

# HealthBenefitPlanner

Summer 2007

## Urgent Care Centers: The Emergency Room Alternative

You're not feeling well, you suspect it's nothing serious, but your doctor can't see you until next week. You don't think you can hang on until then. What should you do? If you need care for an unexpected illness or injury that does not pose a serious danger to your health, consider using an urgent care center (UCC) instead of a hospital emergency room (ER) when you can't get in to see your doctor.

There are about 108 million emergency room visits in the United States each year. Up to 70 percent of these are for non-emergency care.

UCCs, also known as convenient care centers, offer medical care for minor illnesses and injuries at a fraction of the cost of ER visits, and often in a fraction of the time. They are staffed by doctors and nurses who can treat many conditions, from sprains to ear infections and minor cuts. Many UCCs provide basic lab and X-ray services, and often have extended hours, making them a convenient, cost-effective alternative to the ER.

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## The Mail Handlers Benefit Plan

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# Human Papillomavirus Vaccination

It's not likely that this is the first time that you are hearing about Human papillomaviruses (HPV). These have been talked about in magazines, radio shows and in the news. MHBP wants you to have the facts about HPV, your options for detection and prevention and information about your benefits.

## What is HPV?

Human papillomaviruses (HPV) are a group of more than 100 viruses. They are called papillomaviruses because certain types may cause warts, or papillomas, which are benign (noncancerous) tumors. The HPVs that cause the common warts that grow on hands and feet are different from those that cause growths in the throat or genital area. Some types of HPV are associated with certain types of cancer. These are called "high-risk" oncogenic or carcinogenic HPVs.

Of the more than 100 types of HPV, over 30 types can be passed from one person to another through sexual contact. Although HPVs are usually transmitted sexually, doctors cannot say for certain when infection occurred. **About 6 million new genital HPV infections occur each year in the United States.** Most HPV infections occur without any symptoms and go away without any treatment over the course of a few years. However, HPV infection sometimes persists for many years, with or without causing detectable cell abnormalities.

## HPV Vaccination


The U.S. Food and Drug Administration (FDA) recently approved the use of a new vaccine to prevent infection from four types of the human papillomavirus (HPV). Two of the HPV types targeted by the vaccine (HPV-16 and HPV-18) are responsible for about **70 percent of the cases of cervical cancer worldwide.** The other two HPV types (HPV-6 and HPV-11) cause approximately **90 percent of the cases of genital warts.**

The vaccines are proven to be effective only if given before infection with HPV, so it is recommended that they be given before an individual is sexually active. The Advisory Committee on Immunization Practices (ACIP) provides advice on the most effective ways to use vaccines to prevent diseases. ACIP recommends that Gardasil (FDA approved drug) be given routinely to girls ages 11 to 12. The recommendations also allow for the vaccination of girls beginning at 9 years of age and the vaccination of girls and women ages 13 to 26. More information about the ACIP recommendations for vaccination against HPV can be found on the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/od/oc/media/pressrel/r060629.htm](http://www.cdc.gov/od/oc/media/pressrel/r060629.htm).

**Because the vaccination does not protect against all HPV types, Pap tests to screen for cervical cancer continue to be essential to detect cervical cancers and precancerous changes. In addition, Pap tests are critically important for women who have not been vaccinated or are already infected with HPV.**

## Your HPV Benefits

All MHBP options provide coverage for the HPV vaccination, with no deductible, when you use PPO providers. The HPV vaccination is covered for girls and women age 9 to 26. Please refer to the official Plan brochure for more details about your preventive benefits.

To learn more about HPV, visit [www.cancer.gov/cancertopics/factsheet/risk/HPV-vaccine](http://www.cancer.gov/cancertopics/factsheet/risk/HPV-vaccine). For more information about your health benefits, contact us anytime at **1-800-410-7778**. 

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## Accidental Injury or Medical Emergency?

An **accidental injury** is a bodily injury caused by external and accidental means, such as cuts, broken bones, animal bites and poisonings.


A **medical emergency** is the sudden and unexpected onset of a condition requiring immediate medical care. Medical emergencies include heart attacks, cardiovascular incidents, loss of consciousness or respiration, convulsions and other acute conditions as may be determined by the Plan to be medical emergencies.

Knowing the difference between your Plan benefits for receiving emergency care at a UCC versus an ER can mean savings in time and money for you. Get the care you need when you need it at a UCC and pay less.

PPO-level benefits	Emergency Room Benefit	Urgent Care Center Benefit
<b>Standard Option</b>		
Accidental Injury	\$150 copayment* (no deductible)	\$50 copayment (no deductible)
Medical Emergency	\$150 copayment* (deductible applies)	\$50 copayment (deductible applies)
<b>High Option**</b>		
Accidental Injury	10% of the Plan's allowance (deductible applies)	
Medical Emergency	10% of the Plan's allowance (deductible applies)	

\*If admitted to the hospital the copayment is waived.

\*\*While the benefit coverage level is the same for the emergency room and the urgent care center, the cost of care is typically less when you visit the UCC because care provided in that setting typically costs less than in the hospital ER.

Don't wait until you need care to locate the UCC nearest to you. Call us today at **1-800-410-7778** or visit **www.mhbp.com** to search the electronic directory: select "Facility" as the search type and "Urgent Care Centers" as the facility type. 

## U.S. Food and Drug Administration (FDA) Updates

The FDA has issued pharmacy alerts or updates for the following prescription medications. If you use any of these medications you may receive communication from MHBP to advise you of steps that you need to take relating to these changes. If you are currently being treated with any of the following medications, please discuss your options for treatment with your health care provider. For more information about these updates please visit the FDA links provided.



### Pergolide (marketed as Permax)

FDA link: <http://www.fda.gov/Cder/drug/advisory/ pergolide.htm>

### Tegaserod maleate (marketed as Zelnorm)

FDA link: <http://www.fda.gov/cder/drug/advisory/ tegaserod.htm>

### Quinine drug products

FDA link: <http://www.fda.gov/bbs/topics/NEWS/ 2006/NEW01521.html>

To ensure appropriate utilization of products containing Quinine, MHBP requires preauthorization. The preauthorization requirement has been implemented as of May 14, 2007. If drugs containing Quinine have been recently prescribed for you, you may wish to discuss this with your doctor and have him/her contact us at **1-800-410-7778** to obtain preauthorization for you.

# Back to Basics

Every now and then we need to revisit basic health benefits terminology. We tend to focus on these elements when selecting a health plan, but there are other times when knowing these terms prove very helpful. For example, when you receive medical bills or an explanation of benefits (EOBs), you can better decipher how your benefits were applied to your medical services and how much you should expect to pay if you know these terms.

**Deductible**—the amount you must pay for covered health care services and supplies before your health plan begins to pay benefits. Deductibles typically apply on a per-calendar-year basis. Some medical services are not subject to the annual deductible. Refer to the official Plan brochure to determine if a deductible applies to your medical services.

**Note:** Remember, only services where there is coinsurance or where the deductible applies accumulate to the annual medical deductible. Copayments do not accumulate to the annual deductible. If you have Consumer Option, your entire annual deductible must be met before any cost sharing begins—excluding preventive care, which is covered 100% when you use PPO providers.

The chart below shows services that require a copayment or deductible when you have Standard Option and use PPO providers.

Services that typically apply towards meeting your deductible	Services that typically require a copayment only
Diagnostic Services (x-rays, MRI, etc.)	Doctor's office visits
Surgical procedures	Prescription medications
Rehabilitative therapies (physical, speech, and occupational)	Annual physical exams
Outpatient hospital and surgical centers	Chiropractic visits (up to the annual maximum)
	Emergency services (accidental injury only)



**Coinsurance**—A percentage of the Plan's allowance you pay as your share of the medical services you receive (e.g., 10% of the cost of a X-ray). Coinsurance does not begin until you meet your deductible.

**Note:** The health care provider should send your claims to MHBP for processing, before he/she requests you to pay coinsurance. When using PPO providers, your coinsurance is based on the PPO discounted rate (Plan Allowance). The following example shows how PPO benefits are calculated based on meeting your deductible and a coinsurance of 10%.

Example	Deductible Met	Deductible Not Met
X-Ray	\$100	\$100
Plan Allowance	\$60	\$60
We Pay	\$54	\$0
<b>You Pay</b>	<b>\$6-coinsurance</b>	<b>\$60</b>

**Copayment**—this is a fixed dollar amount that you pay as your share of the cost of medical services you receive (e.g., \$20 for an adult doctor's visit). The copayment is typically requested at the time of service.

**Note:** When you receive an EOB, any amount that you may have paid the provider is not reflected on the EOB. However, if all the services were covered in full (i.e. not requiring coinsurance or deductible), in the "Maximum Responsibility" field on the EOB, you should see an amount that is equal to your copayment.

**Catastrophic Protection Limit**—the maximum amount of certain covered charges you have to pay out of your pocket during the year. Setting a maximum amount protects you from incurring catastrophic expenses. The protection limits are as follows:

**Standard Option and High Option:** For those services with coinsurance (excluding mental health and substance abuse care and certain other services\*) we pay 100% of the Plan allowance for the remainder of the calendar year after your coinsurance expenses totals:


- \$4,500 for services of PPO providers/facilities
- \$9,000 for services of PPO and non-PPO providers/facilities combined

For mental health and substance abuse benefits, we pay 100% of the Plan allowance for the remainder of the calendar year after your coinsurance expenses total:

- \$4,500 for services of In-network providers/facilities

*\*Your out-of-pocket maximum does not apply to the following benefits and you must continue to pay applicable copayments and coinsurance for these expenses: skilled nursing care, prescription drugs, out-of-network mental health and substance abuse care, hospice, dental services and rehabilitative and alternative therapies.*

For more information about the catastrophic protection limit and the benefits to which it applies, please refer to Section 4, *Your costs for covered services*, in the official Plan brochure.

**Consumer Option:** Because Consumer Option is a high deductible health plan, there are special circumstances that apply to catastrophic limits, please call us at **1-800-410-7778** or refer to the official Plan brochure for a complete description of how this works. 

## Let's Get Moving

Summer is here so let's get moving! MHBP along with the HealthierFeds initiative want to encourage you to get fit and active. This doesn't mean hitting the gym five times a week, although that would do the trick. We are talking about having some fun with your fitness. There is no time like the summer to give the couch, TV and video games a rest. So, off you go to:

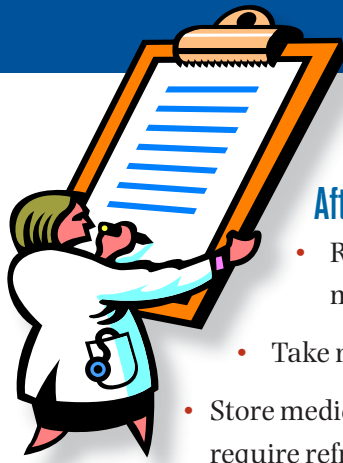
- Mow the lawn
- Plant a garden
- Walk or run
- Jump rope
- Swim
- Bike
- Dance
- Sweep or vacuum
- Play ball
- Shop

The list could go on and on, but as you can see the options are endless for getting active. Try doing any combination of these or other activities for 30 minutes a day. You just might feel better. To learn more about and enroll in the HealthierFeds Physical Activity Challenge, go to <http://healthierfeds.presidentschallenge.org/> to create an account and log in your activity. Enrollment in The Challenge will be available to Federal employees, retirees and all family members through the end of 2007.



## Prescription Drugs at Retail

You visit your physician, he or she writes you a prescription and off to the pharmacy you go. This is pretty routine, but sometimes filling prescriptions at the pharmacy can throw you a curve. Here are a few things to know and do before and after filling a prescription.



### Before you fill a prescription:

- Take a copy of the prescription drug formulary to your doctor visit—the formulary is available online, [www.mhbp.com](http://www.mhbp.com).
- Ask your doctor to prescribe medications that represent the greatest savings for you based on the tier in which it falls: Generic, Preferred Brand and Non Preferred Brand.
- Consider using a generic medication to save you money.
- Make sure the prescription notes the right number of days supply and refills.
- Be sure to obtain preauthorization for any prescription medication requiring it
- Locate and use a participating network pharmacy (benefits may be less when using non-network pharmacies and you may have to file a claim for reimbursement). Visit [www.mhbp.com](http://www.mhbp.com) or call **1-800-410-7778** to locate a network pharmacy near you.

### At the pharmacy:

- Present your prescription for filling.
- Provide your ID card for insurance verification purposes.
- Pay the requested copayment.
- Ensure pharmacist instructs you on how the medicine should be administered.
- Ask questions to clarify your understanding.
- Confirm the number of refills available.

### After you have filled the prescription:

- Read the directions/instructions for medicines prior to taking.
- Take medicines as instructed.
- Store medicines properly (some medications require refrigeration or storing away from heat).
- Keep medicine out of the reach of children.
- Remember to call for refills or schedule a doctor appointment to obtain a new prescription prior to running out of your medication.

### Key things to remember:

**Dispensing limits**—all prescriptions will be 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. Occasionally, we may recommend that the use of a drug is appropriate only with limits on its quantity, total dose, and duration of therapy, age, gender or specific diagnoses. Since the prescription does not usually explain the reason your doctor prescribed a medication, we may impose these limits and/or require preauthorization as we work with your physician to understand why the medication was prescribed.

**Preauthorization**—certain drugs require preauthorization to determine medical necessity and appropriate utilization. In addition to specialty drugs\*, we require preauthorization for certain classes of drugs, including, but not limited to: growth hormones; replacement enzymes; physical adjuncts; immunomodulators; drugs used to treat Attention Deficit Disorder and narcolepsy; oncologic agents; endothelin receptor antagonists; neuromuscular blocking agents; and monoclonal antibodies to IGE. Call us at **1-800-410-7778** if you have any questions regarding preauthorization, quantity limits, or other issues. Refer to pages 61 and 110 in the official Plan brochure for more information.

*\*Specialty drugs are used to treat chronic, complex conditions and typically require special handling and close monitoring.*

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## They're Back Before You Know It

Schools are on summer break for many students; however, time to return will be here before you know it. Now is the time to start checking off things on the to-do list in preparation for returning to school. Here are ten things to get you going:

1. Determine if your child will require a physical or immunizations and make an appointment. Routine immunizations are covered 100%. See the official Plan brochure for information about preventive benefits for children.
2. Attack the backpack now to find the school supply list—it's nowhere to be found when you need it.
3. Start weeding out the wardrobe so you know what to buy for back to school.
4. Begin watching the sales papers to get a bargain on school supplies and clothing.
5. Plan to make healthier lunches; search the web for quick and easy lunch recipes.
6. Buy new lunch bags; these can carry lots of germs if not properly cleaned after each use.
7. Make sure your children are academically engaged over the summer. Have them complete a page or two in a workbook or enroll them in an educational program.
8. Be sure your child gets the proper rest each night—this will ease the transition.



## GOT MAIL?

To submit a claim or other correspondence use the following mailing addresses:

For medical claims (Standard, High and Consumer Options) and High Option dental claims:

The Mail Handlers Benefit Plan  
PO Box 8402  
London, KY 40742

For prescription drug claims  
(applies to paper claims only):

The Mail Handlers Benefit Plan  
P.O. Box 8404  
London, KY 40742


For MHBP Supplemental Dental Plan claims:

The Mail Handlers Benefit Plan  
P.O. Box 8403  
London, KY 40742

For MHBP Supplemental Vision Plan claims:  
VSP

P.O. Box 997105  
Sacramento, CA 95899-7105

9. Inquire about daycare alternatives and after school programs—don't end up on the waiting list.
10. If your child is going off to college you will want to do a few more things:
  - Call us or go online to locate a network physician and hospital near the campus.
  - Request a new ID card for your dependent.
  - If your child is taking any medications, have the prescriptions transferred to a network pharmacy near the school.

Get a jumpstart on back to school preparations. This is one way to eliminate some unnecessary stress. So plan ahead and enjoy the summer with your children. 



## EOBs Are Good for Something


This is one piece of mail that you cannot classify as junk mail or a bill. Isn't that hard to believe? Your explanation of benefits (EOB) contains lots of valuable information and it's very useful to keep handy. Here are a few ways to use your EOB:

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**Preauthorization process**—To obtain preauthorization you or your physician may contact us. Be prepared to share with us the name of the prescribing physician and a phone and fax number. We will fax a form to your doctor for completion that will be used to establish the medical necessity for prescribing the medication. Notification of denial/approval will be sent to you, your doctor and the pharmacy. The notification will address any limitations that may apply (e.g., covered for six months). If approved, the pharmacist will be able to dispense the medication at the applicable copayment. If no authorization is given for the prescription you wish to fill, benefits will not be available to you at the time of filling the prescription.

**Note:** Once an approval has expired for a prescription requiring preauthorization, you will need to obtain a new authorization to receive additional benefits for that medication.

**Penalty Zone**—if you choose a brand name medication when a generic is available, and the physician has not specified that the pharmacist dispense the brand name drug (Dispense as Written (DAW) noted on the prescription), any amount in excess of the cost of the generic drug is not covered. This means that you have to pay the difference between the cost of the generic and the retail price of the selected medication. This is a good reason to use generics whenever possible.

Ensure yourself a smooth trip to the pharmacy, without any surprises, when you employ this information. 

1. Review your EOB to have a better understanding of what services are covered and at what level of benefit.
2. Compare your EOB to the medical bills you receive. It's a good tool to reconcile your out-of-pocket expenses. It will help explain a bill that you may receive from your medical provider.
3. Check out how much of your annual deductible you have met. This is a good way to budget for future medical expenses.
4. Refer to your EOB to see how much you are saving by using network providers. The network savings field on the EOB will indicate the amount of any discount you received by using a PPO provider. If your provider is not in the network, the non-PPO level of benefit will be applied to your claim.
5. See how much was paid to the provider for the services included in the EOB. The payee, check number, issue date and amount are provided on the back page of the EOB.
6. Retain your EOBs for IRS documentation of medical expenses. The IRS may require records/receipts of any medical expenses you declare on your taxes. The EOB documents the out-of-pocket expenses that accumulate towards meeting your deductible and out-of-pocket maximum.
7. Revisit your EOBs during Open Season to determine if a different MHBP option would better suit you. For example, if you are not meeting your deductible year after year or you primarily use preventive benefits, Consumer Option might be more beneficial for you.

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## A Great Pair—Standard Option and Medicare

MHBP understands that Medicare benefits alone may not meet your total health care needs. That's why our Standard Option benefits pick up for covered services where Medicare leaves off. When Medicare Parts A&B is primary:

- MHBP pays your Medicare Part A deductible—\$992 savings
- MHBP pays your Medicare Part B deductible—\$131 savings
- MHBP waives our medical deductible—\$350/\$700 (Self/Family)
- MHBP waives medical copayments and coinsurance\* for covered care—ranging from \$20 savings for office visit copayments to \$200 savings for inpatient per admission copayments.
- MHBP covers the remaining balance (after Medicare pays) for services covered under our plan—eliminating most of your out-of-pocket expenses.

### MHBP goes further to provide enhanced coverage:

- Overseas coverage—You can travel with ease because you receive PPO-level benefits for covered care anywhere in the world. A feature not included with Medicare.
- Chiropractic care—MHBP helps you work out the kinks, covering what Medicare does not. You receive up to a \$2,000 combined annual maximum for chiropractic, acupuncture and rehabilitative therapies.
- Diabetic and ostomy supplies—coverage beyond what Medicare provides.

- 100% coverage for preventive screenings—mammogram, prostate, osteoporosis and more. **Please note:** A PPO provider must be used in order to receive benefits. The same applies for an annual routine physical exam.

### Take advantage of other MHBP member discount programs\*\*:

- **Hearing Discount Program**—Save on hearing tests and aids when you visit a HearPO provider at over 1,800 HearPO locations nationwide. Call **1-888-HEARING** or **1-888-432-7464** to locate a provider.
- **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 24,000 providers nationwide. Visit **www.mhbp.com** or call **1-866-559-5252** to locate a provider near you.
- **Laser Vision Correction**—MHBP members are entitled to 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures, whichever is the greater discount. Simply call **1-877-552-7376** to begin the process. 


*\*The information provided here assumes that Medicare is your primary coverage. Plan will waive applicable coinsurance on nursing services. When Medicare Part B is primary, the Plan will waive applicable coinsurance on outpatient mental health/substance abuse services. The Plan will not waive the copayments and coinsurance for retail or mail order prescription drugs. If you have a Medicare Advantage Plan, MHBP will not waive our copayments, coinsurance and deductibles. If you are enrolled in Consumer Option, the Plan will not waive any deductibles, copayments or coinsurance when you have Medicare Part A and/or B as your primary payer.*

*\*\* These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees and family members who become members of the Mail Handlers Benefit Plan. You cannot file a FEHB disputed claim about them.*



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8. If you have a Flexible Spending Account (FSA) outside of the FSAFEDS Program, you should present a copy of your EOB when requesting reimbursement for medical expenses from your FSA. We coordinate benefits for you when you have FSAFEDS. MHBP does not provide annual statements, so keeping your original EOB is good practice for documentation purposes.
9. Keep EOB to substantiate any fraudulent claims activity by your health care provider. You can report fraud and abuse to MHBP at **1-800-410-7778** or to OPM, Health Care Fraud Hotline at **202-418-3300**.
10. Submit a copy of your EOB to another insurer for coordination of benefit purposes if you have coverage through another health plan.

There are so many uses for an EOB. The next time you get one make a point to check your network savings or see how close you are to meeting your deductible. By reviewing the EOB, you will appreciate the smart choice you made enrolling with MHBP. 

## MHBP Makes Medicare Easier for You

MHBP works with Medicare to ensure you receive all the benefits to which you are entitled under both programs. When you have Medicare Parts A and B and are retired Medicare is your primary coverage and your MHBP benefits pay secondary.

MHBP can automatically retrieve your unpaid claim balances from Medicare for processing, saving you the time and hassle of having to file claims yourself. We do this for members who have advised us of their participation in Medicare. If you or your dependent spouse is eligible for or currently participates in Medicare and **you have not notified MHBP of your participation**, please inform us by calling our 24/7 toll-free number at **1-800-410-7778** or **1-800-852-7195** (TTY/TDD for the hearing impaired) to make sure your benefits are properly coordinated.

For more information about the Medicare program call **1-800-MEDICARE (1-800-633-4227)** or visit **www.medicare.gov**. 

## Live, Work or Travel Overseas? You're Still Covered!

You may be out of the country, but you're not out of reach of the Plan and its benefits. Your MHBP coverage goes with you wherever life takes you. Whether you live, work or travel overseas, there's security in knowing you have a health plan that's there for you—making things easier and helping you get the care you need.



### PPO Benefits Overseas

Overseas coverage is one of the many advantages of having MHBP as your health plan. MHBP understands the diverse needs of federal employees and retirees, so we work hard to meet these needs. When you need medical attention overseas, you can see any medical provider and receive the PPO-level (in-network) of benefits for covered care.

### Filing Claims

After you receive care, the next step is to file a claim so that you or the provider can be reimbursed. We make this as easy as possible for you. To file a claim you can download the Overseas Claim Form from **www.mhbp.com** by finding "Quick links," selecting "Forms," and locating this form. You can also call us to obtain a claim form. When completing the claim form it's important that you:


- Provide the diagnosis or symptoms (the nature of the illness or injury) on the claim form.
- Attach the itemized provider bill and/or a receipt to the claim form. If the visit is due to an accident or injury, provide the date and details in sequential order so we can process the claim correctly.
- Do not use highlighter or red ink to emphasize a word or phrase on a claim or bill, instead please underline or circle it. Anything else may distort the images produced by our scanning equipment.

- Submit complete and separate claim forms for each patient. This will help avoid confusion and delays in processing of the claims submitted.
- Submit your claim(s) as soon as possible after incurring the expense. We understand that the billing practices vary from country to country. That's why we allow you at least 12 months to submit your claims.

## Contacting Us—Call or Visit

**Contact Us Toll-Free, 24 Hours a Day,  
7 Days a Week**

For your convenience we provide toll-free access to our member services team 24 hours, 7 days a week. Call us anytime to obtain benefit information, request forms, ask general health questions, and more. Consult the International Dialing Guide, located on our website, for the toll-free number and dialing sequence for the specific country you are calling from.

If the country you are calling from is not listed in the guide, you may reach us at **1-480-445-5106** anytime. We continue to expand our toll-free service into other international locations. You can also contact us by e-mail, or chat online anytime with a Member Service Representative. When you visit **www.mhbp.com**, you're just a click away from all the health benefits information you need. 



## Overseas Enrollees FAQs


### **Is it true that I need to include an English translation for the bills I submit?**

We understand that official translations are expensive. Therefore, we do not require an official translation. However, it would be extremely helpful if you include a brief description of the services provided, either written directly on your claim form, bill or a separate sheet of paper.

### **Why do you request the name of the currency?**

We request the country and the name of the currency to ensure that the correct currency and rate of exchange is used in the processing of your claim.

### **How are benefits paid?**

All benefits are payable to the enrollee in U.S. dollars, using the currency conversion applicable at the time the expense is incurred. However, there are two exceptions: 1.) Benefits for inpatient hospital stays at an overseas U.S. government or military facility will be paid directly to the hospital; and 2.) When proof of payment to the provider is not received with the claim submission, benefits for outpatient services at an overseas government or military facility will be paid directly to the hospital. 



# HealthBenefitPlanner

**The Mail Handlers  
Benefit Plan**



P.O. Box 8402 • London, KY 40742

## Contact Us

<b>1-800-410-7778</b>	<b>MHBP Member Services</b>	<b>1-866-559-5252</b>	<b>EyeMed Vision Care</b>
<b>1-800-852-7195</b>	<b>TDD/TTY</b>	<b>1-888-432-7464</b>	<b>HearPO Network Information (888-HEARING)</b>
<b>1-800-254-0227</b>	<b>MHBP Supplemental Dental &amp; Vision Plans</b>	<b>1-800-377-7220</b>	<b>Quest Laboratory</b>
<b>1-866-623-1441</b>	<b>Mail Order Pharmacy Refill Service</b>	<b>1-480-445-5106</b>	<b>Overseas Enrollees</b>
<b>1-877-552-7376</b>	<b>U.S. Laser Network (laser vision correction)</b>		

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