

QUESTIONS & ANSWERS FROM WPS

Regarding Health Coverage Under the Medical College of Wisconsin Affiliated Hospitals' (MCWAH) Health Plan When Traveling Outside of the United States

This information may be useful to your Health Plan members who need to obtain medical services when they are traveling abroad.

1. Under the MCWAH Health Plan, what health coverage do I have when I receive medical services in a foreign country?

When you receive medical services in a foreign country, you are covered under the MCWAH Health Plan. You will have the same coverage as you do in the United States under the MCWAH Health Plan, but please remember that your Plan is a Preferred Provider Plan so it is unlikely that there will be preferred providers outside of the United States. This means services not provided by a preferred provider, unless specifically stated otherwise in the Plan, will result in a reduced benefit level. You may also be responsible for those charges exceeding what is considered reasonable, as determined by the Plan's health insurer.

2. How is a health claim filed with my Plan's health insurer?

You will need to follow the Proof of Claim language and file your claim with WPS Health Insurance, P.O. Box 8190, Madison, WI 53708 for processing. Contact WPS at 1-800-221-5632.

- Most medical providers outside of the U.S. will require payment when services are provided.
- Please be aware you will need to provide the U.S. currency conversion rate for the date of service.

3. In case of emergency/non-emergency, how is air transport back to the United States handled?

Licensed professional ambulance services for emergency medical care and transportation to the nearest hospital where appropriate medical care is available is payable at 100% of the charges up to a maximum of \$2,000. This maximum benefit limit applies to each trip. Transportation undertaken to secure treatment by a personal physician or by a physician or institution of greater renown or greater specialization is not covered by your Health Insurance Plan.

NOTE: If you are doing an approved rotation outside of the United States, there is Accident Insurance for Rotations Outside the United States that may cover air transport. Additional information is available on the MCWAH Web Site at www.mcw.edu\gme under benefits.

4. Of particular concern are third world countries such as India, Philippines, Malaysia, etc - What exclusions are there if I am caught up in a bombing, etc; am I still covered?

The Plan provides no benefits for health care services for any injury or illness caused by: (1) atomic or thermonuclear explosion or resulting radiation; or (2) any type of military action, friendly or hostile.

5. How do I receive reimbursement for my prescription drugs?

See the attached Medco Reimbursement Claim Form. This form will need to be completed and submitted by the insured, as instructed on the form, in order to receive reimbursement for prescription drugs.

Please note that this summary does not guarantee that any benefits will be payable under the Health Plan.

Refer to your Health Plan certificate to determine actual benefits payable.

Claim Receipts

If you have more than two claim receipts or itemized bills to file with this request for reimbursement, tape the additional receipts anywhere on this page. **Do not staple!**

Tape receipt for Rx 1 here

Tape receipt for Rx 2 here

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (Drug number)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

When To Use This Form

- Use this form to submit claims under Coordination of Benefit Rules.
- You must complete a **separate** claim form for **each pharmacy** used and for **each patient**.
- You must submit claims within one year of date of purchase or as required by your Plan.

If you are coordinating benefits

Major Medical Plans

You must first submit the claim to the primary insurance carrier. Once the Explanation of Benefits (EOB) is received from the primary carrier, complete this form, tape the original prescription receipts in the spaces provided above, and attach the Explanation of Benefits from the primary insurance carrier.

Prescription Drug Programs or HMO Plans

Walk-in Pharmacies: If the primary plan is one in which a copayment or coinsurance is paid at the pharmacy, then no Explanation of Benefits is needed.

Just complete this form, and attach the prescription receipt(s) which show the copayment or coinsurance amount paid at the pharmacy. The receipt(s) will serve as the Explanation of Benefits.

Mail Service: If the primary plan is mail service, complete this form, and attach either the prescription receipts which show the copayment or coinsurance paid to the mail service pharmacy, or the statement of benefits you receive from the mail service pharmacy.

Visit us on the web at www.merckmedco.com

Instructions

Read carefully before completing this form

1. **Be sure your receipts are complete.**
In order for your request to be processed, all receipts must contain the information listed above. Your pharmacist can provide the necessary information if it is not itemized on your claim or bill.
2. The Plan Member should read the Acknowledgement carefully, then sign and date this form.
3. Return the completed form and receipts to:

PAID Prescriptions, L.L.C.

P.O. Box 69

Lee's Summit, MO 64063-0069