

ABX AIR, INC. EMPLOYEES

**Re: ABX Air, Inc. Qualified Health Plan
Workers' Compensation Managed Care Program**

Please be advised that the Ohio Bureau of Workers' Compensation has certified ABX Air, Inc. to participate in the **Qualified Health Plan System (QHP)** as part of its self-insured workers' compensation program. ABX Air, Inc. is permitted to develop a QHP based on legislation that became effective October 20, 1993 which created a comprehensive managed care program tailored specifically for Ohio's system of workers' compensation.

In the event of a work-related injury, please follow ABX Air, Inc. company policy for reporting injuries (refer to employee handbook). You should receive a **Qualified Health Plan Identification Card** from your supervisor when you are injured. This card is to be shown to the healthcare provider or facility each time you receive treatment related to your injury. This card also allows you to receive prescription medication related to your injury. You are to show this card to your pharmacist when filling a prescription.

You must first seek medical treatment from a provider (doctor, therapist or other health care professional) that is on the panel of ABX Air, Inc. QHP. These providers will expedite the best treatment possible. A list of providers is available on the internet at www.myabx.com/workers%5Fcompensation/, if you do not have access to the internet, hard copies may be requested by filling out the attached form and returning it to the Workers' Compensation Department. Please keep this information for future reference in the event of injury. If you are dissatisfied with the health care services of a provider in the QHP, you must notify the QHP in writing of your selections of another provider within the QHP and the reasons for the change. If you choose a Bureau-certified provider outside the QHP, you must also notify the QHP in writing with the reasons for the change and the QHP will provide notice to the Bureau of Workers' compensation as required. **If a provider is chosen for medical care that is not BWC certified, you may be required to pay this provider out of pocket rather than the company as part of the workers' compensation claim. Medical management of all injured workers; claims covered under the QHP will be provided by the QHP, whether medical services are provided within or out of the QHP network of providers.**

Please contact the Workers' Compensation Department for any questions.

DETACH ON DOTTED LINE AND FORWARD TO THE WORKERS' COMPENSATION DEPARTMENT

ATTN: WORKERS' COMPENSATION 2061-0

EMPLOYEE NAME _____

ADDRESS _____

ID # _____

YOUR REQUEST FOR A HARD COPY OF THE QHP PROVIDER LISTING WILL BE FORWARDED TO THE ABOVE ADDRESS.