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Health Benefit Guide

UNITED STATES DEPARTMENT OF STATE

Administered by SEVEN CORNERS, Inc.

The Accident and Sickness Program for Exchanges (ASPE) complies with the J-1 visa regulations which govern incoming Exchange Participants. The ASPE Health Benefit Guide, when shown with a valid Identification Card, is evidence of health benefit coverage under the ASPE and of the associated benefits and limitations.

Disclaimer

No changes to the ASPE Health Benefit Plan shall be made, except by the Bureau Executive Director, Bureau of Educational and Cultural Affairs (ECA), United States Department of State (USDOS) who will make such changes that might be required to address budget, policy, regulatory, or legislative mandates.

This ASPE Health Benefit Guide replaces all Certificates, if any, previously issued to Eligible Participants and Covered Persons.

The ASPE Health Benefit Plan is funded by the USDOS through the Fulbright-Hays authorizing legislation. The payment of medical benefits is subject to the availability of appropriated funds at the time when the claim is filed.

WELCOME

Accident and Sickness Program for Exchanges (ASPE) Overview

The United States Department of State (USDOS) is pleased to welcome you to the Accident and Sickness Program for Exchanges (ASPE) Health Benefit Plan. As an Exchange Participant you are entitled to an exclusive health care program designed by USDOS and administered by Seven Corners, Inc. (Seven Corners). **This plan should not be construed as an insurance policy.** The ASPE is a self-funded health care program designed to pay covered medical expenses for eligible Exchange Participants. **Covered medical expenses are subject to limitations as defined in this health plan program guide. Please read this guide carefully and become familiar with what medical expenses are covered and not covered. It is important to note that pre-existing conditions are not covered.**

This guide describes the health care benefits you are entitled to while serving on your USDOS - funded program. It also explains how payments are made for covered medical expenses. Throughout this guide, the covered services you are entitled to are called "your benefits." This guide is an overview of your health care program and reading it will familiarize you with the program's main provisions. For the purposes of this guide, the word "Exchange Participant" will be used for ease of reading. Exchange Participants includes all ECA grantees, Fulbrighters, International Visitors, Fellows, Specialists and IIP Specialists, etc.



QUICK REFERENCE GUIDE

Life-threatening medical emergency	<p>In the United States dial 911 from any telephone. You will be connected to a special emergency operator. This person will assist you in obtaining an ambulance. Do not use 911 unless the situation is an emergency as defined on page 17.</p> <p>If you are outside the United States: contact the Fulbright Commission or the Public Affairs Officer at your US Embassy or Consulate for information about emergency help.</p>
Find a provider in the preferred provider network (PPO)	Search for a ChoiceCare provider online at www.usdos.sevencorners.com or call customer service TOLL FREE at (800) 461-0430.
Find a provider outside of the US	Call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 for assistance in finding a provider in your host country area and to coordinate scheduling of care
Schedule provider visits	Call a provider to schedule an appointment. You can search by specialty or location for a ChoiceCare provider by going online to www.usdos.sevencorners.com or by calling customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867. Also, verify with the provider that they are still participating in the network.
When you arrive at your medical provider appointment	Present your ASPE Health Benefit Identification Card and a photo identification.
Pre-notification	Seven Corners must be contacted: <ol style="list-style-type: none">1. to confirm coverage and benefits2. as soon as non-emergency hospitalization is recommended3. within 48 hours of the first working day following an emergency admission4. when your physician recommends any surgery including outpatient5. for emergency evacuation, repatriation and assistance services6. if in the United States, call (800) 461-04307. if outside the United States, call (317) 818-2867 (collect)
Submit claims	<ol style="list-style-type: none">1. In the US, have the provider of medical service submit claims based on the information provided on your ID card.2. Outside of the US, contact Customer Service to coordinate possible direct billing to Seven Corners or mail or fax a completed claim form and copy of receipt(s) and / or an itemized bill to Seven Corners. Mail to: Seven Corners, P.O. Box 3724, Carmel, IN 46082-3724 or Fax to: (317) 575-6467. Refer to page 15 on "How to Submit a Claim". See page 20 for a claim form.
Need Durable Medical Equipment or Diabetic Supplies	USDOS has a preferred Durable Medical Equipment and Diabetic Supply network provider and ordering supplies should go through www.sevencornersonline.com or by contacting customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867.
Inquire about medical bills	Call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or send an email to customer service at ASPEinfo@sevencorners.com
Check on eligibility or benefits	Call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or go online at www.usdos.sevencorners.com .
Replace your ID Card	Lost or misplaced cards will be replaced by your enrolling organization or program agency. By contacting customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or go online at www.usdos.sevencorners.com , a temporary ID card replacement can be immediately issued to ensure no disruption in access to care.
Request a claim form	Call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or go online to download forms at www.usdos.sevencorners.com .
If you need to be medically evacuated out of your country of assignment	<ol style="list-style-type: none">1. For Americans abroad<ol style="list-style-type: none">a. contact the U.S. Embassy, Consulate or post.b. explain your need for medical care and why it cannot be provided at your place of assignment.c. a competent medical authority, which may include the regional medical officer, must approve evacuation. Embassy staff and / or program staff will contact USDOS to assist in transporting you to the closest, most suitable medical facility.2. For Foreign Nationals in the United States<ol style="list-style-type: none">a. contact the organization responsible for administering your program.b. provide medical documentation that you are able to travel.c. the organization responsible for administering your program will contact USDOS. USDOS will make the necessary arrangements.
Deductible	You will not be reimbursed for the deductible. The ASPE health benefit plan requires that you pay the first \$25 for medical services associated with each accident or sickness . If your bills are greater than \$25, the ASPE health benefit plan will pay the excess cost for covered treatment that is not pre-existing.

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CUSTOMER SERVICE

Providing quality customer service is important to USDOS. For that reason, we offer access to Customer Service through our health care program administrator Seven Corners, Inc. via a TOLL-FREE CUSTOMER SERVICE LINE (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 and via the Internet at www.usdos.sevencorners.com. Now, you can get answers to your health care questions at any time of the day or night.

Correspondence Mailing Address:

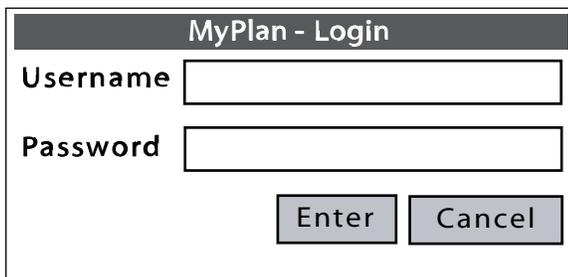
ASPE Health Benefits
Attn: Customer Service
P.O. Box 3724
Carmel, IN 46082-3724

USING E-SERVICE

It's easy to access information about your health plan through MyPlan at www.usdos.sevencorners.com. Just log in for access to:

Customer Service Representatives
Claim status
Benefit Plan Guidelines
Downloadable forms
Eligibility information
Printable ID cards
Pharmacy Network
Provider Network

When viewing areas where personal health information is present, a username and password are required. Go to www.usdos.sevencorners.com for instructions on access to MyPlan.



MyPlan - Login

Username

Password

Enter Cancel

ENROLLMENT

When a Participant's Coverage Begins:
The ASPE provides you with 24-hour health care coverage. This includes 2 days of travel at the beginning and the end of your grant during direct travel to and from your host country.

Your health care benefits will terminate automatically on the date your grant ends. Only you are covered under the USDOS health care program – no dependents are covered.

Your health benefits begin:

1. on the effective date of the grant or
2. the day the Exchange Participant leaves his or her home country for **direct travel** to the host country

Your health care benefits will end automatically:

1. on the last date of the grant or
2. the day the Exchange Participant returns to his or her home country on **direct travel** from country of assignment if travel commences immediately after program conclusion;

Exclusions: The coverage is effective 24-hours a day, worldwide, with the following exceptions:

1. Whenever the Exchange Participant is in his or her home country or country of regular domicile;
2. Whenever the Exchange Participant is on personal leave;
3. Whenever the Exchange Participant travels outside the country of assignment which is **not pre-approved** by US DOS;
4. Extended stopovers en route to or from country of assignment: or
5. During orientations in home country.

If the seriousness of a Sickness or Injury results in a medical determination that the Exchange Participant must be returned to his or her home country, the ASPE health benefits will terminate upon the Exchange Participant's arrival in that country. Claims in the home country related to a Sickness or Injury in the host country will be paid in accordance with the coverage and limitations. If the grant is reinstated because the Exchange Participant's health permits the return to the host country, then ASPE health benefits will also be reinstated upon departure from his or her home for the country of assignment.

IDENTIFICATION CARD

As an Exchange Participant enrolled in the ASPE health benefits plan you will receive an identification card to be used as proof of health care coverage when you need medical services. Simply show your identification card to the hospital, physician or provider at the time of service. You should carry your identification card with you at all times in case you need emergency treatment. The identification card also serves as a prescription drug card for use when filling prescriptions at all PharmaCare network pharmacies.

The back of your identification card contains important information regarding procedures and the address used to file claims.

Lost or misplaced cards will be replaced by your enrolling organization or program agency. By contacting customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or go online at www.usdos.sevencorners.com, a temporary ID card replacement can be immediately issued to ensure no disruption in service.

DESCRIPTION OF ASPE HEALTH BENEFITS COVERAGE

All covered expenses incurred as a result of the same or related cause (including any complications) shall be considered as resulting from one Injury or Sickness. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit limit shown on the Schedule of Benefits and is subject to the following provisions:

1. the deductible amount must be paid by the Exchange Participant;
2. the expenses must have been incurred within one calendar year of the date of Injury or commencement of Sickness;
3. the Exchange Participant must have remained continuously covered under the ASPE health benefit plan;
4. the Sickness or Injury must have occurred in the country of assignment;
5. all other limitations, exclusions and terms of the ASPE health benefit plan;
6. Seven Corners must be contacted;
 - a. to confirm coverage and benefits
 - b. as soon as non-emergency hospitalization is recommended
 - c. within 48 hours of the first working day following an emergency admission
 - d. when your physician recommends any surgery including outpatient
 - e. for emergency evacuation, repatriation and assistance services
 - f. if in the United States, call (800) 461-0430
 - g. if outside the United States, call (317) 818-2867 (collect)

If an Exchange Participant incurs expense due to an Injury or a Sickness (as defined in this Program), benefits will be payable at the Usual, Customary and Reasonable Charges (UCR) for the Covered Expenses listed below which are incurred in connection with that Injury or Sickness.

Note: If the Exchange Participant incurs expenses due to an Injury or a Sickness (as defined in this Program) and obtains their medical services from a provider in the ChoiceCare Provider Network, benefits will be payable at the negotiated provider contracted rate. The provider will NOT bill the member for any charges that are over and above their contracted rate except the Deductible Amount of \$25.00 per Injury or Sickness per condition.



The ASPE health benefit plan will pay 100% of all Covered Expenses listed below, **after the \$25 deductible has been met and the medical condition is not pre-existing.**

Basic Medical Expenses	
Maximum Benefit Per Injury or Sickness	\$50,000.00
Deductible Amount Per Injury or Sickness	\$25.00
Medical Evacuation	
Aggregate Limit per Injury or Sickness	Actual cost of approved benefits
Deductible Amount per Medical Evacuation	\$0.00
Repatriation of Remains	
Maximum limit	\$10,000.00
Deductible Amount	\$0.00
Premium Medical Expenses	
Maximum Benefit Per Injury or Sickness	\$100,000.00
Deductible Amount Per Injury or Sickness	\$25.00
Medical Evacuation	
Aggregate Limit per Injury or Sickness	Actual cost of approved benefits
Deductible Amount per Medical Evacuation	\$0.00
Repatriation of Remains	
Maximum limit	\$10,000.00
Deductible Amount	\$0.00



DESCRIPTION OF COVERAGE

All Covered Expenses incurred because of the same or related cause (including any Complications) shall be considered as resulting from one Injury or Sickness. The amount payable for any one Injury or Sickness will not exceed your program assigned Maximum Benefit and requires the Exchange Participant to be continuously covered under the ASPE health benefit plan. The Sickness or Injury must have occurred in the host country.

In-Network - If an Exchange Participant incurs expenses due to an Injury or a Sickness (as defined in this Program) and obtains their medical services from a provider in the ChoiceCare Provider Network, benefits will be payable at the negotiated provider contracted rate. The provider will NOT bill the Exchange Participant for any charges that are over and above his contracted rate except the Deductible Amount of \$25 Per Injury or Sickness, if this has not yet been fulfilled by the Exchange Participant.

Out-of-Network - If an Exchange Participant incurs expenses due to an Injury or a Sickness (as defined in this Program) and obtains their medical services from a provider NOT in the ChoiceCare Provider Network, benefits will be payable at the Usual, Customary, and Reasonable Charges (UCR) for that region and service. Out-of-Network providers are not under negotiated contracted rates and therefore; the Participant may be billed for the difference between the provider's standard billed charge and the UCR fee covered by the ASPE health benefit plan.

COVERED EXPENSES - When an Exchange Participant ends their program, treatment for an Injury or Sickness is covered up to one calendar year from the date of onset. This does not apply to Acupuncture, Chiropractic, Massage Therapy or Maternity, as benefits terminate at the end of the enrollment period regardless of other conditions of this policy.

Note: Covered Expenses are subject to the pre-existing condition limitation.

1. Fees for diagnosis and treatment by a Physician, Surgeon, Registered Nurse, professional anesthetist, including physical therapy related to a covered Injury or Sickness.
2. **Acupuncture** - when prescribed and performed by a physician or physical therapist to treat a covered injury or sickness. Limited to 25 visits per benefit year. Acupuncture, benefits terminate at the end of the enrollment period regardless of other conditions of this policy.
3. **Ambulance** - professional ambulance service
4. **Chemotherapy and Radiation Therapy** - services for medical conditions.
5. **Chiropractic** - care is limited to 25 visits per benefit year. Chiropractic benefits terminate at the end of the enrollment period regardless of other conditions of this policy.

6. **Durable Medical Equipment (DME)** - rental charge for Durable Medical Equipment, or the purchase of this equipment, whichever is less. Prostheses and Orthopedic Appliances are covered only if required as the result of an accident. If a prosthesis or an orthopedic appliance is required for a condition that is not pre-existing, coverage determination will be made by USDOS on a case-by-case basis. Supporting documentation is to be forwarded to USDOS for inclusion in the review. USDOS has a preferred DME provider. Go online to www.sevencornersonline.com or contact customer service (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867.

7. **Hospital room and board charges** - Payment will be limited to the hospital's normal charge for semi-private accommodation.

8. **Medevacs Outside of the US** - A competent medical authority, which may include the regional medical officer, must approve evacuation. Embassy staff and / or programming staff will contact USDOS to assist in transporting you to the closest, most suitable medical facility.

The ASPE program will pay the actual expense incurred as a result of a covered Injury or Sickness for medical evacuation of the Covered Person, including physician or nurse accompaniment to the nearest suitable medical facility. This evacuation will be paid only upon written certification by a competent medical authority that appropriate medical care is not available at the place of assignment.

Expenses associated with medical evacuation require prior approval of the ECA Executive Office. The USDOS pays all medical evacuation costs, and the Administrator will pay costs associated with medical expenses.

9. **Home Health and Skilled Nursing Services** - are covered if the medical condition is not pre-existing and the cost of the service is less than an inpatient stay.

10. **Laboratory Tests and X-rays** - are covered if recommended or performed by a licensed provider for diagnostic purposes due to symptoms, illness or injury.

11. **Massage Therapy** - when prescribed by a licensed physician or chiropractor and performed by a state licensed massage therapist. Limited to 6 visits per benefit year. Massage Therapy benefits terminate at the end of the enrollment period regardless of other conditions of this policy.

12. **Maternity** - medical expenses for maternity care, including childbirth during this period. Maternity benefits terminate at the end of the enrollment period regardless of other conditions of this policy. In addition to the medical expenses for maternity care for the Exchange Participant, the medical expenses of the child newly born during the grant period are covered for the first 31 days up to the assigned maximum benefit. For coverage beyond the 31-day period, an Exchange Participant must obtain commercial health insurance coverage for the newborn dependent at personal expense. The ASPE health benefit plan does not pay the expenses of a newborn to a dependent of an Exchange Participant. The Exchange Participant is advised to obtain commercial insurance to cover maternity care of the dependent and dependent's newborn.

13. **Mental or Nervous Disorders** – Treatment of Mental and Nervous conditions are payable subject to the following schedule:

Inpatient Care: Lifetime Maximum benefit is thirty (30) days of Hospital Confinement. Inpatient confinement is subject to the deductible per illness outlined in the schedule of benefits;

Outpatient Care: Lifetime Maximum benefit is thirty (30) visits subject to the deductible per illness outlined in the schedule of benefits. Outpatient Mental or Nervous benefits terminate at the end of the enrollment period regardless of other conditions of this policy.

Authorized providers of care: A licensed physician, licensed clinical psychologist or a master of social work (MSW) may provide services that are medically necessary for mental and nervous disorders.

14. **Physical Therapy** – services provided by a licensed physician or by a licensed physical therapist when prescribed by a physician or chiropractor and directly related to the complications associated with a covered Injury or Sickness incurred during the period of coverage.

15. **Prescription Drugs** - when prescribed by a licensed physician. See the section of the benefit guide entitled Prescription Drug Program for more information.

16. **Repatriation** - in the event of a covered Exchange Participant's death, the ASPE health benefit plan will pay for actual charges incurred up to the Maximum limit of \$10,000.00 for services related to the preparation and transportation of the body. This benefit does not include the transportation expense of anyone accompanying the body or any personal effects.

17. **Men's Health Benefits** - are covered **after completing six months of eligibility**, for men 50 and older one (1) annual prostate exam including a PSA.

18. **Women's Health Benefits** - are covered **after completing six months of eligibility** for women 18 and older **one (1)** annual GYN health exam per benefit year that includes one pelvic examination, Pap smear, breast examination and lab work related to GYN health when performed at the time of the annual GYN exam. If follow-up diagnostic Pap smears are Medically Necessary, they will be covered. Contraceptive management is covered **only** when performed at the annual GYN health visit. One baseline mammogram for women 35 and older and one annual mammogram for women 40 and over. One Bone Mineral Density (BMD) screening test for all women over age 65, estrogen deficient women and women at clinical risk for osteoporosis when performed as part of the annual GYN exam. A repeat BMD test is covered every two years.

BENEFIT EXCLUSIONS

The ASPE health benefit plan does **NOT** cover the following:

1. Benefits for health care due to a pre-existing condition. **A pre-existing condition is any condition which:**
 - a. had its origins prior to the Exchange Participant's effective date of coverage;
 - b. a Physician was consulted prior to the Exchange Participant's effective date of coverage;
 - c. treatment or medication was received prior to the Exchange Participant's effective date of coverage; or
 - d. would have caused any prudent person to seek medical advice or treatment, prior to the Exchange Participant's effective date of coverage.Note: For purposes of the ASPE, pregnancy is not defined as a pre-existing condition.

Participants are urged to retain or obtain their own health insurance to cover ongoing or potential medical requirements relating to pre-existing conditions.

2. Expenses incurred for the treatment of an Injury or Sickness more than one calendar year after the time of the Injury or onset of the Sickness.
3. Expenses incurred within the Exchange Participant's home country or country of regular domicile, unless
 - a. it is necessary and authorized treatment received after the individual has proven Sickness or Injury in the Country of assignment; or
 - b. is related to a pre-approved medevac, and which would have otherwise been covered had the expenses occurred in the country of assignment.
4. Services or supplies for any Injury or Sickness received prior to the Exchange Participant's effective date under the ASPE health benefit plan, or which are not actually incurred while this Program is in force.

5. Injury or Sickness sustained or contracted during any period of unofficial travel outside the country of assignment.
6. Charges of an institution, health service, or infirmary that does not require payment in the absence of insurance.
7. Professional services rendered by a member of the Exchange Participant's immediate family or anyone who lives with the Exchange Participant
8. **Abortion** - Surgical procedures for the purpose of birth control and / or elective termination of pregnancy.
9. **Acupuncture** – This program does not cover acupuncture before or after the enrollment period.
10. **Alcohol, Drug Abuse or Detoxification Treatment** - Expenses incurred resulting from the use of alcohol or intoxicants, or any illicit drugs or abused drugs by the Exchange Participant, (abused drugs include prescription drugs that may be used illicitly); expenses incurred due to substance abuse treatment.
11. **Chiropractic** - This program does not cover chiropractic services before or after the enrollment period.
12. **Claim Submission** - after 1 year from date of service.
13. **Congenital Anomalies** - Treatment of congenital anomalies, and conditions arising or resulting directly from them.
14. **Contraceptive Injections**
15. **Cosmetic Surgery** - Expenses incurred for elective plastic or cosmetic surgery. Plastic surgery is only covered if service is a direct result of a covered Injury that necessitated medical treatment within 24 hours of the accident.

This exclusion does not apply to the repair of injuries to sound natural or false teeth caused by a covered Injury inducing surgical extractions of teeth. The Administrator may reject any claim for dental treatment when not accompanied by proof of an accidental Injury to the Exchange Participant.

This exclusion does not apply to treatment for the emergency alleviation of pain, in which case dental treatment shall be limited to \$1,000.
16. **Dental** - Routine Dental Care, which includes treatment to the teeth, gums, jaw, or structures directly supporting the teeth.

This exclusion does not apply to the repair of injuries to sound natural or false teeth caused by a covered Injury inducing surgical extractions of teeth. The Administrator may reject any claim for dental treatment when not accompanied by proof of an accidental Injury to the Exchange Participant.

This exclusion does not apply to treatment for the emergency alleviation of pain, in which case dental treatment shall be limited to \$1,000.
17. **Dependents** - Coverage for accompanying spouses and dependent children must be purchased separately by the Exchange Participant or Exchange Participant's spouse.
18. **Emergency Room for Non-Emergent Service** - Services incurred during a hospital emergency room visit that is not of an emergency nature. Emergency nature is defined as that treatment sought under life-threatening circumstances and for a condition that could not be left unattended without causing further injury or complications.
19. **Experimental Procedures** - Services or supplies which are experimental or investigative in nature; including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice; and any such items requiring federal or other governmental agency approval not received at the time services were rendered.
20. **Eyes** - Services in connection with eye examination, eyeglasses or contact lenses except as required for repair caused by a covered Injury limited to \$300 maximum.
21. **Feet** - Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails, shoes and other supportive devices for the feet. This does not apply to infections of the toenails or feet and does not apply to casts, splints or braces for treatment of injuries.
22. **Hearing** – Services in connection with hearing aids, except as required for repair or equivalent replacement when caused by a covered injury.
23. **Immunizations**
24. **Impotence / Erectile Dysfunction**
25. **Infertility** - Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
26. **Maternity** - This program does not cover maternity before or after the enrollment period.
27. **Newborn** – Expenses for coverage beyond the 31-day period. For coverage beyond the 31-day period an Exchange Participant must obtain commercial health insurance coverage for the newborn dependent at their personal expense. The ASPE Health Benefit Plan does not pay the expenses of a child newly born to a dependent of an Exchange Participant. The Exchange Participant is advised to obtain commercial insurance to cover maternity care of the dependent and dependent's newborn.
28. **Medically Necessary** - Services and supplies not medically necessary for the diagnosis or treatment of a covered Sickness or Injury, or which are not recommended by the attending Physician.

29. **Nasal** - Surgical correction of deviated nasal septum, including submucosal resection.

30. **Perilous Activity** - Losses resulting from Perilous Activity.

a. Flying, except:

- 1) as a passenger on a regularly scheduled airline;
- 2) as a passenger on a chartered carrier for purposes of an approved grant program activity;
- 3) as a passenger in the Military Airlift Command of the US or similar air transport services of other countries.

b. Playing, practicing, or participating in intercollegiate, club (professionally organized) or professional sports, or during travel for such purposes, e.g. skateboarding, snowboarding, BMX racing, X-games (extreme sports)

c. Operation of a vehicle while not properly licensed to do so or riding in a noncommercial vehicle operated by a person not licensed to do so in the jurisdiction in which the accident takes place

d. Operation of a vehicle while under the influence of drugs or alcohol,

e. Dangerous activity not directly related to the fulfillment of grant objectives, e.g. bungee jumping, scuba diving, skydiving, rock climbing (indoor/outdoor), hang gliding, operation of an all terrain vehicle (ATV) or motocross bike.

31. **Personal Comfort Items** – Any personal comfort item (purchased or rented) such as a telephone, television, air conditioner, dehumidifier, humidifier, air cleaner, barber or beauty services.

32. **Routine** - Routine physical examinations or health examinations. "Routine exams" include immunizations, vaccinations, etc.

33. **Sexual Transformations, Sexual Impairment or Inadequacy Treatment**

34. **Transportation** - Expenses incurred for taxicabs or other transportation to and from the doctor's office or other place of treatment, except if an approved medical evacuation expense.

35. **Temporomandibularjoint Disease (TMJ)** - Medical or dental services or supplies for the treatment of TMJ.

36. **Usual, Reasonable and Customary Charges (UCR)** - Expenses in excess of UCR.

37. **Vaccinations**

38. **War** - Loss due to war, declared or undeclared, while in the service in the Armed Forces of any country.

39. **Workers Compensation** - Expenses covered under any occupational benefit plan, Workers Compensation Act or similar law, automobile medical payment or no-fault plans, public assistance programs, government plan, any other valid and collectible group insurance, or any primary insurance. However, the ASPE will pay medical expenses that are not paid by such primary insurance due to application of deductibles or limitations on benefits, provided that such expenses would otherwise be covered by the provisions of this Program.

GENERAL INFORMATION

QUALITY SERVICE

The USDOS health care program is administered by Seven Corners, Inc. As a specialist in claims and billing administration, you can be assured of quick personalized service. Customer Service representatives are available to answer any questions you may have regarding the PPO network, claim payments or covered benefits by calling Customer Service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or visit us on-line at: www.usdos.sevencorners.com.

PREFERRED PROVIDER ORGANIZATION (PPO)

Your health plan contains a Preferred Provider Organization (PPO) benefit. A PPO is a network of physicians, hospitals and clinics that have entered into an agreement with USDOS to accept discounted fees for services they provide to USDOS members. USDOS uses the Choice Care national PPO network. Claims for services provided by a PPO provider should be mailed directly to Seven Corners at the address on the back of your identification card.

Using ChoiceCare saves you money because USDOS will pay 100% of the covered charges (or up to the policy limit). In most states, payment will not be required at the time of services (except for the deductible amount).

Failure to use a ChoiceCare PPO provider in a network area will result in your being responsible for charges over the usual and customary amount. This means you will be responsible for any costs not paid by the health care plan and providers may require payment at the time of service.

If your residence is over 35 miles from the nearest PPO provider, you are exempt from the PPO guideline. You are free to see any provider of your choice. You will need to contact customer service to coordinate this exemption.

You may search for a ChoiceCare network provider from the provider directory on the Seven Corners website at www.usdos.sevencorners.com or call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 for assistance in locating a provider.

Using a ChoiceCare PPO provider saves you money.

UTILIZATION MANAGEMENT

The ASPE health benefit plan includes a utilization management program to review Exchange Participant's medical care to identify conditions that may adversely affect their completion of an exchange program.

The utilization management program is administered by Registered Nurses and Board Certified Physicians and is focused on Individual case management of potentially catastrophic cases.

COORDINATION OF BENEFITS

Most group health care programs, including this program, contain a Coordination of Benefits provision. This provision is used when you are eligible for payment of claims under more than one health care program.

Coordination of benefits assures that your covered expenses will be paid, but that the combined payments of all of the programs do not amount to more than the actual cost of your care. Coordination of benefits prevents duplicate payments and helps control the cost of health care coverage.

When you have health care coverage from two or more insurance carriers, coordination of benefits determines which carrier is the primary payer and must pay claims up to the limit of its policy. The other insurer is then designated as the secondary payer and must pay any remaining amount covered by the plan.

ASPE is secondary to all other insurance policies, except for Medicare/Medicaid then ASPE is primary.

If you have health care coverage other than this USDOS plan, use the following guidelines to determine when claims should be submitted to USDOS as the primary payer:

Do You Have Other Health Insurance Coverage?

- 1st: Submit claims to private insurance carrier
- 2nd: Submit remaining charges to the ASPE health benefit plan using the claim address on the back of your identification card.

Do You Receive Medicare Benefits or Medicaid Benefits?

If you become disabled prior to age 65 or are otherwise entitled to Medicare benefits (i.e. for renal dialysis), the benefits you are entitled to receive from Medicare will be reduced by the amount the ASPE health benefit plan would pay.

You must first use the ASPE health plan benefits to which you are entitled before submitting charges to Medicare or Medicaid for reimbursement.

SUBROGATION

If the Exchange Participant is injured or becomes ill through the act or omission of another person, and if benefits are paid under this plan due to that injury or sickness, then to the extent the Exchange Participant recovers for the same injury or sickness from a third party, its insurer, or the Exchange Participant's uninsured motorist insurance, USDOS will be entitled to a refund from such recovery of all benefits USDOS has paid.

USDOS may file a lien in an Exchange Participant's action against a third party and have a lien upon any recovery that the member receives, whether a settlement, judgment or otherwise, and regardless of how such funds are designated. USDOS shall have a right to recovery of the full amount of benefits paid under this program for the injury or sickness, and that amount shall be deducted first from any recovery made by member. USDOS will not be responsible for the Exchange Participant's attorney's fees or other costs.

Upon request, the Participant must complete the required forms and return them to USDOS. The Exchange Participant must cooperate fully with USDOS in asserting its right to recover. The Exchange Participant will be personally liable for reimbursement to USDOS to the extent of any recovery obtained by the Exchange Participant from any third party. If it is necessary for USDOS to institute legal action against the Exchange Participant for failure to repay USDOS, the Exchange Participant will be personally liable for all costs of collection including reasonable attorney's fees.

RIGHT OF RECOVERY

When payments for a given medical treatment have been made in excess of the amount necessary, the USDOS has the right to recover such overpayments. The USDOS will notify the Exchange Participant of the overpayment and request reimbursement from the health care provider / Exchange Participant. If the health care provider does not reimburse USDOS for the overpayment, USDOS reserves the right to offset the overpayment against any other benefits payable to the Exchange Participant.

PHARMACY DRUG PROGRAM WITHIN THE UNITED STATES

The ASPE health benefit plan provides a prescription drug program to be used in combination with your health care benefits. **PharmaCare is your prescription drug plan administrator.** Through their nationwide network community and chain pharmacies, and their mail service pharmacy option, you have the broadest choice of pharmacies to choose from to satisfy your prescription drug needs.

HOW TO FILL A PRESCRIPTION

Your health care identification card contains all of the information your pharmacist needs. Simply present your card to have your prescriptions filled at any one of the network pharmacies in your area. The pharmacy will then electronically transmit a claim for that medication and within minutes have approval for filling the prescription.

You may obtain up to a one-month supply (30 days) of your prescription medication from a retail network pharmacy and up to a three-month supply (90 days) through the PharmaCare Direct Mail Service. Your health plan requires that all maintenance medications or medications taken on an ongoing basis must be purchased through the PharmaCare Direct Mail Service. If you have existing supplies of your medications, you may submit your request to mail service directly. You may obtain the application online at www.USDOS.sevencorners.com or you may also access the online application at www.pharmacare.com, click on "PharmaCare Direct", then click on "Enroll".

HOW TO FIND A PARTICIPATING PHARMACY

The PharmaCare network includes over 53,000 pharmacy locations nationwide. A listing of participating pharmacies is included beginning on this page. To locate the pharmacy nearest you, consult this listing, visit the PharmaCare website at www.pharmacare.com or call Member Services at (800) 777-1023.

For each initial prescription or refill obtained at a network pharmacy you may obtain up to a one-month supply of your medication.

WHAT YOU SHOULD DO IF YOUR PHARMACY IS NOT PART OF THE PHARMACARE NETWORK

In the unlikely event a pharmacy in your area is not part of our network then please ask your pharmacist to request a participation agreement by calling PharmaCare's Network Service Department at (800) 237-6184 x7555.

A list of participating pharmacies, including national and regional chain drug stores, begins on this page:

- A & P U.S.
- ACCESSHEALTH
- ACCREDO HEALTH GROUP, INC
- ACME PHARMACY
- ALLCARE/MALONE'S PHARMACY
- ALLINA COMMUNITY PHARMACIES / MBP, INC
- ALLSCRIPTS, LLC
- AMERICAN DRUG STORES, INC
- AMERISOURCE BERGEN DRUG CORP
- ANCHOR PHARMACIES
- APPALACHIAN REGIONAL HEALTH CARE
- ATLAS DRUGS
- AURORA PHARMACY, INC
- B & R STORES, INC
- BALLS FOUR B CORP / PRICE CHOPPER / HEN HOUSE
- BARTELL DRUG COMPANY
- BAYSTATE PHARMACY
- BIG "A" DRUGSTORES, INC
- BIG Y FOODS, INC
- BI-LO HOLDING, LLC
- BI-MART CORPORATION
- BJ'S WHOLESALE CLUB, INC
- BROOKS PHARMACY/MAXI DRUG, INC
- BROOKSHIRE BROTHERS PHARMACY
- BROOKSHIRE GROCERY CO
- BUEHLER FOOD MARKETS, INC
- BUEHLER'S FOODS, INC
- BUFFALO PHARMACIES
- CARE PHARMACIES, INC (INDEPENDENTS)
- CAREMARK INC THERAPEUTIC SERVICES
- CARLE RX EXPRESS PHARMACY
- CBC PROFESSIONAL PHARMACY, INC
- CHRONIMED HOLDING, INC dba STATSCRIPT PHCY
- CJM INCORPORATED
- COBORNS, INC
- COLUMBUS HEALTH SERVICES, INC
- COMMUNITY DIST, INC/DRUG FAIR
- COMMUNITY PHARMACIES, LP
- COSTCO PHARMACIES
- CURASCRIP PHARMACY, INC.
- CVS
- D & W FOOD CENTERS, INC.
- DAHL'S FOODS
- DARTMOUTH HITCHCOCK PHCY ADMINISTRATION
- DAVIDSON DRUGS, INC.
- DEPARTMENT OF VETERANS AFFAIRS
- DIERBERG FAMILY MARKETS, INC
- DISCOUNT DRUG MART, INC
- DOC'S DRUGS
- DRUG WORLD PHARMACIES
- DUANE READE
- DULUTH CLINIC
- EATON APOTHECARY
- ECKERD DRUG COMPANY
- EPIC PHARMACY NETWORK, INC.
- FAGEN PHARMACY
- FAIRVIEW PHARMACY SERVICES
- FAIRVIEW PHARMACY SERVICES, LLC
- FAMILYCARE
- FAMILYMEDS, INC (FORM:ARROW PRESC CTR)
- FARM FRESH PHARMACY
- FELPAUSCH PHARMACY
- FITZGERALD'S PHARMACY (F & F PHARMACIES)
- FRED'S, INC
- FRUTH PHARMACY
- GEMMEL PHARMACY GROUP, INC
- GERLAND'S PHARMACY
- GIANT EAGLE, INC
- GOLUB CORPORATION / PRICE CHOPPER
- GRECO ENTERPRISES, INC
- GRISTEDES PHARMACY
- GU MARKETS, LLC
- H.E.B GROCERY

- HAGGEN, INC
- HANNAFORD BROTHERS, INC (SHOP & SAVE)
- HAPPY HARRY'S INC
- HARMONS PHARMACY
- HARP'S FOOD STORES, INC
- HARRIS TEETER PHARMACY
- HARTIG DRUG
- HEALTHEAST PHARMACIES
- HENRY FORD HEALTH SYSTEM PHARMACIES
- HI-SCHOOL PHARMACY
- HLS PHARMACIES, INC
- HOMELAND STORES, INC
- HORTON & CONVERSE
- HY-VEE, INC
- INGLES MARKETS, INC
- INTEGRITY HEALTHCARE SERVICES, INC
- INTERMOUNTAIN HEALTH CARE
- J.H. HARVEY CO., LLC
- KELSEY-SEYBOLD PHARMACY
- KERR DRUG, INC
- KEYSTONE MED-CHEST
- KING KULLEN PHARMACIES CORP
- KINNEY DRUGS, INC.
- KLEINS PHARMACY
- KLINGENSMITH'S DRUG STORES, INC
- K-MART CORPORATION
- KNIGHT DRUGS, INC
- KOHLL'S PHARMACY & HOMECARE
- KOPP PHARMACY
- KROGER CO CORPORATE
- K-VA-T FOOD STORES, INC dba FOOD CITY PHCIES
- LEADER DRUG STORES
- LIFECHK DRUG
- LONGS DRUG STORES (Except CA, HI)
- LOUIS & CLARK DRUG
- M.K. STORES, INC
- MAJOR VALUE PHARMACY NETWORK
- MANAGED PHARMACY CARE
- MARC GLASSMAN, INC
- MARKET BASKET PHARMACIES
- MARSH DRUGS, LLC
- MARSHFIELD CLINIC PHARMACY
- MARTIN'S SUPER MARKETS, INC
- MAXOR NATIONAL PHARMACY
- MED-FAST PHARMACY
- MEDIC DRUG, INC
- MEDICINE CENTERS OF ATLANTA, INC dba TRACEYS MEDICINE CTR
- MEDICINE SHOPPE
- MEDISERV, INC
- MEIJER, INC
- MEMORIAL SLOAN KETTERING
- MERCY HEALTH SYSTEM RETAIL PHARMACIES
- MOORE & KING PHARMACY
- MORTON DRUG COMPANY, INC
- NASH FINCH COMPANY/EKICKSONS
- NAVARRO DISCOUNT PHARMACIES
- NCS HEALTHCARE
- NEIGHBORCARE
- NETWORK PHARMACEUTICALS dba NETWORK PHCY
- NORTHEAST PHARMACY SERVICES CORP
- NORTHWEST HEALTH VENTURES, INC / LEHMAN
- OAKWOOD PHARMACY, INC
- ONCOLOGY PHARMACY SERVICES, INC(FORM:TOPS PHCY)
- OWL DRUG STORES, INC
- P & C FOOD MARKET - PENN TRAFFIC CO
- PACIFIC MEDICAL CLINIC PHARMACIES
- PARK NICOLETT PHARMACIES
- PATHMARK STORES, INC
- PAVILION PLAZA PHARMACIES
- PAYLESS DRUGS
- PEDIATRIC SERVICES OF AMERICA, INC
- PEOPLES RX PHARMACY
- PHARMA-CARD MGMT SERVICES, INC
- PHARMACY EXPRESS SERVICES, INC
- PHARMACY PLUS
- PHARMACY PROVIDERS OF OKLAHOMA
- PHARMERICA, INC
- PIGGLY WIGGLY CAROLINA CO, INC / PRICE WISE
- PROFESSIONAL VILLAGE PHARMACY, INC
- PUBLIX SUPER MARKETS, INC
- QUICK CHEK FOOD STORES
- QVL PHARMACY HOLDINGS, INC
- RALEYS DRUG CENTER/BEL AIR
- RECEIPT PHARMACY, LP
- RIDLEY'S FOOD CORPORATION
- RINDERER'S DRUG STORES, INC
- RISCH DRUG STORES, INC
- RITE AID CORPORATION
- RITZMAN PHARMACIES, INC
- ROGERS PHARMACIES
- RPCS, INC
- RX PLUS
- RXD PHARMACY
- SAFEWAY, INC
- SAVE MART SUPERMARKETS
- SAV-MOR DRUG STORES
- SCHNUCKS PHARMACY
- SCOLARI'S FOOD & DRUG CO
- SEAWAY FOOD TOWN, INC
- SEDANO'S PHARMACIES
- SEDELL'S PHARMACY
- SHELLY'S PHARMACIES
- SHOPKO STORES, INC
- SHOPRITE PHARMACY (WAKEFERN)
- SNYDER'S DRUG STORES, INC
- SOUTHERN FAMILY MARKETS LLC
- ST JOHN HEALTH SYSTEM
- ST JOSEPH MERCY PHARMACY
- STEWART MEMORIAL COMMUNITY HOSPITAL
- SUNSCRIPT PHARMACY
- SUPER D DRUGS, INC
- SUPERMARKET INVESTORS, INC dba HARVEST FOODS
- SUPERVALU PHARMACIES
- TARGET STORES
- THE PAY-LESS PHARMACY GROUP
- THE PHARMACY COOPERATIVE
- THE STOP & SHOP SUPERMARKET CO, LLC
- THIRD PARTY STATION
- THRIFTY DRUG STORES, INC.
- TIDYMAN'S, LLC
- TRUCARE PHARMACY-NR
- TWIN KNOLLS PHARMACY, INC
- UKROP'S SUPERMARKETS INC
- UNITED DRUGS
- UNITED SUPERMARKETS, LTD
- UNITY RETAIL PHARMACIES
- UNIVERISTY HEALTH SYSTEM PHARMACIES
- UNIVERSITY OF UTAH HEALTH
- US BIOSERVICES
- U-SAVE PHARMACY
- UW HEALTH OUTPATIENT PHARMACY
- VADEN CORP dba MED-RX DRUG
- VALU MERCHANDISERS/A W G NETWORK
- WALGREENS DRUG STORES
- WAL-MART
- WAYNE DRUG CO.
- WAYNE-OAKLAND PHARMACY MANAGEMENT
- WEBER & JUDD KAHLER CO, INC
- WEGMANS FOOD MARKETS, INC
- WEIS MARKETS, INC
- WESTERN DRUG DISTRIB dba DRUG EMPORIUM NW
- WINN DIXIE STORES, INC
- YOKE'S WASHINGTON FOODS, INC

WHAT ABOUT GENERICS?

Are generic drugs as effective as brand name drugs? Almost always, the answer is “yes”. Not every medication is available as a generic alternative, but many of the most commonly prescribed medications are. You can help lower your cost, and the cost the ASPE health benefit plan pays each year for medications, by using generics whenever possible. When you need a new prescription, ask your doctor whether a generic can be substituted for a brand name. You can also ask your pharmacist. In many cases they can substitute a generic for the brand without further approval. In some cases your pharmacist may need your doctor’s permission.

MAIL SERVICE PHARMACY IN THE UNITED STATES

Mail Service pharmacy provides a convenient way for you to have your medication delivered right to your home or office. PharmaCare Direct should be the first choice for people using maintenance medications. These are medications taken on an ongoing basis such as asthma, heart and cardiovascular conditions, diabetes and even oral contraceptive medications. And with mail service you are authorized 90-day supplies of your medications at each fill.

To start using mail-service you’ll need a prescription from your doctor for each medication. Ask your doctor to authorize a 90-day supply and four refills. Be sure to also obtain a prescription for an initial fill at your local pharmacy if you need to use the medication right away or don’t have existing supplies of your medications.

To obtain a PharmaCare Direct enrollment kit, contact USDOS Customer Service (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or enroll directly on-line using the easy to complete on-line enrollment form found at www.pharmacare.com.

PHARMACY DRUG PROGRAM OUTSIDE THE UNITED STATES

Prescription drugs covered by the ASPE health benefit plan that are purchased outside of the United States may be submitted to Seven Corners for reimbursement. Complete the pharmacy claim form and send to Seven Corners along with a copy of the receipt.

The receipt must include:

1. the name and address of the pharmacy or hospital where the medication was purchased,
2. the physician’s name,
3. the date of service,
4. a description of the prescription drug and
5. the charge.

Maintenance prescription drugs may be ordered through mail service by sending a completed Information Sheet and a copy of your prescription to Seven Corners, P.O. Box 3724, Carmel, IN 46082-3724. A copy of the Information Sheet is available online at www.usdos.sevencorners.com. The minimum for ordering through mail service is a 90-day supply. Be sure to also obtain a prescription for an initial fill at your local pharmacy if you need to use the medication right away or do not have existing supplies of your medications.

You may fax the Information Sheet to (317) 575-6467; however, PLEASE NOTE, in order for Seven Corners to accept a faxed prescription, the prescription must be faxed with a cover sheet directly from the physician’s office. Prescriptions faxed by Exchange Participants are not valid and cannot be accepted. Be sure to include a complete mailing address for shipping your prescription drugs. Your prescription request will be processed and shipped to you.

Should you have questions, you may contact Customer Service by calling COLLECT at (317) 818-2867.

PRESCRIPTION DRUG PROGRAM EXCLUSIONS

- Any over-the-counter drug that can be bought without a prescription
- Any quantity of drugs dispensed which exceeds the supply and refill limits
- Any prescription or refill dispensed more than one year after the original prescription
- Prescriptions filled prior to the effective date or after the termination date of the Exchange Participant’s coverage
- AIDS related drugs
- Anorexiant, anti-obesity drugs
- Anti-fungals
- Anti-narcolepsy drugs
- Biological sera
- Nonprescription contraceptives and supplies related to birth control, injectable and implantable contraception, with the exception of birth control pills, diaphragms, patch and ring which are covered
- Unreceipted blood, blood plasma or blood expanders
- Any drug for cosmetic purposes, including, but not limited to, Rogaine
- All drugs related to Erectile Dysfunction (ED)
- Fertility drugs
- Fluoride preparations
- Human growth hormones
- Immunization agents
- Drugs labeled “Caution-Limited by Federal Law to Investigational Use,” drugs which are experimental or investigational in nature, or which are in connection with experimental or investigative services or supplies, including drugs requiring federal or other governmental agency approval not granted at the time they are prescribed

- Multiple Sclerosis agents such as Betaseron, Avonex, Copaxone, Tysabri
- Non-insulin syringes/needles
- Nutritional Supplements
- Drugs used to deter smoking
- Therapeutic devices or appliances or other non-medical substances, regardless of their intended use
- Related services or supplies including, but not limited to, administration of high dose chemotherapy, radiation therapy, or any other form of therapy, or immunosuppressive drugs are not covered when associated with any tissue or solid organ transplant procedure
- Vitamins, vitamin A derivatives

HOW TO SUBMIT YOUR CLAIMS

CLAIM PROVISIONS

Claim forms and itemized statements must be submitted to the Administrator within 90 days of the date of service to request reimbursement of medical expenses paid out-of-pocket by the Exchange Participant. Failure to furnish this information within the time required will not invalidate or reduce any claim if it is not reasonably possible to provide this information within 90 days, provided the information is furnished as soon thereafter as reasonably possible. However, except in the absence of legal capacity of the claimant, the claim forms and itemized statements may not be furnished later than one year from the date of service.

Claims are automatically submitted for you when you use a PPO network provider. You are responsible for paying your deductible at the time of service; however, when you use a PPO network provider you will not be responsible for charges over the usual, customary and reasonable charges. All covered services are paid according to the negotiated fee schedule. Payment for services, other than the deductible, will not be expected in advance.

If you have a claim from a non-PPO network provider, complete the ASPE health benefit claim form and attach all of the itemized original bills needed to support your claim. If you need additional claim forms, call customer service TOLL FREE at (800) 461-0430 OR COLLECT FOR EXCHANGE PARTICIPANTS OUTSIDE OF THE US at (317) 818-2867 or go online to download forms at www.us-dos.sevencorners.com.

Itemized original bills must be submitted to verify the information we need to process your claim. Cancelled checks are not acceptable proof of a claim. Bills do not need to be marked paid before you can claim your benefits.

Original bills will not be returned. Keep a photocopy of all bills and receipts for your personal records. Claims must be filed for reimbursement no later than one year from the date the services were provided. The bills you submit must include the following information:

1. Name, address and professional status of the person or organization providing the service
2. Provider Tax ID number (for providers in the US)
3. Name of patient receiving service
4. Date of service
5. Description of each service
6. Diagnosis
7. Charge for each service
8. For eligible psychotherapy expenses, include the length of each session and session type (ex. group or individual)

Sign the completed claim form and mail it to the address on the back of your identification card.

Note: Claims for emergency dental services should be sent directly to the address on the back of your identification card.

DEDUCTIBLE

Your deductible is the amount of money you are expected to contribute for your medical treatment. You will not be reimbursed for the deductible. The ASPE health benefit plan requires that you pay the **first \$25 for medical services associated with each accident or sickness**. If your bills are greater than \$25, the ASPE health benefit plan will pay the excess cost for **covered** treatment that is not pre-existing.

APPEALING A CLAIMS DECISION

Decisions regarding benefit eligibility are generally made within two weeks after receiving a claim. In special situations, additional time may be needed to make benefit determinations regarding your claim. If a benefit determination decision is delayed, a notice will be sent to you explaining the reason for delay.

If any claim or portion of a claim is denied, you will receive an explanation of the denial. You may request further explanation or provide additional information to be considered regarding your claim.

How to appeal your claim – You or your authorized representative may appeal a denial of benefits for any claim or portion of a claim by sending your appeal, any additional information related to the claim and comments in writing to:

ASPE Health Benefits
Attn: Appeals
P.O. Box 3724
Carmel, IN 46082-3724

ASSIGNMENT

The payment of medical benefits is subject to the availability of appropriated funds at the time the claim is filed. An assignment of benefits will be binding on the USDOS only after a copy of the assignment has been received by Seven Corners. The USDOS will not be liable for an unauthorized assignment of benefits. An Exchange Participant may request advance review of payments on an anticipated claim or an assignment of benefits. Any payment of claims of eligible benefits made in good faith will relieve the USDOS of liability under the ASPE.

LEVEL ACTIONS

No action at law or in equity may be brought to recover on the ASPE prior to the expiration of one hundred twenty days after written claim form and other proof of loss (proof of payment for medical expenses paid out-of-pocket by the Exchange Participant) as required have been furnished. No such action may be brought after the expiration of three years after the time written claim form and required proof of loss were to have been furnished.

CLERICAL ERROR

A clerical error in record keeping will not void coverage otherwise validly in force. Nor will it continue coverage otherwise validly terminated.

GLOSSARY OF TERMS

Administrator – A private company contracted by the US Department of State to administer the ASPE health benefit plan. The current administrator is Seven Corners.

Ambulatory Surgical Facility - Means an establishment which may or may not be part of a Hospital and which meets the following requirements:

1. is in compliance with the license or other legal requirements in the jurisdiction where it is located;
2. is primarily engaged in performing surgery on its premises;
3. has a licensed medical staff, including Physicians and Registered Nurses;
4. has permanent operating room(s), recovery room(s) and equipment for emergency care, and
5. has an agreement with a Hospital for immediate acceptance of patients who require Hospital care following treatment in the ambulatory surgical facility.

Appeal – When a claim has been denied, an Exchange Participant has the right to appeal the decision. The Exchange Participant must submit detailed justification, supported by pertinent documentation to the Administrator for review.

ASPE – Accident and Sickness Program for Exchanges, the self-funded health benefit plan offered to US Department of State exchange program Exchange Participants administered by Seven Corners, Inc.

Assignment of Benefits – A section on the ASPE claim form that, when signed and dated by the Exchange Participant, authorizes the Administrator to make payment directly to the health care provider.

Benefit Year - The one-year period that begins on your start date in the ASPE program.

Certificate of Coverage – “Proof of Coverage” – A letter providing evidence of your prior health coverage. Upon request this document is provided by Seven Corners.

Claim / Claim Form – A written request for payment for medical services. Claims are submitted along with receipts and any other relevant documentation to Seven Corners after treatment has been received. Claim forms are available at the Seven Corners' web site at www.usdos.sevencorners.com.

Complications - A secondary condition, either Injury or Sickness, which develops or is in conjunction with an already existing Injury or Sickness.

Complications of Pregnancy - Any medical condition that is distinct complication from a normal pregnancy, but is adversely affected by or caused by pregnancy. Complications of pregnancy includes: acute nephritis, nephrosis, cardiac decompensation, missed abortion, a medically necessary caesarean section, ectopic pregnancy which is terminated, a spontaneous termination of pregnancy occurring when a viable birth is not possible, and similar serious adverse medical conditions caused by or affected by pregnancy. Not included in Complications of pregnancy: false labor and/or occasional spotting. In addition, Physician prescribed rest during pregnancy, morning sickness, preeclampsia, and conditions involved in a difficult pregnancy not medically classified as a distinct complication of pregnancy.

Covered Charges - Charges for medical services or supplies that are:

1. allowable by the ASPE health benefit plan;
2. administered or ordered by a Physician;
3. medically necessary to the diagnosis and treatment of an Injury or Sickness;
4. related to medical conditions that are not pre-existing per the ASPE health benefit plan definition, and
5. not in excess of the negotiated rate based on services provided or the usual, customary and reasonable fee schedule.

Covered Services - Medical services or supplies that are allowable by the ASPE health benefit plan, related to medical conditions that are not pre-existing per the ASPE health benefit plan definition and when provided by a provider acting within the scope of their license. In order to be considered a covered service, charges must be incurred while your coverage is in force.

Covered Expense - expenses for medical services or supplies that are:

1. allowable by the ASPE health benefit plan,
2. administered or ordered by a Physician,
3. medically necessary to the diagnosis and treatment of an Injury or Sickness,
4. related to medical conditions that are not pre-existing per the ASPE health benefit plan definition, and
5. not in excess of the negotiated rate based on services provided or the usual, customary and reasonable fee schedule.

Covered Person - an Exchange Participant in an eligible USDOS sponsored exchange program who is enrolled in the ASPE health benefit plan. "Eligible Program" does not include those for which USDOS support is primarily for administrative or facilitative support rather than direct Participant costs. "Participants" does not include escorts, escort / interpreters, staff of organizations receiving grant support directly or indirectly from the USDOS, independent consultants associated with these organizations, or dependents of program participants.

Deductible - the amount of money you are expected to contribute for your medical treatment. You will not be reimbursed for the deductible.

Durable Medical Equipment (DME) - Durable Medical Equipment means medical equipment which:

1. is prescribed by the Physician who documents the necessity for the item, including the expected duration of its use;
 2. can withstand long term repeated use without replacement;
 3. is not useful in the absence of Injury or Sickness; and
 4. can be used in the home without medical supervision.
- (See page 7 for ordering information)

Eligible Exchange Participant - See Covered Person definition above.

Emergency - a sudden, unexpected onset of a medical condition that, in the reasonable opinion of the Exchange Participant, is of such a nature that failure to render immediate care by a licensed medical provider would place the Exchange Participant's life in danger, resulting in the loss of life or limb, or cause serious impairment to the Exchange Participant's health.

Enrollment - Exchange Participants are eligible to participate in ASPE when they are registered or enrolled in the program by their commission or cooperating agency. The commission or cooperating agency issues each Exchange Participant and ASPE identification card.

Exclusions - Any service or supply related to pre-existing conditions or other non-covered plan benefits.

Experimental - Any treatment, procedure, facility, equipment, drug, device or supply which:

1. is not accepted as standard medical treatment for the condition being treated; or
2. requires but has not received federal or other governmental agency approval at the time of service.

Health Care Provider - A licensed physician, hospital or clinic that provides medical services.

Hospital - an institution which:

1. operates as a Hospital pursuant to law for the care and treatment of sick or injured persons as inpatients;
2. provides 24-hour nursing service by registered nurses on duty or on call;
3. has a staff of one or more Physicians available at all times;
4. provides organized facilities for diagnosis, treatment and surgery either on its premises, or in facilities available to it on a pre-arranged basis, and
5. is not primarily a nursing, rest, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such.

Identification Card - A card issued by the ASPE health benefit plan that bears the member's name, identifies the membership by number and may contain information about his or her coverage.

Injury - an accidental bodily injury sustained by an Exchange Participant while covered under the ASPE health benefit plan and which occurs independent of all other causes.

Inpatient - a person who is a resident patient, using and paying for the room and board facilities of a Hospital.

Intensive Care Facility - an intensive care unit, cardiac care unit, or other unit or area of a Hospital:

1. reserved for the critically ill requiring close observation; and
2. equipped to provide specialized care by trained and qualified personnel and special equipment and supplies on a standby basis.

Loss - the financial loss associated with an accident or illness for a claim submitted to the Administrator.

Medicare - The program of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Mental Health Care Provider - a licensed physician, licensed clinical psychologist, licensed clinical social worker or a master of social work (MSW), acting within the scope of his or her license who is not the Exchange Participant or a member of the Exchange Participant's immediate family, who may provide services that are medically necessary for mental and nervous disorders only.

Mental or Nervous Disorder - neurosis, psychoneurosis, psychosis, or mental or nervous disease or disorder of any kind.

Outpatient - a person who receives medical services and treatment on an Outpatient basis in a Hospital, Physician's office, Ambulatory Surgical Center, or similar centers, and who is not charged room and board for such services.

PharmaCare – The retail and mail service pharmacy network.

Perilous Activity -

1. Flying, except:
 - a. as a passenger on a regularly scheduled airline;
 - b. as a passenger on a chartered carrier for purposes of an approved grant program activity;
 - c. as a passenger in the Military Airlift Command of the US or similar air transport services of other countries.
2. Playing, practicing, or participating in intercollegiate, club (professionally organized) or professional sports, or during travel for such purposes, e.g. skateboarding, snowboarding, BMX racing, X-games (extreme sports)
3. Operation of a vehicle while not properly licensed to do so or riding in a noncommercial vehicle operated by a person not licensed to do so in the jurisdiction in which the accident takes place:
 - a. Operation of a vehicle while under the influence of drugs or alcohol;
4. Dangerous activity not directly related to the fulfillment of grant objectives, e.g. bungee jumping, scuba diving, skydiving, rock climbing (indoor/outdoor), hang gliding, operation of an all terrain vehicle (ATV) or motocross bike.

Physician – A qualified, licensed health care practitioner, acting pursuant to a license, who is not the Exchange Participant or a member of the Exchange Participant's immediate family.

Physiotherapy – A physical or mechanical therapy, diathermy, ultrasonic, heat treatment in any form, manipulation or massage.

Pre-Existing Condition – any condition which:

1. had its origins prior to the Exchange Participant's effective date of coverage;
2. a Physician was consulted prior to the Exchange Participant's effective date of coverage;
3. treatment or medication was received prior to the Exchange Participant's effective date of coverage, or
4. would have caused any prudent person to seek medical advice or treatment, prior to the Exchange Participant's effective date of coverage.

Note: For purposes of the ASPE, pregnancy is not defined as a pre-existing condition.

Preferred Provider - Providers of service who have been selected or have decided to become part of a preferred network to work with an insurer to help control costs to patients.

Pre-Notification - Seven Corners must be contacted:

1. To confirm coverage and benefits;
2. As soon as non-emergency hospitalization is recommended;
3. Within 48 hours of the first working day following an emergency admission;
4. When your physician recommends any surgery including outpatient;
5. For emergency evacuation, repatriation and assistance services.

Approved Providers of Service - When you are ill or injured, your coverage helps pay the hospital and your physician as well as appropriate charges for other approved health care professionals. These providers include but are not limited to:

Hospital – any hospital accredited by the Joint Commission on the Accreditation for Health Organizations, including Veterans Administration Hospitals and Department of Defense Hospitals.

Physicians – any provider licensed in the state or country where the services were provided. These include: Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgeries (DDS or DMD), Podiatrist (POD) and Psychologist (Ph.D.).

Certified Nurse Midwife – Must be a licensed registered nurse and certified as a nurse midwife by the American College of Nurse Midwives.

Approved Providers of Service (cont.)-

Other Providers – Nurse anesthetist, nurse practitioner, psychiatric social worker, respiratory therapist, speech therapist, occupational therapist, optician, optometrist, physicians' assistant, private duty nurse, technical surgical assistant, registered physical therapist or physiotherapist. All of the above mentioned providers must be licensed or certified in the jurisdiction where the services were provided.

Registered Nurse - a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters RN after his or her name.

Right of Recovery – When payments for a given medical treatment have been made in excess of the amount necessary, the USDOS has the right to recover such overpayments. The USDOS will notify the Exchange Participant of the overpayment and request reimbursement from the health care provider / Exchange Participant. If the health care provider does not reimburse USDOS for the overpayment, USDOS reserves the right to offset the overpayment against any other benefits payable to the Exchange Participant.

Sickness - an illness, disease, or physical condition of an Exchange Participant commencing while coverage is in force.

Usual, Customary and Reasonable (UCR) - the payment amount as determined by a nationally recognized MDR fee schedule based upon geographic location. The Administrator purchases the MDR fee schedule from Ingenix, and the Administrator reserves the right of final determination of the amount payable for any service or supply.

The following is the basis for determination of UCR:

1. Usual - an amount a professional provider routinely charges for a given service.
2. Customary - an amount which falls within the range of charges for a given service billed by most professional providers in the same locality who have similar training and experience.
3. Reasonable - an amount that is Usual and Customary or an amount not considered excessive in a particular case because of unusual circumstances.
4. If the charge is in excess of the UCR, no payment with respect to the excess is made, and the excess will not qualify as a Covered Expense under the ASPE health benefit plan.

Valid Identification Card (ID) - the identification card filled out by the program organization in accordance with the rules outlined below.

1. An Identification Card is valid, when filled out in its entirety, including the full and complete name of the Exchange Participant, program organization name and telephone number, and the exact dates of coverage.
2. The program organization shall not enroll anyone in the ASPE health benefit plan who is not an "Eligible Exchange Participant" as defined in this statement. Enrollment of a person who does not meet Individual Eligibility Requirements will nullify the coverage and release the program organization from any liability associated with loss or claim.
3. The program organization shall not enroll an Eligible Person in the ASPE health benefit plan for a period outside the Enrollment Period. Enrollment of an Eligible Exchange Participant for a period outside the Enrollment Period as defined will nullify the coverage and release the program organization from liability associated with losses and claims occurring outside the enrollment period.
4. An identification card is not valid if the program organization has not submitted an enrollment form to the program organization as required.

The image shows a screenshot of the PharmaCare website. At the top, there is a navigation bar with links for "Members", "Prescribers", "Plan Sponsors", "Pharmacies", and "Home". Below this, there is a section for "Order Your Prescriptions Online" with the text "PharmaCare Direct: Mail Services Pharmacy (Login not required)". There is also a "Find a Pharmacy Near You" section with a "Pharmacy Locator" link. The main content area features a form titled "Mail-Service Prescriptions" with two radio button options: "Order a Prescription Refill" and "Check Status of an Order". The "Order a Prescription Refill" option is selected. Below this, there are input fields for "Rx #", "Zip Code", "Member ID", and "Date of Birth" (with a placeholder "(yyyymmdd)"). A "GO" button is located at the bottom right of the form. At the bottom of the page, there is a footer with links for "glossary", "site contents", "legal", "privacy", and "security", and a copyright notice: "© Copyright PharmaCare Management Services, Inc. 2003".



ACCIDENT/ ILLNESS MEDICAL CLAIM FORM

**Instructions:**

1. This form is to be used when filing a claim for reimbursement of Medical Expenses and must be completed by the Exchange Participant in full.
2. Fully itemized, original bills including Patient's Name, Nature of Illness / Injury, must be included with this claim form.
3. Description and Charge for each service provided must be included with this completed claim form.
4. This form must be signed and dated in all applicable sections.
5. This form and all attached bills must be submitted to the address indicated above.
6. For International claims, please complete and attach the Correspondence/Payment instruction form.

The furnishing of this form, must not be construed as an admission of any liability on Seven Corners, nor a waiver of any of the conditions of the ASPE health benefit plan.

1.) Current Effective Date ___/___/___ Current Termination Date ___/___/___ Original Effective Date ASPE ___/___/___

2.) ID Number: _____ 3.) E-Mail Address: _____
(Required for claims processing)

4.) Name of Exchange Participant: _____ Date of Birth ___/___/___ Sex: Male Female

5.) Name of Patient _____ Date of Birth ___/___/___ Sex: Male Female

6.) Current Residence Address: _____

7.) Date of Arrival in Host Country: ___/___/___ Daytime Phone Number: (____) _____

8.) Permanent Address (In Home Country): _____

Where do you want your payments\correspondence to go: US Outside of US Please complete Payment instruction form.

9.) Date scheduled to return to Home Country: ___/___/___ Check here if return date is not yet determined.

10.) If Accident, provide details, i.e., how when and where accident occurred: _____

11.) If Illness, advise when and where symptoms first occurred and nature of Illness: _____

12.) Name and address of Consulting Physicians: _____

13.) Have you ever been treated for this Illness before? Yes No If Yes, when? _____

14.) Provide Name and Address of your Regular Physician in your Home Country: _____

15.) Please advise names of any prescription medications you are presently taking: _____

16.) Indicate other Health Insurance coverage, include name, address, policy number and certificate number of Insurer: _____

17.) If submitting bills for settlement please indicate: Total amount claimed, Including Currency of Claim: _____

Note: You will not be reimbursed for the \$25 deductible as defined in the ASPE Health Benefit Guide.

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator to furnish to the Claims Administrator named above or its representatives, any and all information with respect to any injury or illness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, illness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the ID Number identified above. I authorize the employer or benefit plan administrators to provide the Claims Administrator named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the ID Number identified above and that a copy of this authorization shall be considered as valid as the original. I understand that I, or my authorized representative, may request a copy of this authorization. In addition, I hereby certify that the above information is true and correct to the best of my knowledge and belief.

X _____
Signature of Patient or Parent, If Patient is a Minor

Date

Fraud Warning

In many jurisdictions of the United States, any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.



Physician or Supplier Information

PATIENT'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	PATIENT'S DATE OF BIRTH	PATIENT'S SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IS CONDITION DUE TO SICKNESS OR INJURY ARISING OUT OF PATIENT'S GRANT ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED	DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION	TO YOUR KNOWLEDGE, DOES THE PATIENT HAVE OTHER HEALTH INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS PATIENT EVER HAD THE SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN DID THE CONDITION FIRST OCCUR _____ DESCRIBE CIRCUMSTANCES _____		IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE PROGNOSIS _____	

LIST MEDICATIONS PATIENT IS CURRENTLY USING:

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY.
RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE TO NUMBERS 1,2,3,ETC. OR DIAGNOSIS CODE.

1.
2.
3.
4.

A DATE OF SERVICE	B PLACE OF SERVICE	C FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN		D DIGNOSIS CODE	E CHARGES		F DAYS OR UNITS	G TYPE OF SERVICE
		PROCEDURE CODE CPT OR BSA (US PROVIDERS)	(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)					

I CERTIFY THAT THESE SERVICES WERE PERFORMED BY ME OR IN MY PRESENCE AND UNDER MY SUPERVISION	TOTAL CHARGES			
	AMOUNT PAID			
	BALANCE DUE			

PROVIDER NAME					
ADDRESS					
CITY	STATE	ZIP			
PROVIDER SIGNATURE		DATE	TAX IDENTIFICATION NUMBER		

PLACE OF SERVICE CODES

1. – INPATIENT HOSPITAL	20. – PHARMACY	23. – PHYSICIAN OFFICE HOSPICE	99. – OTHER LOCATIONS
2. – OUTPATIENT HOSPITAL	21. – INPATIENT HOSPICE	24. – HOME HOSPICE	
3. – PHYSICIAN OFFICE	22. – OUTPATIENT HOSPICE	40. – PATIENT HOME	



Prescription Drug Program Direct Member Reimbursement Form

Member Information

Employer Name	Group Name	Group Number		
Member Name (Last Name, First Name)	Member I.D. Number	Daytime Phone Number		
Patient's Name (Last Name, First Name)	Patient's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship of Patient to Member <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Date of Birth	
Mailing Address of Member	Number and Street	City	State	Zip Code

I CERTIFY THAT THE PATIENT FOR WHOM THIS CLAIM IS MADE IS A COVERED PERSON IN THIS PRESCRIPTION DRUG PROGRAM AND THAT THE PRESCRIPTION IS FOR THE SOLE USE OF THE NAMED PATIENT. I ALSO CERTIFY THAT THE CLAIM(S) BEING SUBMITTED FOR PAYMENT ARE NOT ELIGIBLE FOR PAYMENT UNDER A NO-FAULT AUTOMOBILE OR WORKERS' COMPENSATION INSURANCE PROGRAM.

(Member/Authorized Representative) _____

PLEASE READ ALL INSTRUCTIONS

We will only accept a FULL PRINTOUT (a full printout with name of medication(s), quantity, days supply, strength, NDC number, date and pharmacy information) from the pharmacist, or the ORIGINAL ATTACHED RECEIPT that was on your medication bag at time of purchase. The cash register receipt is **NOT** satisfactory evidence of purchase.

**This form and FULL PHARMACY PRINTOUT or this form and the ORIGINAL ATTACHED RECEIPT(S) must be mailed to:
PharmaCare P.O. Box 2860 Pittsburgh, PA 15230-2860**

IMPORTANT INFORMATION ABOUT YOUR SUBMITTED CLAIM

- * Will only reimburse at the retail day supply allowance.
- * Will only be reimbursed for medications covered under the plan or medications that already have been authorized.
- * Submit this form for reimbursement because it was necessary to purchase a prescription when you did not have your identification card or because the pharmacy where your prescription was filled is a non-participating pharmacy. (Plan specific, please check individual plans).
- * Submit a separate claim form for each patient.
- * Submit this form as soon as you have your prescription(s) filled. Claims may not be reimbursed after one year.
- * Claim forms submitted without the required information will cause payment delays or may be returned to you.
- * If you have any questions or concerns regarding your claim, please call the toll-free telephone number on your prescription identification card.

FOR COMPOUND PRESCRIPTIONS ONLY

If your pharmacist tells you this is a compounded prescription, have your pharmacist complete the area below. Should you have more than two compounded prescriptions, please use additional forms.

Claim #	NDC #	Compound Ingredients		
		Drug Names	Qty	Cost

PRIVACY NOTICE: We will use the address provided above to send your reimbursement, even if contrary to any confidential communications instructions you may have on file with PharmaCare. If you desire this reimbursement to be sent to a confidential address that has previously been communicated to PharmaCare, please indicate that address on this form. In any case, the address that you provide here will be used only for mailings related to this Direct Member Reimbursement.



Prescription Drug Program Direct Member Reimbursement Form

Member Information

Employer Name		Group Name		Group Number	
Member Name (Last Name, First Name)			Member I.D. Number		Daytime Phone Number
Patient's Name (Last Name, First Name)		Patient's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship of Patient to Member <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Date of Birth
Mailing Address of Member		Number and Street	City	State	Zip Code

I CERTIFY THAT THE PATIENT FOR WHOM THIS CLAIM IS MADE IS A COVERED PERSON IN THIS PRESCRIPTION DRUG PROGRAM AND THAT THE PRESCRIPTION IS FOR THE SOLE USE OF THE NAMED PATIENT. I ALSO CERTIFY THAT THE CLAIM(S) BEING SUBMITTED FOR PAYMENT ARE NOT ELIGIBLE FOR PAYMENT UNDER A NO-FAULT AUTOMOBILE OR WORKERS' COMPENSATION INSURANCE PROGRAM.

(Member/Authorized Representative) _____

PLEASE READ ALL INSTRUCTIONS

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