Welcome to Coventry Health Care (“Coventry”).

Our goal is building healthy communities with people like you at the center. We want you to make the most of your health benefits. We know the true value of any health plan is how it works for you and your family. This guide covers important information you need as a Coventry member.

First things first –

Use this checklist to make the most of your benefits

1. Review your benefit information and make sure you understand your benefits and services.
2. Look for your member ID card in the mail.
3. Register for My Online Services℠, your secure member website. Visit www.coventryhealthcare.com and select your state. Select “My Online Services” at the top of the page. Follow the instructions to log in or register.
4. Use the online provider search tool to find a doctor, specialist or hospital in your network. Visit the website and select the network listed on your member ID card.
5. Contact Customer Service at the number on your member ID card for transition-of-care or benefit questions.

We’re here for you

• For questions about your health benefits, call Customer Service at the number on your member ID card, Monday to Friday, 8 a.m. to 6 p.m. (TTY/TTD 711).

• You can also call us if you need approvals for future medical services or treatment for an ongoing condition. After normal business hours, you may leave a recorded message and we will call you back on the next business day. Call the number on your member ID card for prior authorizations.

• For questions on behavioral health and drug or alcohol abuse benefits, call the behavioral health line listed on your member ID card. For non-emergencies, call Monday to Friday, 8 a.m. to 5 p.m.; for emergencies, call 24 hours a day, seven days a week.

• If you are hearing or speech impaired, use your TTY, or dial 711 on your telephone. You will be connected to a Telecommunication Relay Service operator. Call Customer Service at the number on your member ID card.

• For language translation services, call the Customer Service number on your member ID card.
Make the Most of Your Benefits

You're covered for major medical, preventive services and more

We provide coverage for major medical services such as hospitalization, outpatient services, preventive care, surgeries, office visits and other coverage.

Benefit and services covered

Each benefit plan has certain limitations and/or exclusions. For complete benefit information for covered services and the limitations and exclusions, please refer to your:

- Evidence of Coverage /Certificate of Coverage (EOC/COC) – describes benefits and services included in and excluded from coverage under your plan.
- Schedule of Benefits (SOB) – outlines the benefits that your employer has selected. It will tell you what type of benefits are covered and how much you can expect to pay for services.

Copies of your EOC/COC and SOB may be available online through My Online Services℠ or by calling Customer Service at the number on your member ID card.

Getting the care you need

In-network care

A provider network is a list of doctors, hospitals and other facilities that work with us to give you care. These providers are “participating” or “in network.” You will always receive the highest level of benefits when seeing an in-network provider.

How to locate an in-network provider

To locate an in-network provider, visit the website on your member ID card and choose “Find a Doctor.” The online provider listing is updated weekly. Please be sure to select the correct network when beginning the provider search. You can find this on your member ID card. You may request a provider directory and information about providers, such as professional qualifications, by calling Customer Service at the number on your member ID card.

Out-of-network care

If you choose to use an out-of-network provider you may pay more. This is because:

- An out-of-network provider sets his or her own rates. These rates are usually higher than the amount your plan allows.
- An out-of-network provider can bill you for anything over the amount that Coventry allows. This is called balance billing. A network provider has agreed not to do that.
- We do not base our payments on what the out-of-network doctor bills you. We do not know in advance what the doctor will charge.

High-performance network

High-performance network (HPN) plans feature an exclusive network made up of local hospitals and doctors that are part of a health system. These plans offer coordinated care, an improved patient experience, and lower monthly cost. For HMO plans, only hospital emergency care may be covered when using a facility out of network. For PPO or POS plans, while you can visit hospitals and doctors not in the HPN network, they’ll be out-of-network unless its an emergency. Check your plan documents to understand your costs if you use out-of-network providers. You can also call Customer Service at the number on your member ID card with network and provider questions.
The value of a primary care physician

A primary care physician (PCP) can help improve your family’s health. They’ll coordinate your care and help you get the most from your health benefits. Your PCP handles preventive care, as well as common medical conditions. Your PCP will also suggest participating specialists to manage more intensive health care needs. To find a PCP in your network, visit the website on your member ID card and choose “Find a Doctor.” Select the network listed on your member ID card.

Getting the right care at the right place

Knowing where to go for specific medical needs can save on health care costs. Use the chart below to help determine the optimal place for you to seek care. Remember to go to the emergency room only for true emergencies. Be sure to know the difference between a true medical emergency and a situation best suited for urgent or convenience care.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>PCP ($)</th>
<th>Convenience Care Clinic ($$)</th>
<th>Urgent Care Clinic ($$$)</th>
<th>Emergency Room ($$$)</th>
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<tbody>
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<td>Sore throat</td>
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<td>Sinus congestion</td>
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<td>Rash</td>
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<td>Cough</td>
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<td>Earache</td>
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<td>Cuts</td>
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<td>Chest pain</td>
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<td>Poisoning</td>
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<td>Severe pain/bleeding</td>
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<td>Suspected fracture</td>
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Out-of-area-coverage

If you have a medical emergency, get the treatment you need right away. Emergency services outside the service area will be covered at the in-network level of benefits. If you are away from home and need urgent care, we suggest you call your PCP. Your PCP will tell you if you should seek treatment right away or if you can wait to get care when you return home.

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Make the Most of Your Health

**Coventry Complete Care health management programs**

Coventry Complete Care includes four programs: Utilization Management (UM), complex case management, disease management and Coventry WellBeingSM.

**Utilization Management (UM)**

UM is a system for reviewing eligibility of benefits for the care that has been or will be given to you. The goal of UM is to make sure the most effective and efficient utilization of our provider resources including hospitals, ancillary care and provider services. Coventry’s trained clinical staff works with providers to pre-approve coverage for certain types of services. You can contact the UM department by calling Customer Service at the number located on your member ID card.

**Complex case management**

This program assists you with serious and complex, long-term medical needs. The goal of complex case management is to meet your health care needs through communication and available resources to promote quality, cost-effective outcomes. You have the option to opt in by self-referral or opt out by calling Customer Service at the number on your member ID card.

**Disease management**

This program helps you manage your health. We emphasize prevention through education, supporting the doctor-patient relationship and compliance with your doctor’s care plan. You may be identified in several ways such as through claims, your doctor or what types of medications you take. You can self-refer or opt out by calling Customer Service at the number on your member ID card.

**Coventry WellBeingSM**

This is a confidential online self-care and wellness program that helps you improve your health and quality of life through targeted support. You have access to online coaching programs such as tobacco cessation, blood pressure management, cholesterol management and others. Visit the website on your member ID to get started.

**Concurrent review and retrospective review**

**Concurrent review** – During concurrent review, Coventry nurses and medical directors continually monitor the medical necessity and level of care provided to members while they are in the hospital. This review is done for all members hospitalized in an acute, rehabilitation, sub-acute or skilled nursing facility. Nurses help with discharge planning needs for a smooth transition of care.

**Retrospective review** – This process includes a review of any care or service that a member has already received.

**Getting the approvals you need**

Preauthorization is the approval from Coventry that is required before you receive certain medical services. Preauthorization is designed to ensure that you and your family receive the right care in the right place at the right time. In most cases, your provider will get the preauthorization for you. You can help with this process by showing your member ID card prior to receiving services. Refer to your EOC/COC for specific details.

**Transitioning your care**

Not all health plans cover services in the same way. The transition-of-care process ensures that new members have the approvals in place with Coventry providers and facilities. If you have a scheduled surgical procedure or are receiving ongoing care for a condition after your effective date with Coventry, please call Customer Service at the number on your member ID card.
How to submit a claim

Participating providers will usually submit medical claims for your care. However, you may be required to submit a claim when you use non-participating providers. Visit the website on your member ID card to locate the claim form online. You can call the Customer Service number on your member ID card to request a paper copy.

The address for mailing medical claims is:

Coventry Health Care
Attn: Claims Department
P.O. Box 7709
London, KY 40742

Convenient tools with easy access

Get information by phone, website or mobile phone app

• My Online Services® is your secure member website that helps you take control of your health benefits. You can check the status of a claim, request or print ID cards, research costs for procedures and much more. It only takes a few minutes to register. You will need your Coventry member ID number to get started. Visit the website on your member ID card and select “My Online Services” at the top of the page. Follow the instructions to log in or register.

• Or you can call us. Expert customer service representatives, located in the United States, are ready to answer your questions. Call the number on the back of your ID card.

• You can also visit us online. Find a provider in your network, drug list and more. Go to www.coventryhealthcare.com and select your state.

• Coventry® Mobile app is available for when you are on the go. You can access your member ID card, benefit information and medical history. The app is compatible with iPhone®, iPod touch® and Android® and available for free download from the App Store® and Google Play™.
Make the Most of Your Prescription Benefits

You have access to medications that are on the prescription drug list, also known as a formulary. The formulary includes a list of both brand-name and generic medications. To make the most of your pharmacy benefit, have your physician choose medication from the formulary. You may locate the formulary online by visiting the website on your member ID card or through your My Online Services account.

Important to remember when using your pharmacy benefits

You must show your member ID card or have your membership information available to fill a prescription. You may only file a claim for a prescription after it was purchased if it is a true emergency.

Prior authorization

Your doctor may need to contact Coventry to confirm if your plan will pay for certain medications. This is known as prior authorization. If prior authorization is not received, your prescription may not be covered.

Step therapy

Step Therapy is an automated form of prior authorization based on previous treatment. Drugs shown as stepped therapy need prior authorization if the condition is not met when the pharmacist would attempt to transmit a prescription claim.

Quantity limits

Some medications on the formulary have limits on the quantity covered. An alert will ask you to call your doctor first. These medications could cause severe side effects if overused.

Brand-name substitutions

Your pharmacy will fill your prescription with a generic drug if one is available and if your physician allows a generic substitution. If a generic drug is available, and you or your physician asks for a brand-name drug instead of the generic, you may be required to pay the appropriate brand copay plus the difference in price between the generic drug and the brand-name drug. Refer to your prescription drug rider/plan for specific details. To view this information, log in to My Online Services or request a copy from Customer Service at the number located on your member ID card.

Mail-order program

If you take medications on a regular basis, you may be able to get your prescriptions filled by mail. Not all drugs are available through mail order. To find out about mail-order coverage, just call the Customer Service number on your member ID card.
Important information about your coverage

How we evaluate technology
New technologies are constantly being developed, such as a new way to perform a medical procedure or a new use for a piece of medical equipment. When a new technology is presented to Coventry, we do a thorough review of existing literature and research. When we make our decisions, we try to ensure our members have the right, medically necessary care and services at the right level. We continue to focus on providing our members with high-quality health care products.

Complaints and appeals process
The complaint process gives you the right to express dissatisfaction with any aspect of the organization and to request review of information related to:

- The quality of health care services received
- General inquiries about covered services
- Member rights and responsibilities

The appeals process gives you the opportunity to ask us to review information related to:

- Scope of coverage
- Medical necessity of services requested
- Denial of coverage related to care, services or claims
- Other adverse benefit determination (preservice and postservice)

Contact Customer Service at the number on your member ID card to voice a complaint. You can also find out how to appeal a decision that may adversely affect your coverage or benefits.

Your privacy matters
Coventry Health Care, Inc. and its affiliated companies appreciate the opportunity to provide health care benefits to you and your family. In the course of providing the health benefit plans we administer or offer, Coventry must collect, use and disclose nonpublic personal information. To manage your health insurance benefits, we may need to look at personal health information. We know that the privacy of personal health information is an important issue for you and we are committed to keeping your records confidential. For this reason, we have policies and procedures to protect your personal health records.

Our Notice of Privacy Practices describes the usual ways we may use your records. If we need to use or release your records in some other way, we will ask you for your consent. For those members who are unable to act on their own behalf and/or are unable to give consent, a person legally authorized to act on their behalf must provide special consent. Even though we have access to your medical records, we do not own, update or control those records. We will not directly release medical records to you. If you call us to request a copy of your medical records, we will ask you to contact your doctor directly.

We take a number of steps to protect personal health information (PHI). All Coventry Health Care employees sign contracts agreeing to follow our confidentiality policies. If an employee violates these policies, disciplinary action will be taken. For employees who need to access personal health information as part of their job duties, we assign special security levels that give access to this data.

We always measure the quality of care and service that you receive. Whenever possible, we will not use data that may identify a member. For instance, we may decide not to use names or Social Security numbers. Also, we only allow a small group of people to see this information. We require our network providers to protect the privacy of our members.
Providers must show us that medical records are never in a place where the public could see them. Their offices must remain locked during non-business hours, and policies and procedures regarding the privacy of medical information must be in place. When we contract with another company to help us manage your benefits, that company must agree to our privacy policies. We do not allow any group to contact you for the purpose of marketing. We will not release any information to our insured employer groups if they may use the information to identify an individual member of the group.

We collect your information from many sources and keeping your information safe is one of our most important jobs. We make sure that only people who need to use your information, whether that would be orally, written or electronically, have access to it. We often use this data to help you get treatment, coordinate care, measure quality improvement and correctly send bills. On a routine basis, we may use and share your PHI to:

- Provide for your treatment or authorization
- Pay for your health care
- Review the quality of the care you get
- Tell you about your choices for care
- Manage our health plan
- Access, use or share PHI for other purposes as required or permitted by law

These uses are covered under state and federal laws. We consider this information private and confidential, and consequently we have policies and procedures in place to protect the information against unlawful use and disclosure.

For the complete Notice of Privacy Practices document, visit the website on your member ID card. Paper copies are available by calling Customer Service at the number on your member ID card.

**Member rights and responsibilities**

Did you know that as a member of Coventry you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Coventry ensure that you get the covered services and care that you need.

**You have the right to:**

- Receive information about the organization, its services, its practitioners and providers, and member rights and responsibilities
- Be treated with respect and recognition of your dignity and your right to privacy
- Participate with practitioners in making decisions about your health care
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- Voice complaints or appeals about the organization or the care it provides
- Make recommendations regarding the organization’s member rights and responsibilities policy

**You have the responsibility to:**

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- Follow plans and instructions for care that you have agreed to with your practitioners
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
Just refer to the checklist at the beginning of this guide to make the most of your Coventry benefits.
This document provides a general overview of the types of products and services offered by the Coventry family of companies, including Coventry Health & Life Insurance Company and its affiliates. This is not a coverage document. Members or prospective members are encouraged to refer to all plan documents for details on benefits and any corresponding limitations and exclusions. From time to time, Coventry may offer members access to discounts on health care-related goods or services such as those offered through Coventry WellBeing™, valuable extras, and KidsHealth®. These services are being offered by a third-party vendor and Coventry is not liable for the provision of these services, the failure to provide services or the negligent provision of these services. These services are subject to modification or discontinuance without notice.