Your Enrollment Guide

A guide to understanding your health benefits
Welcome! Your employer has chosen to offer you benefits administered by Coventry Health Care. We are extremely pleased to have you in our health plan and look forward to serving you and your family.

It is important that you understand the way your health plan works. Please take a few minutes to review the materials in this Enrollment Guide. You will find helpful information, including benefit descriptions, answers to frequently asked questions and website services. As a member, you should understand and follow all guidelines. Our Customer Service Department is available to help you understand your benefits and assist you in resolving any issues that may arise.

At Coventry Health Care, our goal is to provide affordable health care coverage with a high level of service to you and your family members. We have built a strong network of area doctors, hospitals and other health care providers to offer a broad range of services for your medical needs. We appreciate the confidence you have placed with us, and we will strive to exceed your expectations.

We know that everyone’s health care needs are different. That’s why we continue to be flexible in the way we meet those needs—with the right coverage and the right information, when and where you need it.

Welcome, and thank you for your membership!
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How to Contact Us

Once you have registered for My Online Services SM, you can send us a secure e-mail by going

Southern Health
Customer Service — 800-627-4872
Pharmacy Help Desk — 800-378-7040
Behavioral Health and Substance Abuse Services — 800-975-8919
Routine Vision Care Services — 800-877-7195

Net Support Team — 866-213-0802
Richmond Office — 804-747-3700
Charlottesville Office — 434-951-2500
Roanoke Office — 540-265-6720
We want to make it easy for you to use our benefit plans. That is why we put together this Enrollment Guide. If you have questions about benefits or need assistance, please call Customer Service at 800-627-4872, Monday through Friday, 8:30 a.m. - 5:30 p.m.

How to Enroll

An Enrollment/Change Form is included with this guide. It will be the primary source for information we use to enroll you and your family members. By printing clearly and providing all of the information requested, you help us enroll you quickly and accurately. Please complete the Enrollment/Change Form and submit it to your company’s benefit administrator. All Enrollment/Change Forms must be received by Coventry Health Care within 31 days of eligibility.

Primary Care Physician Guidelines

• A relationship with a Primary Care Physician (PCP) is important for your wellness and coordinating your health care. We encourage you to see the same PCP every time for your health needs.

• You can find participating PCPs using the online provider search at www.southernhealth.com. Throughout the plan year you may change your PCP by logging on to My Online Services at www.southernhealth.com or by calling 800-627-4872.

Your Member ID Card

Your member ID card allows you to get access to your health care benefits. Once Coventry Health Care receives your enrollment information from your employer, you will receive a member ID card. Members will usually receive their ID cards within 10 working days after Coventry Health Care has processed the enrollment.

The ID card lists the member number, the group number, copayments or coinsurance for selected in-network benefits and the date the benefits described on the card become effective. Each covered family member will receive a separate ID card. If more than two family members are covered, they will receive cards in separate envelopes.

The member number is a system-generated number plus a two-digit suffix. Please review the ID card to make sure the information is correct. If any information on the card is incorrect, contact Customer Service at 800-627-4872. If you need additional cards, you can print them at your convenience, 24 hours a day, seven days a week, by logging in to My Online Services. You may also contact Customer Service at 800-627-4872 to request a card.

Emergency and Urgent Care

Our plans provide coverage for medical emergencies, no matter where they occur. But it is important for you to understand the difference between an emergency and an urgent care situation.

If you are experiencing a medical emergency, get the care you need. It would be best to go to the nearest participating hospital emergency room (ER). Hospital ERs that do not participate with Coventry Health Care

www.southernhealth.com • 3
should only be used if the delay in receiving care from a participating ER could reasonably be expected to cause your condition to get worse. Your claim may be denied if you go to the ER when it is not an emergency.

If you are admitted to a non-participating hospital in an emergency, you must let us know within 24 hours or by the next working day if the 24-hour deadline falls on a weekend or legal holiday. An exception to this requirement is made if you are incapacitated and unable to contact Coventry Health Care. In this case, you must make arrangements for us to be notified as soon as possible.

**What is a Medical Emergency?**

A medical emergency is the sudden onset of a medical condition, such as unusually severe symptoms. You should seek immediate medical attention if the condition could result in serious jeopardy to your mental or physical health, serious impairment of your bodily functions, serious dysfunction of any of your bodily organs, or if pregnant, serious jeopardy to the health of the fetus.

**When to Call Your PCP Before Seeking Care**

If an emergency occurs and time permits or if you are not sure you are experiencing a medical emergency call your PCP, even if you are on vacation. Your PCP’s office may have a doctor “on call” 24 hours a day, seven days a week.

**Medical Emergency Examples**

Some examples of a medical emergency include, but are not limited to:

- Severe or unusual bleeding
- Trouble breathing
- Chest pain
- Choking
- Suspected poisoning
- Severe burns
- Convulsions or seizures
- Broken bone
- Fainting or unconsciousness
- Any vaginal bleeding in pregnancy

**What is Not a Medical Emergency?**

As a single symptom, these are NOT emergencies.

- Coughing
- Vomiting
- Diarrhea
- Earache
- Sore throat
- Toothache
- Colds
- Pink eye
- Stomachache
- Mild fever
- Rashes
- Bruises

**When Should You Use an Urgent Care Center?**

When a minor illness or injury occurs unexpectedly and your doctor’s office is closed, consider using an urgent care center. If you have an unexpected illness not usually associated with urgent care while you are out of the service area, Coventry Health Care may pay for treatment at an urgent care facility.

For urgent care outside the service area, call **866-676-7424** to locate a Coventry Health Care National Network provider. Contact Customer Service at **800-627-4872** for specific benefit information.

**Urgent Care Examples**

- Sprains
- Non-severe bleeding
- Simple cuts that require stitches
Getting the Approvals You Need

Some medical services and prescription drugs require preauthorization, also known as prior authorization. Preauthorization is Coventry Health Care approval 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 obtain preauthorization for you.

You can assist with this process by always presenting your member ID card prior to receiving services. Please note that if you use non-participating providers or national providers (such as the Coventry Health Care National Network), you are responsible for obtaining preauthorization. You can call the Coventry Health Care Preauthorization Department at the number listed on the back of your member ID card to request preauthorization for services. And remember, if you are new to Coventry Health Care please take advantage of our transition-of-care process.

Medical Services Requiring Preauthorization for 2010*

- Automatic Internal Cardiac Defibrillator (AICD)
- Behavioral Health and Substance Abuse Services: inpatient or outpatient Behavioral Health services or Substance Abuse treatment or rehabilitation**1
- Bi-ventricular Pacemaker
- Clinical Trials
- CT Scans
- Dental Treatment for Dental Accidents
- Durable Medical Equipment (DME): all rentals of DME and purchase of DME costing over $250, (except ostomy supplies)
- Genetic Testing and Genetic Counseling
- Home Health Care (Nursing, Infusion, Respiratory, etc.)
- Hospital Observation Stays
- Hyperbaric Oxygen all places of service
- Injectable and Self-Administered Injectable Drugs, if covered under Medical and Surgical Benefits instead of Prescription Drug Benefits
- Inpatient Admission Stays: includes Acute, Skilled Nursing Facility Care and Inpatient Hospice
- Insulin Pump and Supplies
- Intensity-Modulated Radiation Therapy (IMRT)
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiogram (MRA)/Positive Emission Tomography (PET Scan)
- Non-emergency Ambulance Transportation
- Nonimplanted Prosthetic Devices
- Nuclear Imaging Performed in Conjunction with Exercise Stress Testing
- Oral Surgery
- Outpatient Surgery (Hospital or Freestanding Surgical Center)
- Pain Management Services/Program, including Epidural Steroid Injections
- Polysomnograms (Sleep Apnea Studies)
- Prenatal Services — Notification Only
- Psychological or Neuropsychological Testing
- Rehabilitative Services: includes Cardiac Rehabilitation, Pulmonary Rehabilitation, Physical, Occupational or Speech Therapy whether received inpatient or outpatient
- Services Related to the Diagnosis of Infertility or the Diagnosis and Treatment of Infertility if an employer group has elected the Infertility Rider
- Telemedicine (Q3014 and GT modifiers)
- Transplant Consultations, Evaluations and Testing/Transplant Procedures

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*This list is subject to change. Please check the website (www.southernhealth.com) or call Customer Service for the most current list.

** Preauthorization must be requested from the contracted behavioral health/mental health and substance abuse vendor which is listed on the member ID card.

1Members must call 800-975-8919 to obtain preauthorization for all behavioral health and substance abuse services.

2All plans require use of the Coventry Transplant Network.
Your Plan Document describes the level of coverage available under the plan in which you are enrolled. When seeking services from a non-participating provider, please refer to the section of your Plan Document that describes the process for obtaining preauthorization.

**Transitioning Your Care**

Are you or a covered dependent new to Coventry Health Care? If so, we want to help ensure a smooth transition from your previous health plan to Coventry Health Care.

Our transition-of-care process ensures that all approvals for planned treatment are in place. It transitions new members to participating providers and facilities. In most cases, members need to receive treatment from participating providers for services to be covered (HMO plans) or covered at the in-network level of benefits (POS or PPO plan).

Please be aware that not all health plans cover services in the same way. If you are receiving treatment for an ongoing condition, please check your Schedule of Benefits to see how you will be covered by Coventry Health Care. Even if care has been approved by a previous health plan, it may still need to be approved by Coventry Health Care.
Helping you maintain and improve your health is a key goal of Coventry Health Care. We know that no two members will have the same health care needs so we offer a wide range of services.

If you are generally healthy, our focus is on preventive care and maintaining your health. We encourage you to visit a PCP for routine and preventive care. This care can help identify medical problems before they become serious or life-threatening. Also, it may prevent future problems.

We cover adult physicals, well-baby care, immunizations, mammograms and other diagnostic screenings performed according to preventive care guidelines. We work to ensure our members are up-to-date on shots by sending reminders. To help our female members manage their preventive health, we mail mammogram and Pap smear reminders.

Our magazine, LivingWell, features health-related articles as well as health plan information.

Coventry WellBeing℠ Program
Our self-care and wellness program, Coventry WellBeing®, can help you make meaningful lifestyle changes to your diet, fitness level and emotional well-being. Coventry WellBeing® makes wellness fun by providing rewards for participation.

Take a Health Risk Assessment
Many diseases can be minimized by taking steps toward a healthier lifestyle. The first step is to know how healthy you truly are. That is the starting point for long-lasting healthy behaviors.

To help you, we offer a Health Risk Assessment (HRA) through our Coventry WellBeing program. The HRA is available to each enrolled family member age 18 or older.

When you take the HRA, you will be asked questions about your personal and family medical history. You will also be asked questions about your lifestyle choices. After you complete the HRA, you will receive an immediate confidential report. The report defines your potential risk factors and offers preventive steps that can be taken to improve your quality of life. You can take the HRA every six months.

Reward Yourself
Take the HRA and earn points! The points can be used for wellness products or gift cards to national retailers.

Online Health Management
Once you have identified your top risks and discussed your health status with your doctor, you may be ready for any of a variety of personal health improvement initiatives that we provide. Our online health and wellness program promotes physical fitness, healthy eating habits and life balance for people of all ages. You can create highly personalized plans to help achieve goals in the areas of fitness, nutrition and life skills.

Online program tracking and coaching services provide you with ongoing support and motivation to reach your wellness goals. With Online Health Management, Coventry Health Care members enjoy personalized access to:

- Customized cardiovascular, strength and flexibility plans built for each member.
- Personalized nutrition plans and meal planner providing menus and shopping lists, and calorie and food servings tracker.
• Personal self-improvement programs focusing on community and core values, life-skills management and life challenges assessments.

Because the Health Risk Assessment and Online Health Management are offered exclusively for our members, you must log in My Online Services and click on “Wellness Tools” to take advantage of these features.

**KidsHealth®**

Keeping kids healthy and happy can be challenging, and that is why we teamed with KidsHealth®. KidsHealth educates families and helps them make informed decisions about their children's health. KidsHealth is a fun and engaging way to:

• Encourage preventive behaviors
• Encourage kids and teens to become involved in their health

KidsHealth consists of three sites in one: parents, kids, and teens. For parents, KidsHealth offers hot topics and news, recipes, a Q&A section and other information aimed at helping parents understand the health issues that may affect their children. Condition Centers provide information, tools and practical advice to help both newly diagnosed individuals and families with ongoing disease management issues. For children, KidsHealth provides engaging, interactive content such as peer stories and articles on staying healthy in a fun format for kids. Teens can choose from a wide array of emotional and developmental content.

**Baby Matters**

Having a baby is such a special time. But it comes with many questions — is my baby growing correctly; am I gaining too much weight; how much exercise should I get?

Once your doctor submits prenatal forms, we follow you through your prenatal care, labor, delivery and postpartum care. We also provide you with a packet of information on prenatal care, basic baby care and other resources available to expectant mothers. If there are special concerns, our case management team will be there with you throughout your pregnancy.

**E-mail Reminders for Tests and Screenings**

We encourage you to sign up for e-mail reminders to schedule screening tests. You choose a date to be reminded. You will receive an e-mail on that date to remind you to make an appointment.

**Additional Programs**

Coventry WellBeing offers a preferred or discounted pricing on wellness and self-care services.

• Fitness Center Discounts*
• Lasik Vision Correction Discounts*
• Weight Watchers® Discounts*
• Wellness Products and Program Discounts*

**Health Care Management Programs**

If you are a member with a specific medical condition such as a chronic illness, we have programs — at no cost to you — to complement the health care you receive from your doctors. We may provide you with a personal nurse case manager to help you navigate what can be a complex health care system.

We offer one-on-one personalized nurse case management for members with diabetes, asthma, high-risk maternity, heart failure, catastrophic illness or needing a transplant.
Throughout the year, Coventry Health Care identifies members who may benefit from the programs. If you or one of your family members have an ongoing health condition, one of our nurses might contact you to help you understand additional programs and services available to you. Through complex case management and utilization management services, we help you receive care in an appropriate setting and through participating health care providers.

**Flu Shot Program**

The Centers for Disease Control and Prevention (CDC) report that the best prevention against the flu is getting a flu shot every year. There are two ways to obtain a flu shot through the Health Plan benefits:

**Prescription Drug Program**

For those members that have the pharmacy benefit, Coventry Health Care covers flu shots at certain pharmacies for a Tier One copayment. Please ask your local pharmacy if they are participating in the Coventry Health Care Flu Shot Program.

**Participating Primary Care Physician (PCP) and Primary Care Clinics**

If you receive a flu shot at your PCP office or at a Primary Care Clinic (example: Prompt Care or Patient First), you will pay the PCP copayment. Please contact your provider for information and availability.

*From time to time, Coventry Health Care may offer to provide members access to discounts on health care-related goods or services such as those offered through WellBeing. These services are being offered by a third-party vendor and Coventry Health Care 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.*
Over 45% of Americans use at least one prescription drug, according to the Centers for Disease Control and Prevention. That points to the importance of a comprehensive drug program. You have access to coverage for medications that are on Coventry Health Care’s Prescription Drug List. A Prescription Drug List is a list of approved medications covered by Coventry Health Care. You also have access at a higher copayment to medically necessary prescription drugs not listed on the Prescription Drug List. The Coventry Health Care Prescription Drug Program is administered by Medco.

**Prescription Drug Guidelines**

The Prescription Drug List includes a list of both brand-name and generic medications. Our prescription drug program offers you these features:

- Coverage for certain over-the-counter (OTC) drugs. Obtain a prescription from your doctor and receive coverage for these OTC drugs at the generic copayment:
  - Alavert® OTC products
  - Alaway™
  - Claritin® OTC products
  - Miralax® OTC
  - Prilosec OTC®
  - Zaditor® OTC
  - Zyrtec® OTC
- Flu shot program. Members in Virginia can obtain a flu and/or pneumonia vaccine at a participating pharmacy and pay the Tier One copayment.
- Copayments that give you a choice of covered drugs
- The convenience and cost savings of mail order
- The ability to view prescription history, locate a retail pharmacy, and view mail-order prescription status online
- A single sign-on link to the pharmacy website for password-protected personal services. When you log in to My Online Services and have previously registered on the pharmacy site, you can access your pharmacy information directly.

**Access to National Pharmacy Network**

Designed to provide maximum geographic coverage, the pharmacy network consists of more than 62,000 stores in the United States, Puerto Rico and the Virgin Islands. The national network includes national chains and independent drug stores.

You can find participating pharmacies on our website, [www.southernhealth.com](http://www.southernhealth.com), by clicking the Health Care Solutions page and selecting “Prescription Coverage.”

**Quantity Limits**

Some medications on the Prescription Drug List have restrictions on the quantity that Coventry Health Care will cover. Prior authorization may be required if the dosage of the medication being prescribed varies from the FDA and manufacturer’s recommended dose.

**Generic Drugs**

Coventry Health Care’s program requires “mandatory” generic substitution if the FDA has determined the generic to be the equivalent to the brand-name product. If your physician requires that you take the brand-name drug instead of the generic drug or if you elect the brand-name rather than the generic at the point of sale, you must pay an ancillary charge (the cost difference between the cost of the generic and brand-name product) in addition to the copayment.
Online Drug List

Our online Prescription Drug List will provide you with important information such as generic and preferred drug alternatives, quantity limits, or prior authorization requirements. You also can access the mail-order program. To use the online formulary, visit the Services and Support section of www.southernhealth.com and click on the link for Prescription Coverage on the right side of the page.

Important points to remember when accessing your pharmacy benefits

- You must use your ID card or have your membership information available to fill a prescription. You may only file a claim for reimbursement for a prescription after it was purchased if it is a true emergency. We may make an exception if you have not yet received your ID card but need to fill a prescription.
- If “PA” is listed on the formulary next to a drug, preauthorization is required. If preauthorization is not received, your prescription may not be covered.
- Retail prescriptions must be filled at a participating pharmacy or a non-participating pharmacy that has agreed to accept Medco’s reimbursement rate as payment in full. You pay the appropriate copayment or the cost of the medication if it is less than the copayment. You also have a retail maintenance benefit. Contact the Pharmacy Help Desk at 800-378-7040 for information regarding the retail maintenance benefit.
- If you take specific maintenance medications on a regular basis, you may be eligible to get your prescriptions filled through the mail-order program. The mail-order benefit allows up to a 90-day supply to be delivered directly to your home. Coventry Health Care does not cover certain controlled substances through the mail-order program. To find out about mail-order coverage, please call the Pharmacy Help Desk at 800-378-7040.

Transition Rx Program

Coventry Health Care’s Transition Rx program provides new members a transition service during the first 90 days of coverage. The 90-day transition period begins on your effective date. Under the program, you may obtain a one-time fill or refill of certain covered prescription drugs — up to a 30-day supply — at the applicable copayment, without being subject to the prior authorization, step therapy and/or quantity limit requirements that normally apply to those drugs. If you are entitled to a transition fill, you can assist your pharmacist by reminding him or her that you have new insurance and believe you are entitled to a one-time transition fill.

Coventry Health Care will then send a letter to your prescribing provider, advising that the one-time fill or refill was made available under Coventry Health Care’s Transition Rx program. We will include instructions on how to access alternatives for the drug in the future. You should review the alternative drugs listed in the letter you receive, and consult with your provider about prescribing one of the alternatives.

Most commonly used prior authorization, step therapy and once-daily quantity limit drugs are eligible under the transition program. Specialty injectables and other quantity limits are excluded from the program.

To find out which drugs are subject to prior authorization, step therapy, quantity limits or other requirements, you may call Customer Service at 800-627-4872 or visit our website at www.southernhealth.com.

To see the online formulary, visit www.southernhealth.com.
Do you have a college student or other dependent who lives outside of the health plan service area? Our Passport Program is designed for you!

To qualify, dependents must be enrolled in one of our plans and live outside of the service area. Passport Program members receive out-of-area coverage at the highest level of benefits for many services when they are obtained from providers that are in the Coventry Health Care National Network.

**Using the Passport Program**

Members should always present their member ID card so that providers can contact us and verify coverage.

Call Customer Service to verify eligibility for the Passport Program and find out how to sign up your qualifying dependents living outside the service area.
Your Privacy Matters

Coventry Health Care works hard to keep your personal and health information secure and private. We need information about you to manage your benefits. 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 have access to it.

We may use and share your information for: treatment, payment and health care operations. These uses are covered under state and federal laws. Our policies will reflect the most protective laws that apply to you.

If you would like to receive a detailed copy of our privacy practices, please visit our website at www.southernhealth.com or call Customer Service at 800-627-4872.

Coordination of Benefits

When a member is covered by another group health plan in addition to Coventry Health Care coverage, Coordination of Benefits (COB) takes place. The COB provision is necessary to avoid duplication of benefits. To ensure that claims are processed properly, information about other coverage of any member must be furnished to Coventry Health Care promptly, and Coventry Health Care should be notified promptly of any coverage changes.

When Coventry Health Care is the primary health plan, then Coventry Health Care pays first for all covered services; when secondary, Coventry Health Care makes payment, according to provisions and benefit levels of this plan, after the primary health plan has paid according to its contract. Even when Coventry Health Care is secondary, some medical services require preauthorization. If a member is covered by both individual and group coverage, medical expenses covered by both policies shall be paid first by the group policy to the extent of the group coverage. Coventry Health Care requires that members elect Medicare Part B when Medicare is the primary payor.

Coordination of Benefits with Medicare for Members 65 and Over

<table>
<thead>
<tr>
<th>When a member is covered by Medicare and a group plan, and</th>
<th>Then</th>
<th>Coventry Health Care is Primary</th>
<th>Medicare is Primary</th>
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<tr>
<td>The member is age 65 or over, and is the subscriber or the subscriber’s spouse, and the subscriber is actively working for the employer group</td>
<td>If the employer group has less than 20 employees</td>
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<td>If the employer group has 20 or more employees</td>
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<td>Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to age</td>
<td>If Medicare has been secondary to the group plan before ESRD entitlement, then for the first 30 months following ESRD entitlement</td>
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<td></td>
<td>If Medicare had been primary to the group plan before ESRD entitlement</td>
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<tr>
<td>The member is age 65 or over, is the subscriber or the subscriber’s spouse and is not actively working for the group</td>
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<td>X</td>
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</table>
My Online Services™ is the password-protected member section of the Coventry Health Care website. This section of the website puts you in control of your health benefits and makes it easier for you to find, use and control personal health and benefits information.

Access everything you need from a single screen. Take a look at these features:

**Personal Health Record (PHR)**
- View, store, track and maintain personal health information
- Print and share with your health care provider, family member or caregiver

**Member Transactions**
- View medical/prescription claims
- View Explanation of Benefits (EOBs)
- View/order member ID card
- Secure messaging

**Member Health Care**
- Health Risk Assessment
- Calendars and reminders
- Coventry WellBeing — online wellness programs
- Disease management information

**Cost-saving Tools**
- Provider search
- Provider cost
- Procedure cost
- Pharmacy tools

**Please note:** Your personal health information is private. That is why you, personally, should register for My Online Services. A supervisor, colleague or human resources contact should not register on your behalf and have access to your personal health information.
Find a Provider Online

Need to find a provider? Our online provider search gives you flexibility in a simple format. We update the online search weekly. No login is necessary. Just click on the “Locate a Provider” link on the opening page of our website at www.southernhealth.com. Make sure you choose the search tool that applies to the plan your employer offers: HMO or POS, PPO or an out-of-area plan using the Coventry Health Care National Network.

- **User-friendly design** — makes it easier for you to input search criteria and view results.
- **Interactive map and driving directions** — based on search criteria, this feature populates a map and allows you to enter a starting address to obtain directions.
- **Condition-based search** — allows you to search on a condition such as diabetes or asthma and find a provider that specializes in treating the condition.
- **Additional search criteria** — allows you to search for languages spoken, gender or hospital affiliation.
- **Save search criteria** — allows you to rename, view or delete previous searches.

Personalize Your Results

- Create a personal provider directory based on search criteria you enter. Click on the “Create a Directory” icon that displays at the top of the screen when your provider search is complete.
- Search by county and receive a report by e-mail of all providers in that county.
- Search for doctors by location, name or specialty.
- Create a short list of physicians and perform side-by-side comparisons.

Our Net Support Team is available weekdays from 8:00 a.m. until 6:00 p.m. if you need helpful guidance or have forgotten or misplaced your login or password. Call 866-213-0802.
1. What is a Primary Care Physician?
A Primary Care Physician (PCP) is a doctor you select to provide and coordinate your care including routine, preventive and diagnostic treatments. Your PCP will:
  • Give advice regarding the need for specialty care
  • Suggest participating specialists to manage more intensive health care needs
  • Assist in coordinating your health care

You may select one of the following from Coventry Health Care’s network of providers to be your PCP: a family practice physician, general practice physician, internist or pediatrician. Female members age 13 or older may select an OB/GYN as a secondary PCP. Your PCP is a great resource for coordinating your health care. Coventry Health Care encourages you to partner with your PCP to manage your health care needs.

2. Do I have to select one PCP for my whole family?
No. Each family member can pick a different doctor to be his or her PCP.

3. Do any of the plans require a referral to see a specialist?
No. A referral to see a participating specialist is not a requirement of any of the plans. Your doctor can advise you on choosing an appropriate specialist and provide the specialist with your complete health history.

Members on a POS or PPO plan have the option of seeing out-of-network providers at a reduced level of benefits. For a POS plan member to have services provided at an in-network benefit level by an out-of-network provider, the member must first obtain preauthorization. Before seeking services, please confirm the participation status of the specialist and be sure that all preauthorization requirements are met.

4. What do I do in case of an emergency?
You are covered for emergency care anytime, anywhere in the world. Preauthorization is not required for a medical emergency. Emergency care includes those situations in which a prudent layperson considers that emergency treatment is necessary.

It would be best to go to the nearest participating hospital emergency room (ER). Hospital ERs that do not participate with Coventry Health Care should only be used if the delay in receiving care from a participating ER could reasonably be expected to cause your condition to get worse. In such a situation, services you receive for a medical emergency will be covered at the in-network level of benefits.

After you have received emergency care, you may want to call your PCP so he or she can update your medical records.

5. What if I need prompt medical attention, my doctor’s office is closed, and I am in the Coventry Health Care service area? Can I go to the emergency room?
Instead of going to the emergency room, we suggest you first call your PCP. Your PCP or a doctor on call for your PCP can be reached 24 hours a day, seven days a week. Your PCP may be able to suggest temporary treatment or offer to see you in the office. Your PCP may suggest a participating urgent care center, as only medical emergencies will be covered at the ER. Urgent care is medically necessary care for an unexpected
illness or injury that does not qualify as a medical emergency but requires prompt medical attention. Some examples of when to go to an urgent care are for things like:

- Sprains
- Non-severe bleeding
- Simple cuts that require stitches

If you have any of these conditions and you have called your doctor, you may decide to visit a participating urgent care center.

6. Will I be covered if I need care while I am away from home?

We recognize that emergencies happen, even when you are away from home. 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. However, follow-up care for emergencies must be coordinated by your PCP (if applicable) and appropriate preauthorization must be obtained prior to treatment.

If you are away from home and need urgent care, we suggest you call your PCP. He or she will let you know if you should seek treatment right away or if you can wait to get care when you return home. The urgent care copayment applies for urgent care services. (See previous examples of when to go to an urgent care center.) Members of POS and PPO plans have the option of going to a non-participating provider for covered routine services outside of our service area, but at a reduced level of benefits.

7. Where is the Coventry Health Care service area?

Coventry Health Care has participating providers throughout most of the Commonwealth of Virginia for in-network services. See the Coventry Health Care service area map at the back of the book.

8. How are doctors selected to participate in the Coventry Health Care network?

Coventry Health Care recruits only doctors who meet its credentialing standards. We verify that the doctor is licensed and went to an accredited medical school. We consider if there are any malpractice claims and if the doctor is board-certified. Once a part of Coventry Health Care’s network, doctors are re-evaluated every three years to make sure they still meet these requirements.

A preauthorization list is provided to participating doctors and also is provided on page 5. The preauthorization list may be updated from time to time. Please check the website (www.southernhealth.com) or call Customer Service for the most current list. Please be certain that all preauthorization requirements have been met before receiving any of these services.

9. What is an Allowable Charge?

An Allowable Charge is the amount that a participating provider has agreed to accept as payment in full pursuant to its agreement with Coventry Health Care. For non-participating providers, the Allowable Charge is equal to the out-of-network rate. The out-of-network rate is based on: a defined Virginia Medicare fee schedule, a fixed per diem rate, a St. Anthony’s fee schedule or a fixed percentage of billed charges. The type and place of service determine the applicable schedule/rate.
10. How do I know if my doctor is in the Coventry Health Care network?
Our website has the most current list of providers. You can search for providers in your area or search for providers by specialty. As the provider list is subject to change, you may also call the Customer Service number listed on your ID card, or your PCP may call for you to obtain the latest information. A printed Directory of Health Care Providers is also available upon request.

11. What if my doctor is not in the plan?
We know how important your relationship is with your doctor; however, members must visit a participating doctor in order for the services to be covered at the in-network benefit level. POS and PPO members have the option of visiting non-participating doctors, but at a reduced level of benefits. You may ask your doctor to recommend a physician who participates with Coventry Health Care. If your doctor does not participate with Coventry Health Care, he or she can call us directly for information on how to become a participating provider.

12. Are children living away at school eligible for benefits?
Members who are full-time students and are temporarily residing outside of the service area are covered for any treatment they receive for medical emergencies at the in-network rate. We also offer the Passport Program for eligible dependents. With the Passport Program, dependents who are enrolled in one of our plans and live outside the service area receive out-of-area coverage at the highest level of benefits for certain services that are received from providers who participate in the Coventry Health Care National Network. Call Customer Service to find out if your dependent qualifies and how your dependent can participate in the Passport Program.

13. Are children who do not live with me eligible for coverage?
If you are the parent or step-parent of a child who does not live with you, you can still enroll him or her in your plan in most circumstances.

14. Does this plan allow me to use non-participating providers?
POS and PPO plans offer out-of-network benefits at a reduced level.

15. How do I know if I am eligible for coverage?
In order to be eligible for coverage under an HMO or POS plan, you must live or work in the service area. When you are a new employee, you must submit an enrollment form within 31 days of eligibility. You are also eligible to enroll during the annual open enrollment period or by submitting your enrollment request within 31 days of a qualifying event.

16. What is a deductible?
A deductible is a specific dollar amount that you must pay during the benefit year before services subject to the deductible will be paid by Coventry Health Care. Please check your benefit summaries and Schedule of Benefits to determine what services apply to the deductible.
17. What is a benefit year out-of-pocket maximum?
All plans have a benefit year out-of-pocket maximum to limit your out-of-pocket expenses. Not all out-of-pocket expenses apply to the out-of-pocket maximum. Once an out-of-pocket maximum is met, Coventry Health Care pays 100% of the Allowable Charge (AC) for the remainder of the benefit year for services that are covered under your current Coventry Health Care plan and are not excluded from the out-of-pocket maximum.

18. How do I avoid “balance billing”?
The simple answer is to always use a participating provider. Balance billing is when a provider bills you for any balance of charges over the allowed amount paid by Coventry Health Care. If you use an in-network provider for covered services, you will not be balance billed.
If you choose a POS or PPO plan and use out-of-network providers for covered services, you may be balance billed for amounts above the Allowable Charge in addition to the applicable copayments and/or coinsurance. If the out-of-network provider bills more than the amount allowed, you may be responsible for the difference between the allowed amount and the billed amount (balance billing) in addition to the applicable deductible, copayments and/or coinsurance. Please note that the amounts above the Allowable Charge may be significant. See the Plan Document for details. In-network providers must accept the Allowable Charge as payment in full for covered services.

19. When will I receive an Explanation of Benefits (EOB)?
You will receive an EOB any time you receive services and your responsibility includes coinsurance and/or deductible or any time you receive services from non-participating providers. You also will receive an EOB for any services that are not covered or require additional explanation. For services received in-network where you are only responsible for a copayment, an EOB will not be sent to you. If you do not receive an EOB or would like to request a copy, please call Customer Service at 800-627-4872 or visit My Online Services at www.southernhealth.com.

20. What is preauthorization?
Preauthorization is Coventry Health Care approval 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. Preauthorization does not guarantee payment and does not guarantee payment at the in-network level of benefits for non-participating providers.

21. When can I make changes to my plan?
You can make changes to your coverage during the annual open enrollment period. Also, you may submit an enrollment request within 31 days of a qualifying event. Please refer to your Plan Document for a list of qualifying events.

22. Does my plan cover behavioral health and substance abuse services?
Yes. Coventry Health Care has a partnership with MHNet to provide a network of specialists who can offer behavioral health and substance abuse services. If you would like to access your behavioral health or substance abuse benefits, you can call MHNet at 800-975-8919. MHNet can help you find a provider and will help you get a preauthorization for your first visit.
Terms to Know

We frequently use the following terms in this guide. They are important in understanding your benefits and coverage.

**Allowable Charge** — the amount a participating provider has agreed to accept as payment in full pursuant to its agreement with Coventry Health Care. For non-participating providers, the Allowable Charge is equal to the out-of-network rate. Please see the Frequently Asked Questions section for a more detailed explanation of Allowable Charge.

**CHLIC** — Coventry Health and Life Insurance Company.

**Certificate of Insurance (COI)** — a document that summarizes a CHLIC PPO policy which is administered by Southern Health.

**Coinsurance** — the specified percentage of the Allowable Charge the member pays for a covered service.

**Copayment** — a specified dollar amount a member pays for a covered service.

**Coventry Health Care** — a registered trade name of Southern Health Services, Inc.

**Coventry Health Care National Network** — a network of providers that Coventry Health Care utilizes for out-of-area urgent care and the Passport Program.

**Deductible** — a fixed-dollar amount a member pays during the benefit year before services subject to the deductible will be paid by Southern Health.

**Direct Access** — allows a member to visit a participating network specialist without a referral. All Southern Health plans in Virginia offer direct access.

**Evidence of Coverage (EOC)** — a document that summarizes an HMO or POS policy.

**Health Maintenance Organization (HMO)** — a plan where a member receives coverage for services rendered exclusively from a participating network of providers.

**Non-participating Provider** — a doctor, hospital or ancillary provider that does not have an agreement to participate in the Coventry Health Care network. These providers also are referred to as out-of-network providers.
**Primary Care Physician (PCP)** — a doctor who is selected from Coventry Health Care’s provider network and assists in managing a member’s care. PCPs can be family physicians, general practice physicians, pediatricians or internal medicine physicians.

**Point of Service (POS)** — a plan that offers the option to receive coverage for care rendered from a participating network of providers and/or receive care at a reduced level of benefits from non-participating providers.

**Preferred Provider Organization (PPO)** — a network-based managed care plan that allows the member to choose any health care provider but encourages the use of a participating provider. The member receives higher benefit coverage for choosing a participating provider. Our PPO product is underwritten by CHLIC and administered by Southern Health Services, Inc.

**Participating Provider** — a doctor, hospital or ancillary provider that has agreed to participate in the Coventry Health Care network.

**Rider** — a benefit attached to an insurance policy.

**Specialist** — a physician who provides medical services to members within a range of a medical specialty.
Coventry Health Care offers a variety of products designed to meet the needs of our members. Our products include HMO, POS, PPO, and Medicaid products. PPO products and CoventryOne®, health coverage offered to individuals and families, are underwritten by Coventry Health and Life Insurance Company and administered by Southern Health.

Locally Focused

- A presence in Virginia for 25 years
- Benefit plans specifically designed to meet the needs of Virginia employers
- Offices in Charlottesville, Richmond and Roanoke
- Direct Access to participating specialists without a referral
- Local account managers, medical directors, provider relations and health services staff

HMO/POS Network Area

Regional PPO Network Area
Committed to Unparalleled Service

Since 2003, Southern Health Services, Inc. has maintained an accreditation status of “Excellent” on our commercial HMO and POS products from the National Committee for Quality Assurance (NCQA). Our accreditation status is the highest possible level.

Customer Service Metrics*

- 93.2% claims processed in 15 days
- 22 seconds average speed to answer customer calls
- 1.3% call abandonment rate

*Coventry Health Care 2008 Annual Report

Backed by National Strength

- Over 1,000 employees in Virginia and 10,000 nationwide
- Over 5 million members at year-end 2008*
- 2008 revenues of $11.9 billion*
- Total assets of $7.7 billion at year-end 2008*
- Component of Standard & Poor’s 500 Index (the S&P 500)
- Ranked #266 in the 2008 Fortune 500
- National transplant network
- National pharmacy network
- Access to national PPO network if an out-of-area plan is offered

*Coventry Health Care 2008 Annual Report
Next Steps

Use this convenient checklist to make sure you complete each step of the enrollment process.

✓ Review the information in the Enrollment Guide.
✓ Use online provider search to select a participating PCP.
✓ Contact Coventry Health Care Customer Service if you have transition-of-care questions.
✓ Obtain necessary preauthorizations for current medications. Contact the Pharmacy Help Desk if you have questions about prescriptions you are currently taking.
✓ Obtain new prescriptions for mail-order prescriptions.
✓ Notify your doctors of your change in health insurance coverage.
✓ Place the new member ID card in your wallet once it is received.
✓ Register for My Online Services™.
✓ Take an online Health Risk Assessment.

In this brochure you will find a summary of Southern Health’s HMO, POS and PPO products. Your employer may or may not have elected to offer all of these products at your company. Be sure to check your enrollment materials to see which products are available to you.

This brochure refers to Evidence of Coverage form numbers SH.HMO.11-09 and SH.POS.11-09, and Certificate of Insurance form number SH.PPO.09, as well as SH4TRx.09, SH4TPPORx.09, SHS.HMOVis.1-05, SHS.POSVis.1-05, CHL.PPOVis.1-05, SHS.Visplus.5-07, and CHL.PPORx.7-07.

This document provides a general overview of the types of products and services offered by Southern Health. This is not a coverage document. Members or prospective members are encouraged to refer to the plan documents for details on benefits and any corresponding limitations and exclusions. From time to time, Coventry Health Care may offer to provide members access to discounts on health care-related goods or services such as those offered through WellBeing, KidsHealth, the vision discount program and wellness services. These services are being offered by a third-party vendor and Coventry Health Care 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.
Coventry Health Care
Coventry Health and Life Insurance Company, Inc.

800-627-4872
www.southernhealth.com