

# HealthBenefitPlanner

Spring 2010

## MHBP Welcomes a New Decade

While some may debate about when the decade ends or begins (starts with zero or one), MHBP simply wants to welcome you to 2010—a new year of health benefits. Many of you have afforded MHBP the privilege of serving you and your family for years. Moreover, we are excited to welcome 5,000 new MHBP members. We are grateful to all of our members for choosing our health plans. And like you, we are looking forward to a healthy and happy new year.

This decade kicks off with the reassurance of knowing your health plan is there for you. That's why this newsletter edition will introduce to some, and reintroduce to others, the fundamental services and benefits offered by MHBP, as well as some health insurance basics that you can apply and share. You are sure to get the benefit year off to a great start when you:

- Check out what's new with your benefits for 2010
- Learn how you can help control rising health care costs
- View the new member's to-do list
- Maximize your benefits and avoid common pitfalls
- Enroll in our URAC-accredited Disease Management Programs
- Add supplemental dental and vision to round out your health coverage
- And so much more

You are in for a smooth 2010 as we work together to meet your health care needs. MHBP is committed to providing you with the optimal health care experience. ■



## Issue Highlights:

2010 Benefit Changes Highlights . . .	2
Combating Rising Health Care Costs . . . . .	3-4
Register for My Online Services <sup>SM</sup> . . .	4
Your Privacy Matters . . . . .	4
<b>Notice of Privacy Practices Insert</b>	
Are You a New MHBP Member? . . .	5
Do More to Maximize Your Health Care Dollars . . . . .	5-6
Dental and Vision Coverage . . . . .	6
Consumer Option Corner . . . . .	6
MHBP Offers URAC-Accredited Disease Management Programs . . .	7
Secure Messaging Enabled for Disease and Case Management . . .	7

# 2010 Benefit Changes Highlights

While most benefits across all three health plans remained unchanged for 2010, there are some highlights to report. You should refer to the 2010 official Plan brochure for complete benefits information and changes. ■

	Benefit Category	Description of Change	Applies to:		
			Standard	Value	Consumer
1.	Diagnostic and treatment services	<b>Convenient Care Clinic</b> Established a new benefit for covered services received at PPO convenient-care clinics (such as Minute Clinics® in CVS retail stores and Take Care ClinicsSM at Walgreens) for a low copayment: \$10 Standard, \$25 Value, and \$10 Consumer (deductible must be met first for Consumer Option members only).	✓	✓	✓
2.	Preventive care, children	<b>Body mass index testing</b> Added coverage for body mass index (BMI) testing once per calendar year for all members age 2-21 years. PPO benefits are payable at 100% of the Plan's allowance; calendar year deductible does not apply.	✓	✓	✓
3.	Durable medical equipment	<b>Audible prescription reading devices</b> Added coverage for audible prescription reading devices as durable medical equipment. Regular benefit levels for durable medical equipment apply. Prior authorization is required.	✓	✓	✓
4.	Mental health and substance abuse	<b>Outpatient professional services, non-network</b> Eliminated limitation on number of covered visits allowed per member per calendar year.	✓	✓	✓
5.	Mental health and substance abuse	<b>Inpatient care, non-network</b> Eliminated limitation on number of covered inpatient days allowed per member per calendar year. Prior authorization is required.	✓	✓	✓
6.	Catastrophic protection out-of-pocket maximum for coinsurance	<b>Mental health and substance abuse</b> Established a new catastrophic protection limit for services provided by in-network and/or non-network providers (combined for Standard and Value).	✓	✓	✓
7.	Preventive care, adult	<b>Adult routine physical examinations</b> Decreased the copayment for PPO adult routine physical examinations to \$10 per visit. Benefit continues to be limited to one visit per adult member per calendar year. Calendar-year deductible continues to be waived. Services from non-PPO providers continue to be not covered.	✓		
8.	Diagnostic and treatment services	<b>Outpatient professional services, non-PPO</b> Removed the deductible waiver for outpatient professional services provided by non-PPO physicians (primary care and specialists).	✓		
9.	Home health services (nursing services)	<b>Home health services</b> Increased the maximum benefit for home health services to \$1,500 per member per calendar year. Benefit levels are not changed. Calendar year deductible continues to apply.	✓		
10.	Inpatient hospital	<b>Per-admission copayment, non-PPO</b> Increased the copayment for inpatient admissions to non-PPO facilities to \$500 per admission.	✓		

## Combating Rising Health Care Costs

MHBP works hard to offer coverage that meets the needs of federal employees at competitive rates. For 2010, the premiums for Standard Option increased significantly; however, they were competitive with similar offerings. Value Plan also experienced a marginal increase. Various factors affect health plan premiums such as rising medical cost, inflation, high utilization, aging population and more. These factors are not unique to MHBP; rather, they affect the health care industry and our nation.

**“The United States spent approximately \$2.2 trillion on health care in 2007, or \$7,421 per person – nearly twice the average of other developed nations. Americans spend more on health care than on housing or food. If rapid health cost growth persists, the Congressional Budget Office estimates that by 2025, one out of every four dollars in our national economy will be tied up in the health system.”**

Source: <http://www.whitehouse.gov/Issues/health-Care, Guiding Principles, February 4, 2010>

While paying more for health care can impose on the household budget, there are ways to help check the rising cost of care for your family. It starts with personal accountability for your own health, which means participating in preventive care activities such as having an annual physical exam, keeping up with health screenings and immunizations, maintaining a healthy diet, exercising, practicing good hygiene and managing stress levels. Despite doing these things, there will come a time when medical care is needed. When this occurs, there are things you can do to help manage cost (yours and MHBP’s).

- 1. Decide if you need professional medical attention, or if it will pass with time**—You know you best.
- 2. Seek care in the appropriate setting**—There are many sites of medical care ranging from basic care to intensive care, and from least expensive to most expensive: convenient care clinics (e.g., CVS MinuteClinics® and Walgreens Take Care Clinics<sup>SM</sup>), doctor’s offices, urgent care centers (i.e., freestanding urgent care centers), and hospitals (emergency rooms, outpatient and inpatient) respectively. If it is not a medical emergency, you should decide which setting could best address your needs, while affording you the greatest savings, before you seek care. You can locate these facilities using our electronic directory at [www.mhbp.com](http://www.mhbp.com), or by calling **1-800-410-7778**.

**3. Use preferred providers (PPO vs. Non-PPO)**—Because you have the option to utilize a PPO network, it is to your advantage to use participating PPO providers whenever possible. Always verify the participation of a provider in our PPO network (Coventry National Network (except OH and NJ), QualCare in New Jersey only, and SuperMed in Ohio only) before your visit. PPO providers agree to limit what they will bill you. When you use a preferred provider, your share of covered charges consists only of your deductible and coinsurance or copayment (if applicable). When you use a non-PPO provider, you can be balance billed for the difference between our allowance and the billed charge. See the sample illustration.

	PPO physician	Non-PPO physician
Physician’s charge	<b>\$150</b>	<b>\$150</b>
Our allowance (agreed upon fee)	<b>\$100</b>	<b>\$100</b>
We pay	<b>\$80</b>	70% of our allowance: <b>\$70</b>
You owe (copay or coinsurance)	<b>\$20 copay</b>	30% of our allowance: <b>\$30</b>
Difference up to physician’s charge	No: <b>\$0</b>	Yes: <b>\$50</b>
Total out-of-pocket cost	<b>\$20</b>	<b>\$80</b>

**Please note:** Consumer Option members must first meet your entire annual deductible before cost sharing begins for services other than preventive care.

**4. Share the Rx Drug Guide with your doctor**—Help your doctor save you money by prescribing cost-effective medication alternatives for you when possible. Your drug copayment varies based on the category in which it falls on the Drug Guide. Be sure to ask about generic medications or more cost-effective alternatives to save you money. Also, inquire about a mail-order prescription if you have been prescribed a maintenance medication. Mail-order pharmacy offers you the convenience of home delivery and possible savings.

**5. Transfer and/or share your medical records and test results**—When you change physicians or see a specialist, make sure they have your medical records (including lab results and diagnostics) and have spoken with your regular physician. Oftentimes, tests and procedures are duplicated unnecessarily because one physician is not aware of previously provided tests and services. Not only does sharing save costs, but also helps ensure your care is more complete.

**6. Follow your treatment plan**—Emergency medical care and hospital readmissions are major cost drivers, and in large part due to unmanaged chronic conditions (e.g., asthma, diabetes, high blood pressure, etc.). Enroll in our Disease Management program for free support with managing a chronic condition. Be sure to take an active role in managing your care and stick to your treatment plan for best results.

**7. Utilize your health plan resources (nurse case managers, online tools, etc.)**—MHBP offers a variety of tools and resources to help you become a better health care consumer and engage in better health practices. The best way to access these resources is to register for My Online Services<sup>SM</sup> (MOS), which is where many of these tools reside. Visit [www.mhbp.com](http://www.mhbp.com) to take a tour of MOS.

**8. Handle your illness responsibly**—Minimize your contact with others if you are sick or contagious. Remember to wash your hands often, disinfect your environment, maintain good nutrition and get plenty of rest. When we pass on our sickness, it has the potential to generate more medical cost and hamper productivity at home and work. ■

## Register for My Online Services<sup>SM</sup>

My Online Services<sup>SM</sup> (MOS) is our secure website where you can view claims, print EOBs, request ID cards, update your personal health information, take Health Risk Assessments, manage your HRA or HSA, and much more. Follow these steps to register for MOS:

1. Go to [www.mhbp.com](http://www.mhbp.com), find the “My Online Services<sup>SM</sup>” box and click the “Register or Login Now” link.
2. Arrive at the official My Online Services<sup>SM</sup> website.
3. Select “Register Now” to open a new account.
4. Complete all the steps of the registration process.
5. Enter your personal site where you can customize your settings and views.

**Please note:** Each family member must have his and her own login ID and password. However, the same email address can be used for all registrations, if necessary. ■

## Your Privacy Matters

Your privacy and security are of the utmost importance to us. That’s why we have enclosed our Notice of Privacy Practices to describe how we protect, use and securely share, medical and personal information. We encourage you to take a few minutes to review this Notice, as well as detach and retain it for future reference. We hope that you will gain a better understanding of the measures we take to ensure your privacy and security, and how we can work together to achieve our mutual goal of keeping your health information safe.

If you have any questions about the Notice, or your rights and responsibilities, please call us at **1-800-410-7778**.



# Your Privacy Matters

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), the Mail Handlers Benefit Plan (MHBP)<sup>1</sup> is sending you this important notice about how your medical and personal information may be used and about how you can access this information. Please review this Notice of Privacy Practices carefully.

If you have any questions about this notice, please write to a Mail Handlers Benefit Plan (MHBP) Privacy Compliance Analyst or call an MHBP Member Services Representative. The address for contacting a Privacy Compliance Analyst is P.O. Box 8402, London, KY 40742. The telephone number for reaching a Member Services Representative is 1-800-410-7778. Our representatives are available to you 24 hours a day, 365 days a year.

## Notice of Privacy Practices

Effective: 4/14/2003 (Revised 2/20/09)

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

### A. Our Commitment to Your Privacy

We understand the importance of keeping your personal and health information<sup>2</sup> secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at [www.mhbp.com](http://www.mhbp.com). You may request a copy at any time. Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services Coventry provides to your particular health benefit plan.

### B. What Types of Personal Information Do We Collect?

To best service your benefits, we need information about you. This information may come from you, your employer, or other payors or health benefits plan sponsors, and our affiliates. Examples include your name, address, phone number, Social Security number, date of birth, marital status, employment information, or medical history. We also receive information from health care providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically.

### C. How Do We Protect the Privacy of Your Personal Information?

Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

## D. How Do We Use and Share Your Information for Treatment, Payment, and Health Care Operations?

To properly service your benefits, we may use and share your personal information for “treatment,” “payment,” and “health care operations.” Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse, and genetic information may be further protected by law. Our privacy policies will always reflect the most protective laws that apply.

- **Treatment:** We may use and share your personal information with health care providers for coordination and management of your care. Providers include physicians, hospitals, and other caregivers who provide services to you.
- **Payment:** We may use and share your personal information to determine your eligibility, make preauthorization decisions, review medical necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs. We may disclose your PHI to OPM if you dispute a claim.
- **Health care operations:** We may use and share your personal information as part of our operations in servicing your benefits. Operations include credentialing of providers; quality improvement activities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management and case management. We may also use and share information for our general administrative activities such as pharmacy benefits administration; detection and investigation of fraud, including disclosures to the OPM Inspector General; auditing; underwriting; securing and servicing reinsurance policies; or in the sale, transfer, or merger of all or a part of a Coventry company with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about preventive care, or to inform you about a disease management program.

We may also share your personal information with providers and other health plans for their treatment, payment, and certain health care operation purposes. For example, we may share personal information with other health plans identified by you or your plan sponsor when those plans may be responsible to pay for certain health care benefits.

## E. What Other Ways Do We Use or Share Your Information?

We may also use or share your personal information for the following:

- **Health care oversight and law enforcement:** To comply with federal or state oversight agencies. These may include your state department of insurance, OPM or the U.S. Department of Labor.
- **Legal proceedings:** To comply with a court order or other lawful process.
- **Treatment options:** To inform you about treatment options or health-related benefits or services.
- **Plan sponsor:** To permit the Plan's sponsor, the National Postal Mail Handlers Union, to keep accurate membership records.
- **Research:** To researchers where all procedures required by law have been taken to protect the privacy of the data.
- **Others involved in your health care:** We may share certain personal information with a relative, such as your spouse, close personal friend, or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of benefits to the subscriber. Your family may also have access to such information on our Web site. If you do not want this information to be shared, please tell us in writing.
- **Personal representatives:** We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.

- **Business associates:** To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.
- **Other situations:** We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers' compensation; for national security; and as required by law.

## **F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?**

We will obtain your written permission to use or share your health information for reasons not identified by this notice and not otherwise permitted or required by law. If you withdraw your permission, we will no longer use or share your health information for those reasons.

We do not destroy your information when your coverage ends. It is necessary to use and share your information, for many of the purposes described above, even after your coverage ends. However, we will continue to protect your information regardless of your coverage status.

## **G. Rights Established by Law**

- **Requesting restrictions:** You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.
- **Confidential communications:** You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reasonable requests.
- **Access and copies:** You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request. We may deny your request to inspect or copy in some situations. In some cases denials allow for a review of our decision. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.
- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.
- **Accounting of disclosures:** You may request a report of certain times we have shared your information. Examples include sharing your information in response to court orders or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

## **H. To Receive More Information or File a Complaint**

Please contact Member Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your benefit documents or on your membership card. If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Avenue, S.W. Washington, D.C. 20201 or call 1-877-696-6775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your benefit documents.

<sup>1</sup> For purposes of this notice, the pronouns "we", "us" and "our" and the name "Mail Handlers Benefit Plan" refers to Coventry Health Care, Inc. and its licensed affiliated companies, including, but not limited to, Cambridge Life Insurance Company; First Health Life & Health Insurance Company; Claims Administration Corporation; and Coventry Health Care National Accounts. These entities will abide by the privacy practices described in this Notice.

This notice applies to the health care component of the MHBP's carrier, the National Postal Mail Handlers Union, its underwriters, First Health Life & Health Insurance Company and Cambridge Life Insurance Company, and its plan administrators. This notice will refer to these covered entities together as "MHBP", "we", or "us."

<sup>2</sup> Under various laws, different requirements can apply to different types of information. Therefore we use the term "health information" to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term "personal information" to include both health information and other nonpublic identifiable information that we obtain in providing benefits to you.



## Are You A New MHBP Member?

If you are a new member, here are a few helpful tips to get you off to a great start:

- Complete a Coordination of Benefits (COB) form or please advise us if you have other insurance coverage for you and your covered dependents. You can download a form from [www.mhbp.com](http://www.mhbp.com), select “Member Support,” choose “Forms & Document Library” and click “COB Form.” To avoid any claims processing delays, please make sure that we have COB information for you and your covered dependents.



- Visit [www.mhbp.com](http://www.mhbp.com) to become familiar with all of the online resources available to you.
- Register for a My Online Services<sup>SM</sup> account to gain secure access to your personal health and benefits information.
- Enroll in the Disease Management Program if you would like extra support for managing a chronic condition.
- Check out our dental and vision supplemental programs to complement your health benefits.
- Review our discount programs to learn how MHBP can help you save money on your hearing, vision, pharmacy, fitness and nutrition needs.
- If you are taking maintenance medications, get your mail-order pharmacy refills started today. Complete the CVS Caremark Mail-Order Rx Form, attach your mail-order prescription and appropriate copayment and send it to the address indicated on the form.
- Call **1-800-410-7778** if you have not received your MHBP ID card.
- Locate participating PPO doctors, hospitals, urgent care centers, convenient care clinics and pharmacies near you before you need care. You may call us for assistance or search our electronic directory at [www.mhbp.com](http://www.mhbp.com). ■

## Do More To Maximize Your Health Care Dollars

There is a lot that you can do to get the most out of your benefits and stretch your health care dollars further:

1. Obtain preventive care screenings, immunizations, and annual physical exams from PPO providers. Certain preventive care may not be covered if not provided by a PPO provider.
2. If you have Medicare, use physicians who participate with Medicare. They are only allowed to bill up to the Medicare-allowed amount, which can reduce your out-of-pocket costs.
3. Use network pharmacies and make sure your claims are filed electronically. When you use non-network pharmacies or submit paper claims, your out-of-pocket costs will be greater. This does not apply to overseas enrollees; your Rx claims are paid at the in-network benefit level.
4. Use our mail-order pharmacy. You can get up to a 90-day supply of maintenance prescription drugs delivered to your home and possibly save money too.
5. Share the Rx Drug Guide with your physician so he/she can prescribe cost-effective medication alternatives for you when possible. Request generic medications to save you more money.
6. Take advantage of your 100% benefit for covered non-emergency outpatient lab tests when you use the Lab Savings Program through Quest Diagnostics. Ask your doctor to use Quest for your lab work. Consumer Option members must meet your annual deductible first before this benefit begins.
7. Call us if you must be admitted to a hospital. To avoid benefit reductions and a \$500 penalty, you, your doctor or the hospital must notify us at least two days before the admission — except for a maternity admission for a routine delivery. For emergency admissions you must notify us within two business days of the admission even if you have already been discharged.
8. Consider using a Convenient Care Clinic or Urgent Care Center for minor illnesses and injuries such as sprains, ear infections and minor cuts instead of the hospital emergency room to save you money. You can locate these

facilities by checking the electronic provider directory on our website, [www.mhbp.com](http://www.mhbp.com). In case of a true emergency, seek care at the nearest emergency room.

9. Compare cost and quality information for participating PPO doctors and hospitals. Before you make an appointment use our Network Fee Lookup, My Cost of Care and Hospital Comparison tools. You will need to register for a My Online Services<sup>SM</sup> account to access these tools.



10. Tap into substantial savings and discounts on hearing, vision, LASIK, non-covered prescription medications, everyday over-the-counter medications, fitness and nutrition through our partners HearPO, EyeMed<sup>®</sup>, QualSight<sup>®</sup>, CVS Caremark, and GlobalFit<sup>™</sup>. Visit [www.mhbp.com](http://www.mhbp.com), choose “Plans and Programs,” and click “Discount Programs” for more information.

Refer to the official Plan brochure for complete details about your MHBP benefits. All benefits are subject to the definitions, limitations and exclusions set forth in the 2010 official Plan brochure. ■

## Dental and Vision Coverage: We've Got It!

Maybe you have heard this before, but we want to remind you and encourage you to share the news about MHBP supplemental dental and vision plans.\* Federal and postal employees and annuitants can enroll in our dental and vision plans year round. We certainly hope you are taking advantage of the excellent coverage and affordable monthly rates these plans offer. For rates and benefits information, or to enroll, please call **1-800-254-0227** or visit [www.mhbp.com](http://www.mhbp.com). ■

\*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.

## Consumer Option Corner

Whether you are a Consumer Option novice or an expert, there are a few things to keep in mind as the new year gets going:

- If you are new to Consumer Option, make sure that you open your health savings account (HSA) right away. To open your account, simply complete the HSA Authorization Form and return it accordingly. We cannot begin making the monthly deposits to your HSA until this first step is complete.
- HealthEquity, Inc. is the administrator for the HSA. You will receive a welcome packet from them, which includes your HSA Visa Debit card after submitting your HSA Authorization Form. Continuing members should have already received a HealthEquity<sup>™</sup> welcome packet and debit card.
- If you desire to make optional contributions to your HSA, you may do so through direct deposit using instructions from HealthEquity, or through payroll allotments working with your payroll office.
- To manage your HSA, you will need to register for a My Online Services<sup>SM</sup> (MOS) account. Instructions are included within this newsletter.
- You can locate your HSA bank routing number and account number when you sign into MOS and link to HealthEquity.

These are just a few tips to get you started. Remember, you choose when and how to spend your HSA funds. You can save, spend or invest for the future—the choice is yours. Go online today to establish your account preferences and get things rolling. For questions about your Consumer Option benefits, please call **1-800-694-9901**. ■

## MHBP Offers URAC-Accredited Disease Management Programs

We have just learned that our Disease Management Program received URAC accreditation as of March 1, 2010\*. The Disease Management accreditation applies to six conditions: Congestive Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Asthma, Diabetes and Chronic Kidney Disease.

Through our voluntary Disease Management program, if you have a chronic medical condition, you can access special support services. The goal is to help you better understand and take charge of your medical condition. Services provided vary based on your medical need and include:

- Providing you with condition-specific health care information
- Contacting you periodically to see how you are doing
- Discussing your treatment with a doctor or caregiver
- Suggesting coping strategies
- Explaining techniques to help you and your doctor effectively monitor your medical condition

## Secure Messaging Enabled for Disease and Case Management

If you are currently enrolled in a disease management program, or are actively working with a case manager, you can now connect with him or her through a secure messaging feature within My Online Services<sup>SM</sup>. To make a secure online connection, you would access your Personal Health Record, find the “Program Information” area on the bottom left side of the screen and click the “Go to Messaging” link to contact your case manager.

Data elements in the “Program Information” section of your Personal Health Record include Disease/Category, Enroll Date, Disenroll Date, and Mail History, when available. Behavioral Health and Social Health programs are omitted from view due to the sensitive nature of these conditions.

As always, you may contact your case manager using their special 800 number, which is provided to you upon enrolling in our voluntary disease management program, or while working with your case manager. ■

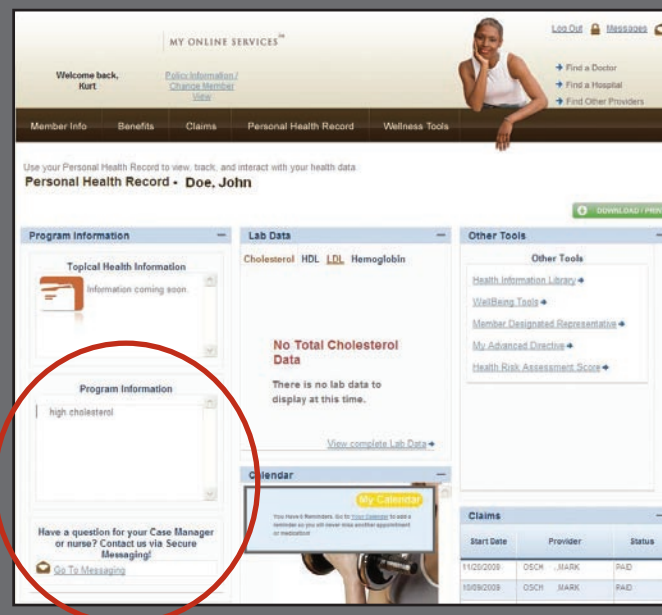
To register for participation in the Disease Management Program, you may call us at **1-800-410-7778** or visit **www.mhbp.com**, select the “Wellness Resources” top tab, choose “Care Support Program,” and click the “Register...” link to enroll online.

**Please note:** Disease Management nurses cannot diagnose, prescribe or give medical advice. Specific questions should be addressed to your doctor. ■

\*Coventry Health Care National Accounts, Inc. has been awarded Disease Management Accreditation from URAC.

### About URAC

URAC, an independent, nonprofit organization, is well-known as a leader in promoting health care quality through its accreditation and certification programs. URAC offers a wide range of quality benchmarking programs and services that keep pace with the rapid changes in the health care system, and provide a symbol of excellence for organizations to validate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry. For more information, visit [www.urac.org](http://www.urac.org).



# Health Benefit Planner



P.O. Box 8402 • London, KY 40742

## Contact Us

1-800-410-7778	<b>MHBP Member Services</b>	1-866-559-5252	<b>EyeMed Vision Care</b>
1-800-852-7195	<b>TDD/TTY</b>	1-888-432-7464	<b>HearPO Network Information</b> (888-HEARING)
1-800-254-0227	<b>MHBP Supplemental Dental &amp; Vision Plans</b>	1-800-377-7220	<b>Quest Diagnostics</b>
1-866-623-1441	<b>CVS Caremark</b> (Pharmacy benefit manager)	1-480-445-5106	<b>Overseas Enrollees</b> (Toll-free numbers at <a href="http://www.MHBP.com">www.MHBP.com</a> )
1-877-552-7376	<b>U.S. Laser Network</b>	1-800-294-1500	<b>GlobalFit</b>
1-877-306-2010	<b>QualSight</b> (Laser vision correction services)	1-866-784-7988	<b>My Online Services<sup>SM</sup> Net Support</b>

©2010 Coventry Health Care, Inc. All rights reserved. All other names and (registered) trademarks are the property of their respective owners.

This newsletter summarizes benefits of the Mail Handlers Benefit Plan. For a complete description of all benefits, please read the 2010 official Plan brochure (RI 71-007). All benefits are subject to the definitions, limitations and exclusions set forth in the 2010 official Plan brochure.