

HealthBenefitPlanner

Open Season 2011

Important 2012 Benefit Changes

A new year of benefits is rapidly approaching so we're starting now to help you prepare. We have highlighted some of the more prominent 2012 benefit changes here as well as in the benefits package you will receive in November. If you have any questions about how your benefits are changing for 2012, or require more detail, please contact us at **1-800-410-7778** or view the official Plan brochure at **www.mhbp.com** and reference **Section 2: How we change for 2012**.

Skilled Nursing

(applies to Standard, Value and Consumer)

We added a new benefit for non-acute care provided in a skilled nursing care facility (SNF). The patient must be transferred to a qualified skilled nursing care facility directly from a covered inpatient hospitalization. Benefits are limited to 15 days per person per calendar year. Preauthorization is required.

- Standard Option—Your coinsurance will be 10% of the Plan's allowance for services provided in a PPO facility, and 30% of the Plan's allowance for services provided in a non-PPO facility. The calendar year deductible does not apply.
- Value Plan—Your coinsurance will be 20% of the Plan's allowance for services provided in a PPO facility, and 40% of the Plan's allowance for services provided in a non-PPO facility. The calendar year deductible applies.
- Consumer Option—Your copayment will be \$75 per day, limited to \$750 per admission, including copayments applied to the inpatient hospitalization, for services provided in a PPO facility. Your coinsurance will be 40% of the Plan's allowance for services provided in a non-PPO facility. The calendar year deductible applies.

Continued on page 2



Issue Highlights:

Important 2012 Benefit Changes . . .	1-2
2012 Official Plan Brochures	2-3
LifeLock® to the Rescue	3
Site Equals Savings.	4
Prescription Drug Programs Refresher.	4-5
Generic Drugs—Three Good Reasons . .	5
MHBP Supplemental Dental Plan Just Got Better	6
See Your Way to Savings.	6
Quick Checkup	7
Flu Season—Get Ready	7

Hospital Emergency Room (applies to Standard and Value)

We changed the benefit structure for services provided in a hospital emergency room to create tiered benefit levels based on the number of emergency room visits by a member in one calendar year. Previously, the copayment or coinsurance amount did not change regardless of the number of emergency room visits in a calendar year.

- Standard Option—Your copayment will be \$200 per visit for the first five (5) emergency room visits each calendar year, and \$600 per visit for all subsequent emergency room visits during the same calendar year.
- Value Plan—Your coinsurance will be 20% of the Plan's allowance per visit for the first five (5) emergency room visits each calendar year, and 40% of the Plan's allowance per visit for all subsequent emergency room visits during the same calendar year.

Prescription Drug Benefit Changes (applies to Standard and Value)

- Standard Option—We changed the benefit structure for Specialty drugs to a coinsurance level with a fixed dollar limitation on your out-of-pocket expenses per prescription. Your coinsurance is 15% of the Plan's allowance, limited to \$200 per prescription for up to a 30-day supply, and 15% of the Plan's allowance limited to \$425 per prescription for up to a 90-day supply. Specialty drugs continue to require preauthorization and must be obtained from CVS Caremark Specialty Pharmacy. Previously, you paid a copayment of \$150 per prescription for up to a 30-day supply of specialty drugs and \$400 per prescription for up to a 90-day supply.

- Value Plan—We changed the prescription drug benefit for Preferred and Non-Preferred brand name drugs. Your coinsurance will be 45% of the Plan's allowance for Preferred brand name drugs and 75% of the Plan's allowance for Non-Preferred brand name drugs, whether obtained at a network retail pharmacy or through our mail order drug program. The coinsurance for Specialty Drugs continues to be 50% of the Plan's allowance. Benefits continue not to be available for drugs obtained from non-network pharmacies. Previously, your coinsurance for both Preferred and Non-Preferred brand name drugs was 50% of the Plan's allowance.

Brand Name Prescription Preauthorization (applies to Standard, Value and Consumer)

Starting January 2012, if an approved generic equivalent is available for your brand name drug and you or your doctor request the brand name drug, you will pay the brand name copay or coinsurance, plus the difference in cost between the brand name drug and the generic medication. Your physician may request an exception, and if granted you will not be required to pay the cost difference. Previously, you could obtain the brand name drug at the regular benefit level without an exception if it was requested by your physician.

Do not rely on this brief overview of changes alone, as there are other changes and clarifications. Please review the official Plan brochure to understand the benefits and coverage levels for the plan in which you are enrolled. For 2012, there are two versions of the official Plan brochure. Standard Option and Value Plan members should refer to the official Plan brochure RI 71-007 and Consumer Option members RI 71-016. ■

2012 Official Plan Brochures

Over the past few months we have been preparing you for a change in how you receive benefits information. This Open Season marks the first time when we will not automatically send you an official Plan brochure. This is the result of an initiative by the U.S. Office of Personnel Management (OPM) to be more environmentally-friendly. However, we will mail you a 2012 benefits information packet (except the Plan brochure) in time for Open Season. You may still request a printed plan brochure, if one is required. Otherwise, we hope you will consider saving a tree and access the official Plan brochures online at www.mhbp.com.

Follow these instructions to request a brochure, if one is required. If you already requested a brochure, it will be sent to you in time for Open Season so there's nothing more you need to do.

Phone: Call **1-800-410-7778** and provide your current mailing address to the representative, or:

Online: Visit www.mhbp.com, click the “Request Information” icon, select “Member,” complete the entire form, and click “Submit,” or:

Mail: Complete the brief form on page 3, cut it out, place in an envelope, apply postage and mail.

LifeLock® to the Rescue

MHBP is vigilant about protecting your health information and now you have the opportunity to protect your personal information with LifeLock¹ identity theft protection services. Identity theft is one of the fastest growing crimes in the nation². LifeLock® Identity Theft Protection works to safeguard your identity, 24 hours a day, seven days a week. Using advanced detection technology, LifeLock's always-on service helps protect you from identity theft before it happens. LifeLock offers a full suite of products and services to help safeguard you and all you've worked for:

- **Identity Threat Detection and Alerts**—Receive alerts whenever your personal information is detected on fraudulent applications for credit and/or services within LifeLock's extensive network.[†]
- **Lost Wallet Protection**—Helps you cancel and replace credit cards from a lost or stolen wallet.
- **Address Change Verification**—LifeLock notifies you whenever there's a change of address with your information.
- **Advanced Internet Monitoring**—Patrols over 10,000 criminal Internet sites for the illegal selling or trading of your information.
- **Reduced Pre-Approved Credit Offers**—Requests your name be removed from pre-approved credit card offer mailing lists.
- **24/7/365 Member Service**—Complete access to live and domestic identity theft experts.
- **\$1 Million Total Service Guarantee***—If you become a victim of identity theft while you are a LifeLock member because of some failure or defect in LifeLock's service,

LifeLock will spend up to \$1 million to hire experts, lawyers, investigators, consultants and whoever else it takes to help your recovery.

LifeLock Identity Theft Protection Discounted Monthly Pricing

LifeLock for MHBP members costs only **\$8.50/month** for an adult and **\$2.13/month** for minors (dependents under age 18).

How to Enroll

LifeLock and MHBP have made the enrollment process easy. You can choose to enroll online at www.mhbp.com or by simply calling **1-800-254-0227**.

Online Enrollment Steps:

1. Visit www.mhbp.com.
2. Select **Dental and Discounts**.
3. Locate **LifeLock** and select **Learn more and enroll**.
4. Provide the required information.
5. Enter promo code **MHBP** for 15% savings.
6. Your membership is activated!

Sign up for LifeLock today. Got questions? Call **1-800-254-0227** or visit www.mhbp.com. ■

¹ These benefits are neither offered nor guaranteed under the FEHB program, but are made available to all federal employees and their covered family members. You cannot file a FEHB disputed claim about them. The fees you pay for these services do not count toward the FEHB deductibles or out-of-pocket maximums.

² Social Security Administration. "Identity Theft and Your Social Security Number." SSA Publication No. 05-10064. August 2009.

[†] Network does not cover all transactions and scope may vary.

* Restrictions apply. See www.LifeLock.com for details. Due to New York State law restrictions, the LifeLock \$1 Million Total Service Guarantee cannot be offered to residents of New York.

I require a printed 2012 MHBP official Plan brochure.

Name: _____

Address (and Apt. #): _____

City: _____

State/Region/Province: _____ ZIP code or Postal code: _____

Country (if outside the U.S.): _____

Email: _____ Telephone: _____

Select desired Plan brochure:

- Standard Option and Value Plan Consumer Option
 Both of the above

Mail to:

MHBP, Attn: 2012 Brochure Request
 P.O. Box 8402, London, KY 40742-8402

Site Equals Savings

When you need medical care quickly in a situation that is not life-threatening, you can't always wait for an appointment at your doctor's office. But, you do have choices, and it doesn't always have to be the emergency room. Convenient Care Clinics (CCCs) and Urgent Care Centers (UCCs) can be excellent alternatives, depending on the situation. And, these sites of care can save you money compared to the cost of a trip to the hospital emergency room.

What's the difference between a Convenient Care Clinic and an Urgent Care Center?

Convenient Care Clinics are typically located inside many retail drug stores and can be a good choice for:

- Sore throats
- Seasonal allergies
- Sinus and respiratory infections
- Skin rashes
- Minor cuts and scrapes
- Vaccinations

Urgent Care Centers are usually freestanding facilities and can provide treatment for most of the same conditions as a CCC, and also for more serious conditions, such as:

- Stitches for non-critical cuts
- Sprains, strains, and minor sports injuries
- Persistent sore throats
- Animal bites
- Minor fractures

Of course, in a true emergency, always seek care at the nearest hospital emergency room. To locate a UCC or CCC call **1-800-410-7778** or try our new Provider Online Search at www.mhbp.com. ■

Prescription Drug Programs Refresher

The following programs are designed to help you get the most out of your prescription drug benefits while managing the rising cost of care and medications. These programs are a step in the right direction to help ensure this essential coverage continues to be accessible and cost-effective for you.

Maintenance and Long-Term Medications — treat conditions such as asthma, diabetes, high blood pressure, high cholesterol and others. We offer a program that allows you to get up to 90-days of a maintenance medication at a CVS retail pharmacy. If a CVS pharmacy is not available in your area, you may use the CVS Caremark mail-order pharmacy. You may direct the mail order prescription to the location that best meets your needs. Either way you save money on your prescription copays. If you do not wish to participate in this program, you must opt out by calling CVS Caremark at **1-866-623-1441** to ensure there is no delay in receiving your medication.

Generic Drug Incentive Program — offers you an opportunity to receive up to a 90-day supply of a generic drug at no cost to you from a network retail pharmacy or by mail order. You may be eligible for this program if you are currently taking a qualifying non-generic medication and switch to a generic replacement for that drug. To find out if you qualify for this program, call CVS Caremark at **1-866-623-1441**.

Dispense as Written (DAW) — is a program that proposes generic alternatives to brand name drugs. If a generic is available and there is no specific physician direction for using the brand name drug, the pharmacist may fill your prescription with the generic drug. Choosing the brand name drug when a generic is available will cost you more. You will pay the copayment or coinsurance amount and the difference in cost between our allowance for the generic and brand name drugs when a generic is available, unless preauthorized.

Dose Optimization — aims to encourage safe and appropriate use of once-daily medicines, resulting in increased medication compliance and possibly savings. Dose optimization applies to certain medications where a lower dose may be recommended multiple times a day, instead of a higher dose that could be taken once a day.



©iStockphoto.com/VisualField

If you are taking a drug that is part of this program, Caremark will contact your physician to assess the feasibility of prescribing the higher dose medication. If a medication you take is targeted under the Dose Optimization program, you will receive a letter from Caremark with more information about this program.

More Rx Reminders:

Dispensing limits — require that prescriptions are limited to a 30-day supply for retail and a 90-day supply for mail order. In most cases, you cannot get a refill until 75% of the drug has been used.

Preauthorization — is required for certain medications to determine medical necessity and appropriate utilization. Visit our website for a list of drugs that require preauthorization. Call us for more information or have your doctor call us to start the preauthorization process.

Specialty drugs — including biotech drugs, require special handling and close monitoring, and are used to treat chronic complex conditions. Specialty drugs require preauthorization and must be obtained from CVS Caremark Specialty Pharmacy. Refer to Section 5(f) of the official Plan brochure for more details on your prescription drug coverage. ■

Generic Drugs— Three Good Reasons

Maximize your prescription drug benefits by choosing generic drugs over the brand name, when appropriate. Here are three good reasons to choose generic drugs:

1. **Safe and effective** —The U.S. Food and Drug Administration (FDA) holds generic drugs to the same standard as their brand-name alternative. They must contain the same active ingredients, be equivalent in strength and dosage, and meet the same standards for safety, purity and effectiveness as the original brand-name product.
2. **Equal quality** —The FDA strictly regulates generic drugs just as they do with brand-name drugs. Before the FDA will approve a generic drug, it must pass a number of stringent tests and trials to ensure that it can be substituted for a specific brand-name drug.
3. **Cost-effective** —you save when you choose generic drugs over brand-name drugs. On average, the cost of a generic drug is 80 to 85% lower than the brand name product.¹

According to the FDA, seven in ten prescriptions filled in the United States are for generic drugs.¹ The fact is, generic drugs work just as well as brand name drugs, but cost less. Generic substitutions are available for many brand-name drugs. When you need a new prescription, ask your doctor if a generic equivalent can be prescribed. Visit **www.Caremark.com** to see if a generic is available for a brand name medication you use currently.

Dispel the myths and get the facts about generic drugs when you visit <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/QuestionsAnswers/ucm100100.htm>. ■

¹ U.S. Food and Drug Administration. (2009). *Facts and Myths about Generic Drugs*. <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm167991.htm>

MHBP Supplemental Dental Plan Just Got Better

Dental health is an important indicator of the overall health of your body. So what does your mouth say about your health? It really doesn't matter, because you have an excellent opportunity to rewrite the story by enrolling in the MHBP Supplemental Dental Plan*. There's no time like the present to get on board especially since for 2012 the calendar year maximum will increase from \$1,000 to \$2,000 per covered person per year (subject to each state's approval). Even better, you can take advantage of the 2011 premiums when you enroll—these premiums are not changing for 2012. Use the rate chart provided here to determine your monthly premium.

Get dental coverage for you and your family started right away or enroll anytime during the year. Call **1-800-254-0227** or visit **www.mhbp.com** to enroll. If you are currently enrolled, just know that we are proud to bring you these benefit enhancements and we look forward to serving you in 2012 and beyond. ■

* These benefits are neither offered nor guaranteed under the FEHB program, but are made available to all federal employees and their covered family members. You cannot file a FEHB disputed claim about them. The fees you pay for these services do not count toward the FEHB deductibles or out-of-pocket maximums.

The MHBP Supplemental Dental Plan 2012 Monthly Rates*

State—Numbers refer to first three numbers of enrollee's residential zip code.	Single	Enrollee Plus One	Family
Alabama, Arkansas, Indiana, North Dakota, Oklahoma, South Carolina, Tennessee	\$33.00	\$66.00	\$99.00
Colorado (except 800-806)	\$34.32	\$68.64	\$102.96
Florida (except 330-334), Illinois (except 600-608), Iowa, Kansas, Louisiana, Minnesota (except 550, 551, 553), Mississippi, Missouri, Montana, Nebraska, New Mexico, North Carolina, South Dakota, Vermont, Virginia (except 220-223), West Virginia, Wisconsin, Wyoming	\$36.27	\$72.54	\$108.81
Kentucky, Maryland, Ohio, Pennsylvania, Texas (except 750-753, 760-762, 773-775)	\$38.38	\$76.76	\$115.14
Georgia (except 300-303), Maine, Utah	\$39.25	\$78.50	\$117.75
Colorado (800-806)	\$38.13	\$76.26	\$114.39
Florida (330-334), Idaho, Illinois (600-608), Michigan (except 480-483), New Hampshire	\$40.79	\$81.58	\$122.37
Arizona, Minnesota (550, 551, 553), New York (except 100-104, 110-119), Oregon, Rhode Island, Texas (750-753, 760-762, 773-775)	\$43.02	\$86.04	\$129.06
District of Columbia	\$43.60	\$87.20	\$130.80
Delaware, Georgia (300-303), Hawaii, Massachusetts, Michigan (480-483), New Jersey, Nevada	\$45.31	\$90.62	\$135.93
California (except 900-904, 913-916, 940-941, 943-951), Virginia (220-223), Washington (except 980-985)	\$47.58	\$95.16	\$142.74
California (900-904, 913-916, 940-941, 943-951), Connecticut, New York (100-104, 110-119), Washington (980-985)	\$52.12	\$104.24	\$156.36
Alaska	\$58.90	\$117.80	\$176.70

* After the first year, premiums are subject to change with 60 days notice.

See Your Way to Savings

With affordable monthly rates of just **\$8.60** for self only and **\$16.00** for self and family, it's easy to complement your health coverage with the vision benefits you need.

Features of the supplemental vision plan include:

- Eye exams and lenses every 12 months for just a \$10 copayment each
- Up to \$120 for frames (every 24 months) or contact lenses (every 12 months)
- Discounted rates for laser vision correction



- Access to more than 42,000 VSP Choice Network provider locations nationwide
- Out-of-network benefits, too

For more information, or to enroll, call **1-800-254-0227** or visit **www.mhbp.com**. Remember, you can enroll now or anytime during the year. ■

Quick Checkup

As we near the end of another year, it's a good time for a checkup. Here are three things to check as you prepare for a new year of coverage:

- **Coordination of Benefits (COB)**—each year it's important to provide your updated benefits information if you have other health coverage. When this information is not provided to us, it may contribute to a delay in processing your claims. Contact us if you have other coverage. If you are newly eligible for Medicare, we would appreciate a call to let us know if you have enrolled and for which coverage (such as Medicare Part B and Part D).
- **Flexible Spending Account (FSAFEDS) balance**—how close are you to using the monies you allocated for your health care and/or dependent care spending accounts? Remember, when funds in your FSA are not used by a certain time, you lose the money you have contributed.



- **My Online ServicesSM (MOS) Registration**—have you registered for an online account with MHPB? If not, you are missing out on some excellent services and features such as viewing claims, printing EOBs, creating personal health records, participating in health risk assessments, accessing health and wellness information, requesting replacement ID cards and so much more. To register visit, www.mhbp.com, locate the “MOS icon” on the home page, choose “**Log in or register now**” and complete the information. That's it. If you need help establishing your account, please call our Net Support Team at 1-866-784-7988.

- **Health Savings Account (HSA)**—if you have MHPB Consumer Option, there's still time left for you to put more money into your HSA. Making contributions to your HSA has tax advantages for you and it's a great way to plan for future medical expenses. Don't forget that if you are age 55 or over and not enrolled for Medicare, you can make catch-up contributions to your HSA, which would be another \$1,000 above the IRS defined limit. ■

Flu Season—Get Ready

Here we go again. Flu season is about to start. To help avoid that achy feeling, sore throat, coughing and sneezing, there's one thing that you might consider—a flu shot. Yearly vaccinations can start as soon as September, so they are available now.

There are two types of vaccinations for the flu—a regular shot given in the arm or a nasal spray. Your doctor can help you decide which is best for you. These vaccines can protect you from up to three types of flu that are thought to be the most common or worst types. Older people, young children and people with health conditions can have serious complications from the flu. The Centers for Disease Control and Prevention (CDC) recommends that these people receive a vaccination every year.

Helpful tip: Contact your physician to schedule a flu shot. Your benefits cover flu shots administered in the doctor's office or at a contracted Convenient Care Clinic.

Good Habits Help

The CDC also recommends that you do the following to try to prevent getting or spreading illness.

- Don't get close to people who are sick.
- Stay home if you are sick.
- Cover your mouth and nose.
- Wash your hands often.
- Try not to touch your eyes, nose or mouth.
- Take care of yourself by eating well, getting plenty of rest, managing stress, drinking plenty of fluids and by being active.

Don't be a flu source. Keep the flu at bay by getting immunized, if appropriate, and prevent its spread with good habits. ■

Health Benefit Planner



P.O. Box 8402 • London, KY 40742

Contact Us

1-800-410-7778 MHBP Member Services

1-800-852-7195 TDD/TTY

1-800-254-0227 MHBP Supplemental Dental
& Vision Plans

1-866-623-1441 CVS Caremark (Pharmacy benefit manager)

1-877-552-7376 U.S. Laser Network

1-877-306-2010 QualSight (Laser vision correction services)

1-866-559-5252 EyeMed Vision Care

1-888-432-7464 HearPO Network
(888-HEARING)

1-800-377-7220 Quest Diagnostics

1-480-445-5106 Overseas Enrollees
(Toll-free numbers at www.MHBP.com)

1-877-262-2193 United Behavioral Health

1-866-784-7988 My Online ServicesSM Net Support

©2011 Coventry Health Care, Inc. All rights reserved. All other names and (registered) trademarks are the property of their respective owners.

This newsletter summarizes the benefits of the Mail Handlers Benefit Plan (MHBP). For a complete description of all benefits, please read the 2012 official Plan brochures (RI 71-007 and RI 71-016). All benefits are subject to definitions, limitations and exclusions set forth in the 2012 official Plan brochures.