-996-8701; TTY 800-750-0750 between the hours of 8:30 a.m. and 5:30 p.m., Monday through Friday or visit our website at www.summacare.com.



AMENDMENT/RIDER TO YOUR PPO CERTIFICATE OF INSURANCE/HMO EVIDENCE OF COVERAGE/INDIVIDUAL SOLUTIONS POLICY

This document is an Amendment/Rider to your PPO Certificate of Insurance/HMO Evidence of Coverage/Individual Solutions Policy (“Document”). Your Document is hereby amended as indicated below. All other aspects of your Document remain unchanged and in full force and effect. Please remove and retain this page with your Document

REMOVE AND RETAIN FOR YOUR RECORDS

BENEFIT/REGULATORY/ CHANGES	
SECTION AFFECTED	REVISION
Continuation of Coverage (Ohio Law)	<p>Section 1751.53 and Section 3923.38 of the Ohio Revised Code require Ohio employers to provide involuntarily terminated employees, when the termination of employment is not a result of any gross misconduct on the part of the employee, the option to continue their group medical coverage for up to twelve months after the date that the insurance coverage would otherwise terminate by reason of the termination of the employee’s employment. Continuation need not include, dental, vision care, or any other benefits provided under the policy in addition to its hospital, surgical, or major medical benefits. The employer shall notify the insurer if the employee elects continuation of coverage under this section. The insurer may require the employer to provide documentation if the employee elects continuation of coverage and is seeking premium assistance for the continuation of coverage under the “American Recovery and Investment Act of 2009,” Pub. L. No. 1111-5, 123 Stat. 115. The director of insurance shall publish guidance for employers and insurers regarding the contents of such documentation. Therefore, if this law affects you, you are eligible to continue SummaCare HMO or PPO coverage for you and your covered dependents for up to twelve months after termination, provided the premiums for such coverage are paid. You are eligible for this continuation of coverage if you meet all of the following requirements:</p> <ul style="list-style-type: none"> a. You have been continuously covered by this SummaCare HMO or PPO plan or any prior similar group coverage replaced by this SummaCare HMO or PPO plan during the three month period before termination of your employment; b. The employee did not voluntarily terminate the employee’s employment and the termination of employment is not a result of any gross misconduct; c. You are neither eligible for nor covered by Medicare; and d. You are neither eligible for nor covered by any other insured or uninsured arrangement that provides hospital, surgical or medical coverage for individuals in a group.
Special Enrollment (When Coverage Begins Section)	<p>The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) requires that SummaCare permit you or your dependent, if eligible, but not enrolled, for coverage under your group health plan, to enroll if either of the following conditions is met:</p> <ul style="list-style-type: none"> • You or your dependent covered under Medicaid or the State Children’s Health Insurance Program (SCHIP) has coverage terminated as a result of loss of eligibility, and you request coverage for you or your dependent within 60 days after termination; or • You or your dependent becomes eligible for Medicaid or SCHIP assistance (subsidy), if you request coverage within 60 days after the eligibility determination date.
Full Time Student Coverage for Illness or Injury (Dependent Eligibility Section)	<p>Federal Law known as Michelle’s Law, codified at 29 U.S.C. 1185 (P.L. 110-381), requires a full time college student is eligible to continue coverage under a group health plan if all of the following are met:</p> <ul style="list-style-type: none"> • he or she suffers from a serious illness or injury; • his or her physician certifies the leave of absence or reduction in hours to part-time status is medically necessary; and • he or she would otherwise lose coverage. <p>Additionally, the student must have been enrolled in the group health plan before the first day of the leave. The extension of coverage will end at the earliest of one year or the time that the student reaches the attainment age of the plan. You must complete the appropriate form to extend this coverage. Please contact Customer Service between the hours of 8:30 AM to 5:30 PM to obtain this form or if you have additional questions.</p>
Unmarried Adult Child Provision (Dependent Eligibility Section)	<p>Your unmarried adult child after the attainment age of 19 and under the age of 28, if the following requirements are all met: (Effective July 1, 2010).</p> <ul style="list-style-type: none"> • your unmarried adult child must be under the age of 28; • your unmarried adult child must be your natural child, your stepchild, or your adopted child; • your unmarried adult child is a resident of the state of Ohio or is a full-time student at an accredited college or university; • your unmarried adult child must not be employed by an employer that offers any health benefit plan that your

	<p>unmarried adult child is eligible to enroll; and</p> <ul style="list-style-type: none"> • your unmarried adult child must not be eligible for coverage under the Medicaid program or the Medicare program.
Automatic review (Complaint Procedure Section)	The Department will review your contract and the type of service requested. If the Department is not able to determine that the service is a covered benefit because deciding requires resolution of a medical issue, upon notice from the Department, we will initiate an external review. If the external review by an Independent Review Organization (IRO) determines that the service is a covered benefit, we will pay for the service.
Timeframe to file a second level of appeals extended (Complaint Procedure Section))	If we deny a service because it is not medically necessary and the service and related expenses will cost you more than \$500 if it is not covered by us (the \$500 requirement does not apply to expedited cases), you may request an external review from an (IRO). The IRO is not affiliated with SummaCare. You must request this review within 180 days of receiving notice that your appeal was denied. Your request must be in writing and include certification from the provider that the service will cost you more than \$500.
Timeframe to file a second level of appeals extended (Complaint Procedure Section))	If you have a terminal illness you may also request an external review when services are denied because they are experimental or investigative. To qualify for this review you must meet all of the following criteria: <ol style="list-style-type: none"> 1. You have a terminal condition that, according to the current diagnosis, has a high probability of causing death within two years. 2. You request an external review not later than 180 days after receiving our decision denying the requested service because it is experimental. 3. Your physician certifies that one of the following situations applies to your condition: <ol style="list-style-type: none"> a. Standard Therapies have not been effective in improving your condition; b. Standard Therapies are not medically appropriate for you; c. There is no standard therapy covered by the policy that will benefit you more than the therapy requested by either you or your physician. 4. Your physician has recommended a drug, device, procedure or other therapy that he or she certifies in writing is likely to benefit you more than standard therapies; or you have requested a therapy that has been found in a preponderance of peer-reviewed published studies to be associated with effective clinical outcomes for the same condition. 5. You have exhausted all internal levels of appeal. 6. The drug, device, procedure, or other therapy would be covered if it were not considered to be experimental or investigative.
Cancer Clinical Trials (Covered Benefits Section)	The costs of any routine patient care administered to you or your dependent participating in any stage of an eligible cancer clinical trial, if that care would be covered under the plan if you or your dependent were not participating in a clinical trial.
TMJ (Covered Benefits Section)	Removed from Covered Benefits Section. <i>Does not apply to HMO EOC.</i>
Additional filed exclusions (General Exclusions Section)	Exercise Program. Exercise Programs for treatment of any conditions, except physician supervised cardiac rehabilitation or occupational physical therapy otherwise covered by this policy.
	Illegal Acts. Charges for services or supplies received as a result of injury or illness caused by or contributed to by engaging in any illegal act or occupation; by committing or attempting to commit any crime, criminal act or other felonious behavior; or by participating in a public disturbance. <i>Does not apply to HMO EOC.</i>
	Illegal Drugs or Medications. Charges for services or supplies for injury or illness resulting from you or your dependents taking or being under the influence of any controlled substance, drug, hallucinogens or narcotic not administered under the advice of a physician. <i>Does not apply to HMO EOC.</i>
	Occupational. Care and treatment of any injury or illness that is occupational, that is arising from or a result of work for wages or profits including self employment.
	Prescription and Non-Prescription Drugs, Vitamins, Food Supplements. Prescription and non-prescription drugs except those drugs administered during a visit to a physician or during a covered hospital stay. Prescription drugs may be covered under a separate Pharmacy Rider. Nutritional supplies or supplements or vitamin/mineral supplements are excluded.
	Riot. Any condition, disability or expense resulting from any injury or illness caused by or participating in a civil insurrection or riot.



	<p>TMJ – (Temporomandibular Joint Disorder) <i>Does not apply to HMO EOC</i> Treatment of Temporomandibular Joint (TMJ) dysfunction and related diagnostic procedures.</p>
	<p>Genetic Testing. Any charges for genetic testing.</p>
<p>Newborn Child Language (Dependent Eligibility Section)</p>	<p>Newborn Child/Children Newborn children will be covered for illness or injury for a period of 31 days from the date of the child's birth. A change form is required to add the newborn child to the policy. (Please contact your Human Resources Department for forms). Depending upon your current plan or policy, coverage of your newborn beyond the 31st day may require additional premiums. Also, depending upon your current plan or policy, coverage of your newborn beyond the 31st day may end if we do not receive the form and any required additional premiums. Contact your Human Resources Department to determine if additional premiums are required. If your premium changes and you choose to enroll your child, you must pay any additional premium from the time of your child's birth.</p>

REMOVE AND RETAIN FOR YOUR RECORDS

Voicing Complaints & Filing Appeals

SummaCare is committed to providing excellent service and care. An important part of that commitment is to quickly and fully resolve member complaints or issues. We encourage members to let us know if there are questions, concerns or problems related to covered services or care received.

To voice a complaint, call Customer Service at 330-996-8700 or toll-free 800-996-8701; TTY 800-750-0750. A Customer Service representative will ask questions about your complaint and if needed, investigate the facts. You will receive a verbal response within five business days.

If you are not satisfied with the response, you may pursue the complaint through one of SummaCare's two formal options: the appeal process and the grievance process.

The appeal process is used when a member disagrees with a decision to deny, reduce or terminate a requested service or a claim for payment. Members have the right to appeal decisions about their coverage.

The grievance process is used for all other complaints such as the quality of care received, the way you were treated by a provider or privacy violations.

The complaint processes described below may vary for members enrolled in a self-insured plan. Members in these groups may consult the booklet for their employer sponsored health plan or call Customer Service at 330-996-8515 or 800-753-8429. For a complete description of SummaCare's complaint processes, refer your current Evidence

of Coverage, Certificate of Insurance or Individual Policy.

Appeals - For medically urgent appeals, call Customer Service and request your appeal be expedited. All other appeals must be filed within 180 days from the date you first receive notice of an adverse decision. Any additional documentation that supports your request should be submitted with your appeal.

After SummaCare investigates the facts, individuals who had no involvement with the previous decision will review your appeal. For medical care or service issues, the appeal will be reviewed by a board certified physician or equivalent medical professional. The exact time frame for resolving your appeal and the number of steps in the process depends upon a few factors, including if the service is urgently needed, the service has already been received and the denial reason.

In most cases there are two levels to SummaCare's internal appeal process. Medically urgent appeals will be decided and the member notified of the decision within 72 hours.

For all other appeals, the member will receive a written decision no more than 60 days from receipt of his or her request.

If you are dissatisfied with the outcome of your appeal for any of the following reasons, you may have the right to an independent review if the services requested are not covered services, not medically necessary or are experimental and you have a terminal illness.

Medical appeals will be reviewed by a state accredited Independent Review Organization (IRO), which is a group of independent doctors and nurses. The Ohio Department of Insurance (ODI) will review benefit appeals. SummaCare will process these appeals for the member.

Grievances - If you are dissatisfied with the care or service received from SummaCare or any of our contracted healthcare providers, you may address those concerns through the formal grievance process. SummaCare will investigate the grievance and respond in writing within 30 calendar days.

If you are not satisfied with SummaCare's response, you may file a second level grievance. If you remain dissatisfied, you may file a complaint with the Ohio Department of Insurance, Consumer Services Division, at 50 W. Town St., Suite 300, Columbus, Ohio 43215 or you may call the Ohio Department of Insurance at 800-686-1526 or 614-644-2658.

To file an appeal or a grievance you should send your request to:

SummaCare
Appeals & Grievance Department
P.O. Box 3620
Akron, Ohio 44309-3620

You may also fax your grievance or appeal to 330-996-8545, submit it electronically to appeals@summacare.com or visit in person at the SummaCare offices located at 10 N. Main Street, Akron, Ohio 44308.

Frequently Asked Questions

What benefits and services are included in, and excluded from, my coverage?

View a list of your covered benefits and services at www.summacare.com by logging in to Plan Central. You may also request plan materials online or call SummaCare Customer Service at 330-996-8700 or 800-996-8701; TTY 800-750-0750.



Are there procedures related to my prescription drug benefits that I should be aware of?

Yes. SummaCare Drug Formularies indicate if a drug has limitations such as Prior Authorization, Step Therapy or Quantity Limits. For more information, please refer to your Prescription Drug Rider and the SummaCare Drug Formulary at www.summacare.com.

What are my copayments and other charges I am responsible for?

For copayment and/or coinsurance information specific to your plan, please refer to your Schedule of Benefits. You may view your schedule of benefits by logging in to Plan Central. You may also request materials online or call SummaCare Customer Service at 330-996-8700 or 800-996-8701; TTY 800-750-0750.

What benefit restrictions apply to services obtained outside SummaCare's service area?

To review out-of-network benefit restrictions, please refer to your Evidence of Coverage, Certificate of Insurance or Provider Policy. You may request these materials online or call SummaCare Customer Service at the number listed on the back of your member ID card to request a copy.

How do I submit a claim for covered services?

If you receive care from an In-Network provider, you do not need to submit a claim for the covered services. If you receive care from an Out-of-Network provider, please complete and submit a Medical Claim Form.

How do I obtain information about practitioners who participate in the organization?

You can search for practitioners who participate in the SummaCare network by using the online provider search. Go to www.summacare.com and click on the "Find a Doctor or Hospital" button.

How do I obtain primary care services, including points of access?

To find a primary care physician, go to www.summacare.com and click on the "Find a Doctor or Hospital" button. You can search for a primary care physician by selecting "Family Medicine (PCP)," "General Practice (PCP)," "Internal Medicine (PCP)," or "Pediatrics (PCP)" from the specialty listing.

How do I obtain specialty care and behavioral health services and hospital services?

To find a hospital, specialist or behavioral healthcare provider, go to www.summacare.com and click on the "Find a Doctor or Hospital" button. To search for a hospital, select "I would like to search for hospitals." To search for a specialist or behavioral healthcare provider, select the appropriate specialty from the specialty listing.

How do I obtain care after normal office hours?

If you need medical advice after normal office hours, call SummaCare's 24-Hour Nurseline at 1-800-379-5001. If you need emergency care, call 911 or go to the nearest hospital.

How do I obtain emergency care and what is SummaCare's policy on when to directly access emergency care or use 911 services?

An emergency is defined as a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following: placing the health of the individual or the health of a pregnant woman or her baby in serious

jeopardy; serious impairment to bodily functions; or serious dysfunction of any body organ or part. **If you experience symptoms that meet the definition of an emergency, call 911 for emergency assistance or go to the nearest hospital.**

How do I obtain care and coverage when I'm out of SummaCare's service area?

If you are traveling outside the SummaCare service area, please refer to your member ID card to find your applicable wrap network(s). You may search applicable networks by using SummaCare's online provider search.

How do I appeal a decision that adversely affects coverage, benefits or my relationship with SummaCare?

To appeal a decision, members have 180 calendar days from the date notification of an initial/prospective

determination was issued. Appeals should be submitted in writing and mailed, faxed or emailed (appeals@summacare.com) to the attention of SummaCare Appeals.

How does SummaCare evaluate new technology for inclusion as a covered benefit?

SummaCare is committed to providing members with access to the most up-to-date treatment and safe, effective state-of-the-art care. This commitment requires thoughtful evaluation of new technologies on an ongoing basis for inclusion in the SummaCare benefit package. SummaCare's Health Services Management staff queries the following sites monthly to assess for new medical technologies: Medscape, Hayes Directory, Agency for Health Care Policy and Research, Center for Medicare and Medicaid Services and American Medical Association.

The Importance of Utilization Review

SummaCare supports a comprehensive Utilization Management (UM) Program that includes many areas to help ensure that you receive the most appropriate care under SummaCare.

One method used in Utilization Management is prior authorization. As you know, certain procedures require your physician to prior authorize the service through SummaCare before it is performed. By reviewing the procedure before it takes place, SummaCare Health Services Management professionals are able to determine if the procedure is a covered benefit and meets medical necessity criteria.

Concurrent and retrospective review assesses the status of your care while in facilities such as hospitals or skilled nursing centers. Through the use of medical guidelines, SummaCare can review ongoing treatment while you are in one of the facilities to ensure recovery is optimal.

Through Utilization Management and Care Coordination, SummaCare members have the satisfaction of knowing that the medical services they receive are being monitored and the benefits associated with their plan are being maximized to their fullest.

SummaCare is sensitive to the risks of under-utilization of care and service which include inappropriate or delayed treatment, preventable contraction of disease, extended duration and/or exacerbation of symptoms, undetected progression of disease, misdiagnosis, impaired quality of life, permanent loss of function and preventable death. For this reason, all physicians/practitioners and SummaCare employees who make utilization-related decisions and those who supervise such employees are required to sign a Risk of Under-Utilization Statement. SummaCare does not reward physicians/practitioners or other individuals conducting utilization review for issuing denials of coverage or services. UM decision-making is based only on benefit limitations and appropriateness of care and service.

If you have any questions regarding SummaCare's Utilization Management Program, please call Customer Service at 330-996-8700 or 800-996-8701; TTY 800-750-0750. A Customer Service Representative will direct your questions to the appropriate Utilization Management personnel.

Member Rights & Responsibilities

As a SummaCare member, you have the following rights and responsibilities. Please read them carefully. These statements help ensure that you are treated by SummaCare employees, and all of our contracted providers, with fairness and respect. Likewise, it is important that you understand your responsibilities as a SummaCare member. If you don't follow these responsibilities, you may not receive all of the services or coverage to which you might otherwise be entitled. Please call Customer Service if you ever feel you've been denied any of these rights, or if you have any questions.

As a SummaCare member you have the right to:

1. Receive timely and accurate information about SummaCare including its services, its practitioners and providers, and its members' rights and responsibilities;
2. Be treated with fairness, respect and dignity;
3. Be assured your medical records and personal health information will be handled confidentially and your privacy protected. Please refer to SummaCare's NOPP (Notice of Privacy Practices) for a complete description of your privacy rights;
4. Participate with your healthcare professional in making decisions about your healthcare;
5. A candid discussion of appropriate or medically/surgically necessary treatment options for your conditions, regardless of cost or benefit coverage;
6. Voice complaints or appeals about SummaCare or the care provided;
7. Provide advance directives that would inform your doctor of your wishes

should you have a terminal illness or lose your ability to make decisions for yourself;

8. A safe, secure, clean and accessible medical environment;
9. Get information about your coverage and costs as a member of SummaCare that is easy to understand;
10. Obtain information about SummaCare and our contracted providers' financial arrangements and qualifications;
11. To see plan providers, get covered services and get your prescriptions filled within a reasonable period of time;
12. Make recommendations regarding SummaCare's "Members' Rights and Responsibilities" statement.

As a SummaCare member you have the responsibility to:

1. Provide (to the extent possible) information that SummaCare and its healthcare professionals need in order to care for you;
2. Understand (to the degree possible) your health problems and participate in developing and following mutually agreed upon treatment goals;
3. Follow the guidelines and instructions for care that you have agreed on with your healthcare professional;
4. Keep medical appointments. If you cannot keep an appointment, you should notify the healthcare professional's office;
5. Identify yourself via your membership card, to use the card appropriately and to assure that other people do not use your card;
6. Respect SummaCare employees

and your healthcare professional and refrain from using threatening or abusive language or mannerisms;

7. Act in a way that supports the care given to other patients and helps the smooth running of your doctor's office, hospitals and other offices;
8. Familiarize yourself with your coverage and the rules you must follow to get care as a SummaCare member;
9. Pay in full any plan premiums, co-payments, co-insurance amounts or deductibles required by your specific SummaCare benefit plan;
10. Call SummaCare Customer Service if you have any questions, suggestions or problems with your care or payment.

How to get more information about your rights and responsibilities:

If you have questions or concerns about your rights and protections, please call Customer Service at the number listed on your SummaCare ID card.

If you think you have been treated unfairly or your rights have not been respected, you should call SummaCare Customer Service. We will ensure that your issue is addressed, and give you additional information on the complaint and appeal processes available to you.

If you have been treated unfairly due to your race, color, national origin, disability, age or religion, please let SummaCare know. You can also call the Office for Civil Rights in your area.

2010 Quality Management Program Annual Update

SummaCare's mission is to work with providers, members and employers to provide a comprehensive community-focused health plan that maximizes service and choice. We are committed to a thorough and effective Quality Management Program that follows the principles of Continuous Quality Improvement. Each year we strive to improve the care and services that our members receive.

The major goals and objectives of our Quality Management Program include promoting and building quality into the structure and processes of our organization. In 2010, the quality improvement program is focused on enhancing the customer experience and promoting preventative health and wellness through targeted interventions.

Ensuring prompt identification of opportunities for improvement with actions for resolution is a major goal for SummaCare. To assist members in obtaining preventive screenings and optimal care for chronic conditions such as diabetes and cardiovascular diseases, we have initiated a new form of outreach that includes an annual Preventive Care Letter that identifies recommended services for you and your family.

A Care Opportunity letter is sent to members if we have not received any claims by mid-year for the recommended cancer screenings, blood pressure checks and other tests or services. The Care Opportunity letters are intended to remind and encourage our members to contact their physicians to obtain the care they need. The letters will be followed up by a reminder phone call later in the year.

For unlimited health news and education or for online health coaching, visit the WebMD link from our website at www.summacare.com. For more information on our Quality Management Program, visit the member section on the website. If you would like a summary of the annual program evaluation, call (330) 996-8754.

Disease Management

SummaCare wants to make sure that our members with chronic conditions have the best and latest information on how to manage their healthcare. Proper self management leads to prevention of complications and improved quality of life. SummaCare provides disease management programs for the following conditions:

- Diabetes
- Heart Failure
- Asthma
- Depression

If you have been diagnosed with any of these conditions you will be automatically enrolled in our program. You will receive quarterly educational mailers and reminders about seeking preventive care.

You will also be able to work with a nurse to better understand your condition and make healthy lifestyle decisions. These programs are at no cost to our members, and you may opt out at any time. SummaCare has partnered with Pfizer to provide the hypertension and high cholesterol programs, and they require members to return a card to participate.



Please call the Clinical Management Department to opt out of our programs at 330-996-8931 or 877-888-1164 Monday through Friday between 8 a.m. and 5 p.m. EST; TTY 800-750-0750.

How to Quit Smoking



Want to quit smoking? You're not alone. Each year, more and more people choose to quit smoking cigarettes. Within hours of stopping cigarettes, your body starts to recover from the effects of nicotine and additives. Blood pressure, heart rate, and body temperature -- all of which are elevated because of the nicotine in cigarettes -- return to healthier levels. Your lung capacity increases and the bronchial tubes relax, making breathing easier. Poisonous carbon monoxide in your blood decreases, allowing the blood to carry more oxygen. For many reasons, quitting smoking is one of the best things you can do -- for your short- and long-term health.

Is It Hard to Quit Smoking?

It's a challenge to quit smoking. How much difficulty you will have depends on several factors, including:

- The number of cigarettes you smoke daily
- The number of people you spend time with who smoke (parents, friends, and co-workers)
- The reasons you smoke (weight control, social situations, peer pressure)

Why Is Smoking So Addictive?

Blame nicotine, the main drug in tobacco, for your smoking addiction. Your brain quickly adapts to nicotine and develops a tolerance for it, meaning you need to smoke more to get the same rush you used to get with just one cigarette. And when you develop a tolerance to a drug, you're usually addicted. Did you know that nicotine acts on some of the same brain pathways as cocaine?

Tolerance happens when your brain tries to keep itself balanced. Chemicals from the cigarette make the brain release chemicals called norepinephrine and dopamine. If the brain releases too much of these two chemicals, the

brain chemistry gets imbalanced and releases its own "anti-nicotine" chemicals when you smoke. These "anti-nicotine" chemicals would make you feel down, depressed, and tired if you were not smoking.

Over time, the brain learns to predict when you are going to smoke a cigarette -- and releases the "anti-nicotine" chemicals. These chemicals make you feel depressed and tired, so you think, "I need a cigarette!"

A "trigger" is anything your brain has connected with smoking. Everyone's triggers are different. Yours might include the smell of cigarette smoke, having an ashtray next to you, seeing a carton of cigarettes at the store, having certain food or drinks, ending a good meal, or talking with someone with whom you normally smoke cigarettes. Sometimes just the way you feel (sad or happy) is a trigger. One of the biggest keys to quitting smoking is understanding the triggers that make you crave smoking.

But I Really Want to Quit Smoking!

There are different ways to quit smoking. Some work better than others. The best strategy is to choose a method that will challenge you to quit, but also one that you can achieve. Here are some suggestions for ways to stop smoking:

1. **Cold turkey (no outside help).** About 90% of people who try to quit smoking do it without outside support -- no aids, therapy, or medicine. Although many people try to quit this way, it is not the most effective and successful method. Only about 10% of people who try to quit this way succeed on their first try.
2. **Behavioral therapy.** With behavioral therapy, you visit a therapist who will help you find the most effective way to quit. The therapist will help you to identify your triggers, come up with ways to get through cravings, and provide emotional support when you need it most.
3. **Nicotine replacement therapy.** Nicotine gum, patches, inhalers, and lozenges are nicotine replacement therapies (called NRT). Replacement therapy works by giving you nicotine without you having to smoke. You may be 50% to 100% more likely quit smoking if you use nicotine replacement therapy. But if you're under 18, you need to get your doctor's permission to use nicotine replacement therapy.

This therapy works best when combined with behavioral therapy and lots of support from friends and family.

4. **Medicine.** Some drugs, including Zyban and Chantix, are formulated to help people quit smoking. Your doctor must prescribe these medications.

5. **Combination treatments.** Using a combination of treatment methods can increase your chances of quitting. For example, using both a nicotine patch and gum may be better than a patch alone. Other proven combination treatments include behavioral therapy and nicotine replacement therapy, prescription medication with a nicotine patch, and nicotine patch and nicotine spray.

Your New Rules for Quitting Smoking

There are some important things to remember when quitting smoking:

1. **Know your triggers and avoid them early on.** Try to stay away from situations that normally make you feel like smoking, especially during the first three months. This is when you are most likely to start smoking again.

2. **Know that the first few days are the toughest.** If you are quitting “cold turkey,” the first few days are the hardest. You will probably feel irritable, depressed, slow, and tired. Once you get past those first days, you will begin to feel normal (but still have cigarette cravings).

3. **Don't give in to your craving to smoke.** Every time you don't smoke when you have a craving, your chances of quitting successfully go up.

4. **Start a new activity with friends who don't smoke.** This can increase your chances of quitting smoking.

You can read the full article at www.WebMD.com.

Tips for Avoiding Migraine Triggers

Many everyday things can trigger (cause) a migraine headache. Depending on your sensitivity, it might be red wine, caffeine withdrawal, emotional stress, or skipped meals.

To take control of migraines, you must understand your migraine pattern. The first step is tracking your migraines by using a headache diary. Make notes of activities before - or when - a migraine occurred. What were you eating? What were you doing? How much sleep did you get the night before? Did anything stressful or important happen that day?

Many people are sensitive to the same things, shown in the lists below.

Common Migraine Triggers

Some common migraine triggers can include:

- Emotional stress
- Menstrual periods
- Changes in normal sleep pattern
- Extreme fatigue
- Specific foods and beverages
- Excess caffeine intake or withdrawal
- Skipping meals; fasting

- Changing weather conditions
- Exercise
- Smoking
- Bright and flickering lights
- Odors

Foods Additives and Chemicals That Can Trigger Migraines

Natural chemicals in foods, food additives, and beverages can also trigger migraines.

These include:

- Tyramine, a substance found naturally in aged cheeses, and also found in red wine, alcoholic drinks, and some processed meats.
- Food additives/preservatives like nitrates and nitrites found in hot dogs, ham, sausage and other processed or cured meats, salads in salad bars.
- Monosodium glutamate (MSG) in Chinese food.
- Alcohol -- specifically the impurities in alcohol or by-products your body produces as it metabolizes alcohol.

You can read the full article at www.WebMD.com.

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2010 Annual Updates

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If you have questions concerning any of the material in this publication, please call SummaCare Customer Service at 330-996-8700 or 800-996-8701; TTY 800-750-0750 or visit our website at www.summacare.com

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