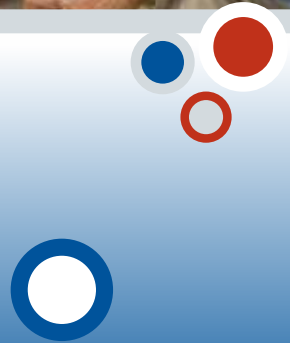
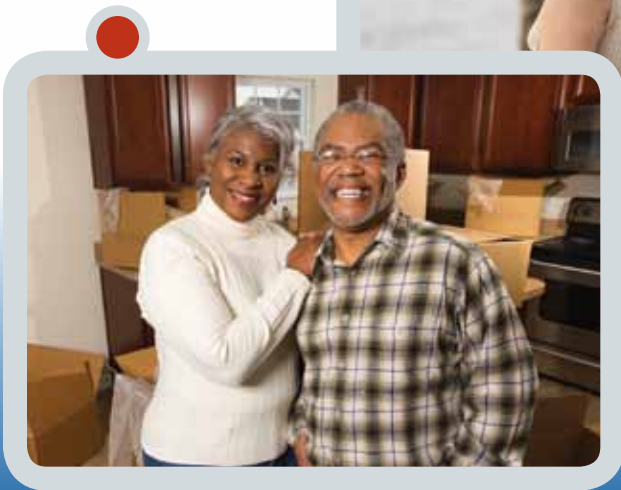
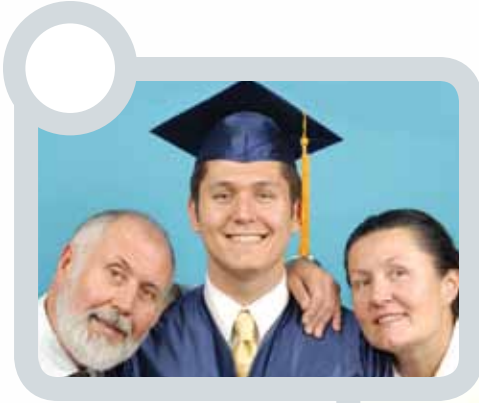




# There for **Every** **Milestone**





.....

**S**oon you will celebrate your 65th birthday and you are in good company too. By 2020, the over 65 population is expected to reach 55 million<sup>1</sup>. Turning 65 brings with it a special entitlement—Medicare. MHBP will be right there with you for this milestone and many more to come.

Turning 65 is a very special time of life. Your maturity is recognized and rewarded. Just for reaching this milestone, you get special discounts at retailers on designated days, discounted fares when taking certain transportation, special clubs of which you can become a member, Medicare benefits and so much more. These are just a few things to remind you that turning 65 can be great. Embrace this stage of life and enjoy all that it offers. Remember, this is another beginning and another milestone.

.....

<sup>1</sup> U.S. Department of Health and Human Services-Administration on Aging. *Profile of Older Americans: 2010*. "Future Growth." Retrieved from [http://www.aoa.gov/AoARoot/Aging\\_Statistics/Profile/2010/4.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2010/4.aspx)



**W**e hope this brochure offers you a bit of comfort by assuring you that MHBP will be there to help you manage your new Medicare benefits. Maybe you are feeling overwhelmed and don't know what to do. Don't worry. This is where we can help.

As you read through this guide, you will become more knowledgeable about Medicare and how these new benefits work with your MHBP coverage. You will also learn any steps you may need to take to ensure these plans can work together seamlessly for your greatest benefit.

**Inside you will find out more about:**

How Medicare Works ..... 3

Standard Option with Medicare ..... 4-5

- Medicare Part B Pilot Program ..... 5

Prescription Drug Coverage ..... 6

Summary of Benefits ..... 7

Extra Savings and Benefits ..... 8-9

Frequently Asked Questions and Answers ... 10-13

MHBP and Medicare Resources ..... 14

# How Medicare Works

Medicare is a health insurance program for people age 65 and older, as well as some people with disabilities (under 65 years old) and people with end-stage renal disease.

## Medicare has four parts:

- **Part A** is hospital insurance. Most people do not have to pay a separate premium for Part A. If you or your spouse worked for at least 10 years in federal, postal or other Medicare-covered employment, you should qualify for Part A without having to pay a premium. Otherwise, you may be able to buy it.
  - **Part B** is medical insurance, covering such expenses as doctor's office visits and outpatient hospital care. Most people pay a monthly premium for Part B. Generally, Part B premiums are withheld from your monthly Social Security check. The regular Medicare Part B premium for 2012 is \$99.90 per month.
  - **Part C**, or otherwise called Medicare Advantage, includes health plan options (like an HMO or PPO) approved by Medicare and offered by private companies. Medicare pays a fixed amount for your care every month to the companies offering Medicare Advantage plans. Medicare Advantage plans provide your Medicare health coverage and usually Medicare drug coverage. They are not supplemental insurance. MHBP is not a Medicare Advantage plan, which means that we coordinate our benefits with your Medicare benefits, not replace them.
  - **Part D** is prescription drug coverage. Like Part B, Medicare Part D is optional and you pay a monthly premium if you decide to enroll.
- .....

## Standard Option with Medicare

When you have MHPB Standard Option and Medicare, both plans will provide benefits for your medical expenses. Which plan pays first (called “primary”) and which pays second (“secondary”), depends on your employment status. If you retire from active employment, Medicare will be your primary coverage and MHPB will be secondary. If you remain actively employed, MHPB will be your primary coverage and Medicare will be secondary.

### **MHPB Standard Option Complements Medicare\***

Medicare provides good coverage for most services, but it has gaps. MHPB Standard Option is designed with special features that help fill those gaps, leaving you with little to no out-of-pocket expenses.

When you are retired and have Medicare Parts A and B as your primary coverage, MHPB Standard Option generally pays 100 percent of the difference between what Medicare pays and the Medicare allowed amounts for covered medical services. This includes paying Medicare’s deductibles and coinsurance, and waiving most MHPB deductibles, copayments and coinsurance that you would normally pay if you did not have Medicare. Furthermore, any non-covered expenses under Medicare can be reimbursed by MHPB if they are covered under your MHPB benefits.

When you are age 65 and over and actively employed with FEHB benefits, your MHPB coverage continues to be primary. This means your copayments, coinsurance and deductible continue to apply to services received. However, your out-of-pocket expenses for inpatient hospital care may be less, as providers can charge no more than if Medicare was your primary coverage.

\*When Medicare Part A and Part B is your primary coverage, MHPB will waive applicable deductibles, copayments and coinsurance for most medical and surgical services. Prescription drug copayments and coinsurance are not waived. All other MHPB exclusions and benefit limitations apply. MHPB does not pay 100 percent if the member uses a doctor under a private contract that provides for direct billing and no Medicare coverage. When you are enrolled in the MHPB Medicare Part B Pilot, MHPB Value Plan or Consumer Option, MHPB does not waive deductibles, copayments or coinsurance, but will still coordinate benefits with Medicare, which reduces your out-of-pocket expenses.



# Standard Option with Medicare

Whether MHBP is your primary or secondary coverage, you should know that MHBP provides you with PPO-level benefits while living, working or traveling outside the United States—Medicare does not. Refer to the Summary of Benefits on Page 7 for more information.

## MHBP Coordinates Your Medical Benefits

Coordinating your benefits with Medicare has never been easier. For your convenience, when Medicare is your primary coverage we can automatically retrieve your paid claims from Medicare and process any remaining balances for covered expenses under your MHBP benefits. Just call once to let us know your Medicare elections and employment status. Thereafter, just present your MHBP and Medicare ID cards when you require care and leave the rest to us.

## Medicare Part B Pilot Program

MHBP offers a Medicare Part B Pilot program. This voluntary program is offered to help Medicare eligible Standard Option members obtain Medicare Part B coverage. Under this program, we will reimburse qualifying members up to \$99.90 each month towards the cost of their Medicare Part B premium—making it more affordable. With the Medicare Part B Pilot, your total out-of-pocket expenses may be lower than they would be if you did not enroll for Medicare Part B, because you will have two insurance plans (Medicare and MHBP) considering your expenses. However, the Plan's deductibles, coinsurance, and copays for outpatient care are not waived when we coordinate your benefits.

For more information about the Medicare Part B Pilot, visit [www.mhbp.com](http://www.mhbp.com), select “Benefit Plans” from the home page and click “Medicare Coordination” from the options on the left side of the screen. You may also call us at **1-800-410-7778** or refer to page 80 of the official Plan brochure (RI 71-007).



# Prescription Drug Benefits

Prescription drug coverage under FEHBP is considered Creditable Coverage, which means you will not need to purchase Medicare Part D coverage as long as you have your FEHBP benefits. The U.S. Office of Personnel Management (OPM) has determined that MHBP provides prescription drug coverage that is, on average, expected to pay out as much as the standard Medicare prescription coverage. However, if you choose to enroll in Medicare Part D, you can keep your MHBP coverage and we will coordinate benefits with Medicare.

**Please note:** Should you decide later to enroll in Medicare Part D, you would not be subject to the late enrollment penalty as long as you maintained Creditable Coverage during the time in which you were not enrolled, and you enroll within the required time period.

Our prescription drug benefits can save you time and money because:

- Standard Option covers your generic prescription medications through network retail or mail order pharmacy for a predictable copayment.
- We use a formulary (drug guide), which gives you the opportunity to lower your out-of-pocket expense when Generic or Preferred brand drugs are prescribed.
- You can use our mail order pharmacy program to get up to a 90-day supply of your prescription maintenance medications filled at a savings at your local CVS pharmacy or delivered directly to your home.



# 2012 Benefits Summary

## MHBP Standard Option with Medicare Parts A & B

This summary assumes that Medicare Parts A & B are primary. MHBP waives your calendar year deductible and most copayments and coinsurance, and pays Medicare's deductibles and coinsurance. This is a summary of the MHBP Standard Option with Medicare. DO NOT RELY ON THIS CHART ALONE. All benefits are fully described in the 2012 official Plan Brochure (RI 71-007).

MEDICAL COVERAGE		You pay
<b>Preventive Care/Wellness</b>		
Adult annual physical exam (office visit) with a PPO provider		Nothing
Adult routine screenings and immunizations including cholesterol screenings, mammograms, Pap and HPV tests, PSA tests, bone density screening, urinalysis, colon cancer screenings and more.		Nothing
QuitPower <sup>®</sup> tobacco cessation program – up to two quit attempts per year, with four counseling sessions per attempt and over-the-counter (OTC) drugs approved by the FDA to treat tobacco dependence.		Nothing
Physician-prescribed OTC and prescription drugs approved by the FDA to treat tobacco dependence.		Nothing
<b>Physician Care</b>		
Primary Care Physician visits: Family Practice, General Practice, Internal Medicine and Pediatric		Nothing
Specialist visits		Nothing
Convenient Care Center visits (such as MinuteClinic <sup>®</sup> or Take Care Clinic <sup>SM</sup> )		Nothing
Surgery – Inpatient		Nothing
Surgery – Outpatient (at a hospital or ambulatory surgical center)		Nothing
<b>Hospital/Facility Care</b>		
Inpatient hospital (room and board and ancillary services, precertification required only if the Medicare Part A benefit is exhausted.)		Nothing
Outpatient hospital or ambulatory surgical facility		Nothing
<b>Emergency Services</b>		
Emergency room visits		Nothing
Urgent Care Center visits		Nothing
Ambulance		Nothing
<b>Lab, X-ray and other Diagnostics</b>		
Non-routine Lab, X-ray and other diagnostic tests		Nothing
Lab Savings Program	You pay nothing for covered lab tests with the Lab Savings Program with Quest Diagnostics <sup>®</sup>	
<b>Alternative Treatments</b>		
Chiropractic and Acupuncture	You pay nothing up to 26 visits per person per calendar year, includes alternative, chiropractic and rehabilitative therapies combined; all charges after 26 visits	
<b>PRESCRIPTION DRUG COVERAGE</b>		<b>Non-Network Pharmacy and Paper Claims</b>
<b>Retail Pharmacy (up to a 30-day supply)</b>		
Generic	\$10 copay	50% of the Plan's allowance and any difference between our allowance and the billed amount
Preferred Brand*	30% of the Plan's allowance, limited to \$200 per prescription	
Non-Preferred Brand*	50% of the Plan's allowance, limited to \$200 per prescription	
<b>Mail Order Pharmacy (up to a 90-day supply)</b>		
Generic	\$15 copay	All charges
Preferred Brand*	\$80 copay	
Non-Preferred Brand*	\$120 copay	
<b>Specialty Drugs</b>		
Specialty drugs are used to treat chronic, complex conditions and typically require special handling and close monitoring – only available through CVS/Caremark Specialty Pharmacy.	30-day supply: 15% of the Plan's allowance, limited to \$200 per prescription 90-day supply: 15% of the Plan's allowance, limited to \$425 per prescription	All charges
<b>Catastrophic Protection Out-of-Pocket Maximum for Specialty Drugs</b>		
You pay nothing for specialty drugs for the rest of the calendar year after your out-of-pocket expenses for these drugs total this amount.	\$5,000 per person	Does not apply

\*You will pay the coinsurance amount and the difference in cost between the generic and brand name drugs when a generic is available, unless preauthorized.

# Extra Savings and Benefits\*\*

## Hearing Discount Program

HearPO is one of the largest providers of hearing health care benefits in the United States offering a variety of hearing aids and services. With HearPO, you can save an average of 25% off the purchase of hearing aids, get discounts on hearing exams, services, batteries and much more.

## Vision Discount Program

Save up to 40% with your EyeMed Vision Care discount program. MHBP members are eligible for discounts on exams, glasses and contact lenses at over 33,000 providers nationwide. LASIK discounts are also available through the U.S. Laser Network.

## QualSight® LASIK

Save 40-50% off the national average price for LASIK vision correction services. Services are available at over 800 locations nationwide.





## **MHBP Dental and Vision Plans**

MHBP offers dental and vision benefit plans to federal and postal employees and annuitants. Expand your MHBP coverage when you add one or both of our affordable options. These plans offer great benefits, national coverage and affordable rates. And you can enroll year round! Call **1-800-254-0227** or visit **www.mhbp.com** for more information and to find out your affordable monthly premium.

## **ExtraCare® Health Card**

Save everyday on CVS/pharmacy brand health-related items, including bandages or over-the-counter medications for pain, allergies, colds and coughs. Just present your CVS ExtraCare Health Card key tag to access your savings.

## **Non-Covered Prescription Drug Discounts**

You can access discounts on certain non-covered prescription medications (such as erectile dysfunction drugs, drugs for cosmetic purposes, anorexiant and weight loss medications) when you present your MHBP ID card at participating network pharmacies nationwide.

## **Weight Watchers®**

Get on the track to better health. Weight Watchers offers you discounted subscriptions for its online programs to help you lose weight and achieve a healthier lifestyle.

## **LifeLock®**

MHBP is vigilant about protecting your health information and now you have the opportunity to protect your personal information with LifeLock identity theft protection services for discounted rates. For more details, or to enroll, visit **www.mhbp.com** or call **1-800-254-0227**.

Call us at **1-800-410-7778** or visit **www.mhbp.com** to learn more about these programs.

\*\*These programs are neither offered nor guaranteed under contract with the FEHB program, but are made available to all MHBP enrollees and their covered family members. You cannot file an FEHB disputed claim about them. Fees you pay for these services do not count toward any FEHB deductibles or out-of-pocket maximums.

## Frequently Asked Questions and Answers

**Q. Once I am eligible for Medicare do I need to change from MHBP to another health plan (e.g., Blue Cross, or a Medicare Advantage Plan) to receive my Medicare benefits?**

**A.** No. When you become eligible for Medicare, you do have the option to change your FEHB health plan if you wish. However, this is not necessary because MHBP will coordinate your benefits with your Medicare coverage. There is no need to disrupt your coverage by changing plans. You should contact us at **1-800-410-7778** to learn how your MHBP benefits will coordinate with Medicare. Just know that we will make having Medicare easy for you.

**Q. If I am not yet retiring, but I am eligible for Medicare, do I still need my FEHB coverage, which is provided by MHBP?**

**A.** Yes. If you are actively employed your MHBP benefits are your primary coverage and Medicare is secondary. Additionally, you should know that government regulations generally require FEHB plan members to be enrolled for at least five continuous years prior to retirement in order to carry health benefits into retirement. Also, if you cancel your FEHB enrollment after you retire, you may not be able to re-enroll later. You should consult your personnel office before making a decision to drop your FEHB coverage for Medicare.



## Q. Am I automatically enrolled in Medicare when I turn 65 or do I need to sign up?

**A.** You are automatically enrolled in Medicare Part A and Part B the month you turn 65, if you already receive Social Security benefits. However, because you must pay a premium for Part B coverage, you have the option of turning it down. Residents of Puerto Rico and foreign countries must elect Part B. You must apply for Medicare if you are continuing to work and do not yet receive Social Security benefits. Three months before the month you turn 65, you should apply for Medicare through your local Social Security office, online or by calling **1-800-772-1213**. If you are retiring around the time of your 65th birthday, you can also apply for Medicare and Social Security at the same time. You may be able to apply online (if you meet certain criteria) at [www.ssa.gov](http://www.ssa.gov).

## Q. Do I need to notify MHBP when I enroll in Medicare?

**A.** Yes. To help ensure your claims are accurately processed, you should call us at **1-800-410-7778** upon enrolling in Medicare. You should also notify us if you do not plan to enroll in Medicare, or if you will not retire upon turning age 65.



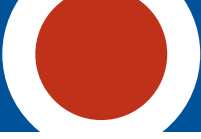
## **Q. Is my MHBP coverage affected if I do not plan to enroll in Medicare?**

**A.** Yes, if you are age 65 or over and an annuitant. Under Federal Employee Health Benefits law, we must base our benefit payments on Medicare allowed amounts for those benefits you would be entitled to if you had Medicare Parts A and B. This aspect of the law applies only when you use health care providers who accept Medicare assignment. They cannot bill you for more than they could if you had Medicare. However, if your physician does not participate with Medicare, you can be billed up to 115 percent of the Medicare approved amount. Without Medicare coverage, you will have to pay your MHBP deductibles, copayments and coinsurance, and the balance of the Medicare allowed amount. The same rules apply to the spouse of an annuitant who is age 65 or older.

## **Q. When I have Medicare do I need to use participating network providers to get the greatest benefit level?**

**A.** When you have Medicare Parts A and B as your primary coverage, you will get the most from your benefits when you use doctors who accept Medicare assignment. Your Medicare benefits can be used with any provider who accepts Medicare, even if the doctor is not in our PPO network. MHBP Standard Option will still pay your deductible and coinsurance for covered expenses after Medicare has paid its benefits. If Medicare is your secondary coverage, or you do not have Part B insurance, to ensure that you receive the highest benefit level it is always a good idea to use network doctors and hospitals. For more information, please refer to the official Plan brochure RI 71-007.





**Q. Do I need to file my own claims to make sure I get benefits from both Medicare and MHBP?**

**A.** When you are retired and have Medicare Parts A and B as your primary coverage, all you need to do is show both your Medicare and MHBP ID cards to your doctors and other providers at the time of service to ensure your claims are filed appropriately. MHBP has automatic claims coordination with Medicare. Just call **1-800-410-7778** to let us know you are enrolled and we'll take it from there. Your claims will come directly to us for processing after Medicare pays its share. However, if you are still working and have MHBP as your primary coverage, you will have to submit claims to Medicare for reimbursement of any qualifying covered expenses after we have processed your claim(s).

---

**Your continued membership  
is valuable to us.**

Take advantage of this exciting time in your life  
and see how MHBP Standard Option and  
Medicare can work together for you!

---

## Find out more about MHBP

If you have any questions about your MHBP benefits or how they coordinate with Medicare, call us at **1-800-410-7778**, or visit our website at **[www.mhbp.com](http://www.mhbp.com)**.

You will also find more information about coordinating your Medicare and MHBP benefits in the official Plan brochure (RI 71-007). To obtain a copy of the brochure, you can call **1-800-410-7778**, download it from our website, or visit the U.S. Office of Personnel Management website at **[www.opm.gov](http://www.opm.gov)**.

## Find out more about Medicare

If you are unsure about your Medicare eligibility, how to enroll in Medicare, or what it covers, call **1-800-MEDICARE** (1-800-633-4227), or visit **[www.medicare.gov](http://www.medicare.gov)**. You can also request a copy of the Medicare & You brochure when you call, or download it from Medicare's website.

To contact Social Security you can call **1-800-772-1213** or visit **[www.ssa.gov](http://www.ssa.gov)**.

This is a summary of the features of the Mail Handlers Benefit Plan. Before making a final decision, please read the official Plan brochure RI 71-007. All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan brochure.

©2012 Coventry Health Care. All rights reserved. All other names and (registered) trademarks are the property of their respective owners.



P.O. Box 8402  
London, KY 40742

