



Welcome to Coventry Health Care!

Introduction to Your Coventry Benefit Plan

Agenda



- Introductions
- Transition Overview
- Important Reminders
- Coventry Health Care Overview
- Important Phone Numbers
- Questions





Effective January 1, 2012

- **New Administrator**
 - Medical (Coventry Health Care)
 - Retail & Mail Order Rx (Medco)
 - Specialty Rx (Accredo)
- **New Prescription Drug Formulary**
- **New Provider Network**
- **New Prior Authorization Guidelines**



Important Reminders



- **Deductibles**
 - Medical
 - Prescription
- **4th Quarter Carryover Deductible**
- **Coordination of Benefits Letter**
- **Be a wise health care consumer!**



Customer Service



Dedicated Toll Free Number

- 855-422-5821

Dedicated Customer Service Team

- 8 Customer Service Reps

Customer Service Hours

- Effective 12/12/2011 - 8am to 5pm
- Extended Hours In January 2012 - 7am to 6pm



Member ID card

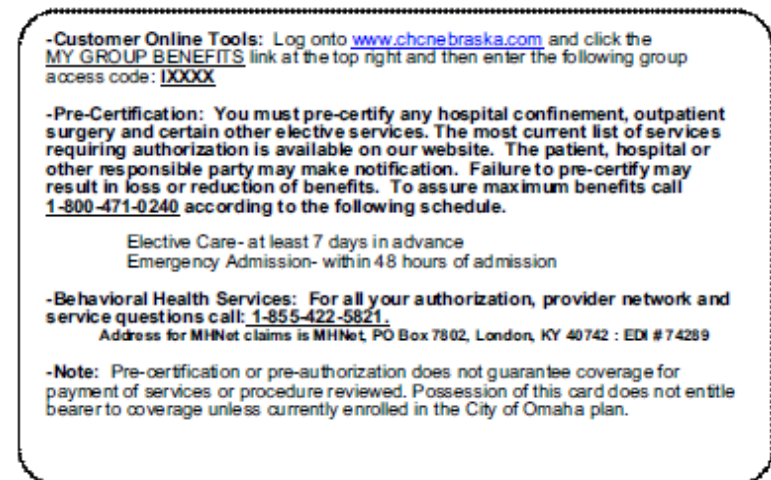
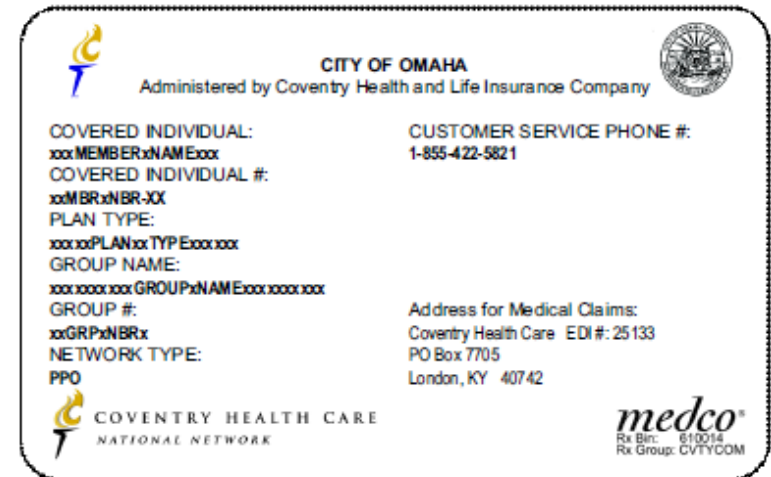


Your Coventry member ID card provides:

- Access to care
- Important phone numbers
- Billing information for providers
- Information for Online Tools
- Processing information for Pharmacy

Important Notes:

- Each member in family will receive their own ID card
- ID cards will be delivered to your home address prior to January 1st



Prior Authorization



What is Prior Authorization?

- Prior Authorization helps determine whether a proposed treatment is medically necessary & a covered benefit of your plan.

Who must Prior Authorize?

- Participating Providers will generally obtain prior authorization for you.
- Non-Participating Providers may not obtain prior authorizations; therefore, it would be your responsibility.

What services require Prior Authorization?

- Examples are: Inpatient Admissions, MRI's, CT Scans, Durable Medical Equipment over \$500, Skilled Nursing Services
- A Prior Authorization Guide is available on our web site

PRIOR AUTHORIZATION - Commercial, Advantra & Individual (Effective 7/1/2011)

Prior Authorization (Health Services)	(800) 471-0240, Ext. 7718 FAX (866) 769-2399
Claims / Customer Service/Eligibility/Benefits Questions	(800) 288-3343 (Comm/Individual) 866-794-4917 (Advantra)
Provider Relations	(800) 471-0240 FAX (866) 602-1249
Pharmacy Prior Authorization	(877) 215-4098
MH-Net (Mental Health)	(866) 860-7476

Services Requiring Prior Authorization

ALL INPATIENT ADMISSIONS/CONFINEMENTS Hospital, SNF, Specialty Programs, Hospice, and Rehab	HOME CARE
ALL TRANSPLANT AND TRANSPLANT RELATED SERVICES (Including evaluation and testing)	<input type="checkbox"/> Home Hospice <input type="checkbox"/> Home Infusion Therapy <input type="checkbox"/> Home Uterine Monitoring &/or Tocolytic Therapy <input type="checkbox"/> Skilled Services (Nursing, PT/OT/ST)
ALL OBSERVATION STAYS (Excludes OB Pre Delivery Observation)	DURABLE MEDICAL SUPPLIES/PROSTHETICS
OBSTETRICS NOTIFICATION ONLY	<input type="checkbox"/> DME Commercial >\$500 or Advantra > \$1000 (applies to purchase or rental) Rental not to exceed purchase price <input type="checkbox"/> Orthotic, Orthopedic and Prosthetic Devices > \$500 Commercial or > \$1000 Advantra <input type="checkbox"/> Orthopedic footwear, shoe modifications and additions <input type="checkbox"/> Oxygen and Equipment <input type="checkbox"/> Wound Vac
OBSTETRICS NOTIFICATION ONLY	
<input type="checkbox"/> Total OB Referral (Referral Forms can be found at www.chcnebraska.com)	
ALL OUTPATIENT SURGICAL PROCEDURES AT AN OUTPATIENT FACILITY, SURGICENTER, OR OFFICE SETTING	OUTPATIENT TESTING
THE FOLLOWING DO NOT REQUIRE PREAUTHORIZATION	<input type="checkbox"/> CT-DEXAScan <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Radiology: Including - CT, CTA, MRI, MRA, PET, SPECT AND EBCT Scans
<ul style="list-style-type: none"> • Adenoidectomy • Angioplasty • Bronchoscopy • Cardiac Catheterization • Colonoscopy • Cystoscopy • Diabetic Education • Endometrial Ablation • Endoscopy/EGD/ERCP • Flexible Sigmoidoscopy • Hysteroscopy • Laryngoscopy • Osteopathic/Spinal Manipulation (see also Other Outpatient Services) • Physical/Occupational/Speech Therapy • Tonsillectomy 	OTHER OUTPATIENT SERVICES
Please visit www.chcnebraska.com or http://flowa-nebraska.chcadvantra.com for Pharmacy Authorization Requirements, Self Administered Injectable Requirements and Prior Authorization Drug List	<input type="checkbox"/> Brachytherapy <input type="checkbox"/> Cardiac Rehabilitation <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Epidural/Caudal Block/ Facet Block <input type="checkbox"/> Experimental/Investigational Treatments and Services <input type="checkbox"/> Hyperbaric Oxygen Chamber/Hyperbaric Treatment <input type="checkbox"/> Intensity Modulated Radiotherapy Treatment (IMRT) <input type="checkbox"/> Infusion Therapy (Excludes chemotherapy for Malignancy, however includes adjunctive drugs such as anti-emetics) <input type="checkbox"/> Injectable Medications (please see website for injectable medication authorization list) <input type="checkbox"/> Pain Management Services (Excludes Trigger Points) <input type="checkbox"/> Pulmonary Rehabilitation <input type="checkbox"/> Sclerotherapy <input type="checkbox"/> Sleep Studies <input type="checkbox"/> Spinal manipulation UNDER GENERAL ANESTHESIA
<small>† Some services may not be covered under the benefit plan, including cosmetic, custodial, convenience, over-the-counter, orthopedic footwear, shoe modifications and additions. Call Customer Services for benefit questions.</small>	
<small>‡ Outpatient Procedures, Injectable Medications, Self-Administered Injectables and Pharmacy Authorization requirements are subject to change at the Plan's discretion.</small>	
<small>* For member benefits, prior authorization requirements, eligibility, claims status, reimbursement advice and much more – please visit www.directprovider.com</small>	
<small>The Quick Guide is intended to provide assistance regarding services that require prior authorization. Authorization only verifies that the requested service meets the benefit plan's definition of medical necessity and it is not a guarantee of payment. Whether the requested service is covered by the health plan is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility and benefit coverage at the time the services are provided. All co-pays and deductibles outlined in the member benefit plan apply. If the health plan ultimately denies coverage for the service requested, you will be notified in writing of the reason for the denial of coverage and how you may appeal the denial.</small>	



Customer Online Tools



My Group Benefits

- **Custom** City of Omaha benefits page available at chcnebraska.com
- Direct access to:
 - Benefit documents
 - Provider Search
 - My Online Services
 - Prescription Drug List
 - Pre-Authorization Guide

“Available Mid-December”

The screenshot shows the Coventry Health Care of Nebraska homepage. At the top, there are navigation links: LOCATE A PROVIDER, MY ONLINE SERVICES, MY GROUP BENEFITS, and directprovider.com. A search bar is on the right. Below the navigation is a main banner with the text "Coventry Health Care. Expect peace of mind." and a photo of a woman and a child. To the right of the banner are several service tiles: "Our Medicare Solutions", "My Online Services" (with a sub-header "Access your health care information & manage your personal health with our wellness tools." and a "Login or Register Now" link), "Individuals & Families", and "Medicaid". At the bottom, there are links for "Plan Members" and "Providers".

The screenshot shows the "Access My Group Benefits" page on the Coventry Health Care of Nebraska website. The page has a navigation bar with "Health Care Solutions", "Services & Support", "Wellness Resources", and "Contact Us". Below the navigation is a large photo of two children. The main heading is "Access My Group Benefits". There is a breadcrumb trail: Home > Services & Support > Members > Access My Group Benefits. The main content area is titled "Access My Group Benefits Page" and contains the text: "To access your My Group Benefits page, please enter your username & password or group access code into the field below and click the gold submit button." Below this text is a text input field and a gold submit button. On the left side, there is a sidebar with a "Members" section containing links: "Locate a Provider", "Announcements/News", "Frequently Asked Questions", "Fraud & Abuse Education", "Other Important Information", and "Member Contact Information". Below that is a "MY GROUP BENEFITS" section with a link "Access My Group Benefits". At the bottom, there are links for "Employers" and "Providers".



Transition of Care



- Preauthorized services approved by current administrator will be honored
- Submit this form if you have:
 - Service preauthorized already
 - Scheduled surgical procedures
 - Chronic conditions (Cancer, Multiple Sclerosis, Epilepsy, Transplants, etc...)
 - Home Health Care Needs
 - Self Administered Injectibles
 - Pregnancy



Coventry Health Care Transition of Care Form

In order to assist you and your dependents in transitioning care to Coventry In-network providers, please complete the following form. A case manager may be in contact with you to assist in the transition of care.

Employer Name: _____
 Employee Name: _____ Date of Birth: _____
 Phone Numbers: Work: _____ Home: _____ Can we contact you at work? _____

SECTION 1: Do you or any of your dependents receive any of the following?

Services	Services/Equipment Receiving	Member Name	Provider Name & Phone Number
Home Health			
Durable Medical Equipment			
IV Fluids & Medication at home			
Self Administered Injections			

SECTION 2: Please list any surgical procedures scheduled after your health care coverage changes to Coventry.

Procedure	Date Scheduled	Member Name	Provider Name & Phone Number

SECTION 3: Please list any history of transplants or on-going serious & chronic illnesses.

Surgery/Transplant/Illness	Date of Surgery/Illness	Member Name	Provider Name & Phone Number

SECTION 4: Please check any that apply. Are you or any of your dependents?

<input checked="" type="checkbox"/>	Condition	Member Name	Provider Name & Phone Number
<input type="checkbox"/>	Pregnant Due Date:		
<input type="checkbox"/>	Diabetic		
<input type="checkbox"/>	Asthmatic		
<input type="checkbox"/>	Heart Failure		
<input type="checkbox"/>	Coronary Artery Disease		
<input type="checkbox"/>	Chronic Kidney Disease		
<input type="checkbox"/>	Chronic Lung Disease		

Fax or Mail to:

In Nebraska:
 Coventry Health Care of Nebraska, Inc.
 ATTN: Health Services Department
 15950 West Dodge Rd.
 Omaha, NE 68118
 Fax: 1-866-769-2399

In Iowa:
 Coventry Health Care of Iowa, Inc.
 ATTN: Health Services Department
 4320 114th St.
 Urbandale, IA 50322-9947
 Fax: 1-866-341-1375

Completing this form does not guarantee continued payment of services. The amount of benefit coverage, if any, is subject to all plan provisions including the member's eligibility and any contractual limitations in effect when services are provided. All applicable co-payments, coinsurance and deductibles apply. Providers outside the network may require Coventry approval, based on your benefit plan design, and may be subject to your Out-of-Network rate.



Provider Search



Medical Providers

- Visit chcnebraska.com and click on the Provider Search link then select:
 - “PPO” for providers in Iowa or Nebraska, or
 - “Coventry National Network” located outside of Iowa or Nebraska

Mental Health Providers

- Visit chcnebraska.com and click on the Mental Health & Substance Abuse provider search link which takes you to the *MHNet* webpage

Provider | Online | Search

Access the Coventry Provider Search 24 hours a day to locate a participating provider near you.

- Choose hospitals with the integrated hospital quality comparison tool
- Search based on specific health conditions
- Save selected providers in “My Provider List”
- Interact with maps and driving directions

Visit www.chcnebraska.com.

Choose the **Locate a Provider** option at the top right of the home page.

On the next page, look in the middle of the page and click **Enter Provider Search**.

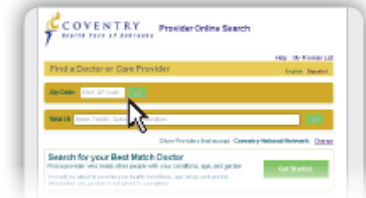
Select a Plan.

Choose **PPO** if you are searching for a provider located **within** Nebraska or Iowa.

Choose **Coventry National Network** if you are searching for a provider **outside** Nebraska or Iowa.

Find a Doctor or Care Provider.

Enter your zip code to find a doctor near you. You can also search by name, facility, specialty or condition, or you can use our **best match** tool to find a provider who treats other people of your gender or age group.



Questions? Contact Customer Service at the phone number on your ID card.



IO-M-E-C-CHC 10/11



Urgent Care



Urgent Care Providers

- Visit chcnebraska.com and choose Locate a Provider
- Contact Coventry Customer Service
- Reference the “After Hours Urgent Care Centers” flyer

Situations for Urgent Care

- Sprains
- Fever
- Ear Infections
- Serious Cuts
- Headache
- Sore Throat/ Cough
- Vomiting



After Hours Urgent Care Centers »» Nebraska

Use this quick guide to locate a participating, in-network urgent care facility. Please note that the providers listed are participating as of the date provided below. Changes in provider participation status can occur at any time. To confirm the participation status of any provider, use the online Coventry Provider Search at www.chcnebraska.com or contact Customer Service at the number on your member ID card.

Within Omaha metro area

OMAHA

Alegent Health Express Care - Applewood	9717 Q St		Omaha	NE	68127	(402) 537-1740
Alegent Health Quick Care LLC	14591 Stony Brook Blvd		Omaha	NE	68137	(402) 934-9640
Alegent Health Quick Care LLC	17810 Welch Plz		Omaha	NE	68135	(402) 934-1105
Alegent Health Quick Care LLC	3410 N 156th St		Omaha	NE	68116	(402) 614-1258
Alegent Health Quick Care LLC	7910 Cass St		Omaha	NE	68114	(402) 991-0181
Childrens Urgent Care Center - West Village Pointe	110 N 175th St	Site 1000	Omaha	NE	68118	(402) 955-8300
Midwest Minor Medical	13518 W Center Rd		Omaha	NE	68144	(402) 827-6502
Midwest Minor Medical	5310 S 84th St	Site 100	Omaha	NE	68127	(402) 827-6510
Midwest Minor Medical	8610 W Dodge Rd		Omaha	NE	68114	(402) 827-6511
Midwest Urgent Care	727 N 120th St		Omaha	NE	68154	(402) 493-2100
Physicians Clinic Urgent Care Millard	5908 S 142nd St		Omaha	NE	68137	(402) 354-1925
Physicians Clinic Urgent Care Northwest	10710 Fort St		Omaha	NE	68134	(402) 354-1001
Physicians Clinic Urgent Care South Omaha	3353 L St		Omaha	NE	68107	(402) 354-7700
Primary & Urgent Care, PC	15002 W Maple Rd		Omaha	NE	68116	(402) 445-9388
Rockbrook Urgent Care	2821 S 108th St		Omaha	NE	68144	(402) 933-8201
Urgent Care of Omaha Maple, LLC	17650 Wright Plz	Site 5	Omaha	NE	68130	(402) 334-2300
Urgent Care of Omaha Maple, LLC	3830 N 167th Ct		Omaha	NE	68116	(402) 965-4000
Urgent Care of Omaha Maple, LLC	8814 Maple St		Omaha	NE	68134	(402) 343-0095

BELLEVUE

Alegent Health Express Care Bellevue	3308 Samson Way	Site 102	Bellevue	NE	68123	(402) 291-3373
Bellevue Urgent Care LP	1307 Harlan Dr		Bellevue	NE	68005	(402) 291-8701

LAVISTA

Children's Urgent Care - Val Verde	9801 Giles Rd		La Vista	NE	68128	(402) 955-7200
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PAPILLION

Alegent Health Quick Care LLC	11650 S 73rd St		Papillion	NE	68046	(402) 991-7660
Sarpy County Urgent Care Inc	1219 Applewood Dr	Site 105	Papillion	NE	68046	(402) 502-0602
Urgent Care of Papillion	8419 S 73rd Plz		Papillion	NE	68046	(402) 991-9060

To locate a participating provider, visit the Coventry Provider Search at www.chcnebraska.com



Medical & Rx Drug Program

Civilian Plan & Retirees after August 2006



Medical Coverage:

Medical Deductible:	\$400 IND/ \$800 FAM
Medical Out of Pocket:	\$600 IND/ \$1,200 FAM
Coinsurance:	20% In Network/ 30% Out of Network

Prescription Drug Coverage:

1st level: \$100 Family Deductible

2nd level:	Generic:	\$5 copay
	Brand Formulary	20% (\$20 min / \$40 max)
	Brand Non-Formulary	20% (\$30 min / \$60 max)

3rd level: After \$750 Family Out of Pocket is reached, all prescriptions will be at \$5 copay



Prescription Drug Program

Important Plan Design Terms



Restricted Generic Program

If generic is available and your physician does not indicate dispensed as written (DAW), you will be responsible for the difference in cost between the brand & generic drug costs

Quantity Limits

Based primarily on FDA or Manufacturers recommended dosage

Prior Authorization (PA)

Required on medications that:

- A) Not suggested for first-line therapy
- B) Require special tests before starting
- C) Have limited approval for use

Step Therapy (ST)

Certain “steps” or actions need to be followed for some drugs to be covered

Formulary List

List of Preferred Medications available at lower copay levels



Prescription Drug Program

Prior Authorization



Why do certain drugs require prior authorization?

- High Cost, limited usefulness or high risk
- There may be more cost effective & safe alternative

What drugs requires prior authorization?

- Noted on the Formulary List with (PA)
- Contact Customer Service

How do you get a drug preauthorized?

- Your doctor can either call, fax or send a letter to the Pharmacy Call Center



Prescription Drug Program Member Transition Plan



Coventry is taking the following actions for members who may be taking a drug which requires prior authorization.

- Reviewing prescription drug information from current administrator and will send letters to impacted members
- Coventry is implementing a “Transition RX” program which allows a 1 time fill during the first 90 days of a members coverage

GOAL: To minimize member disruption during the transition to Coventry Health Care



Prescription Drug Program



Blood Glucose Meters for Diabetes

- Formulary Products is LifeScan OneTouch
 - Ultra2
 - UltraMini
 - UltraSmart
- All other Blood Glucose Meters are Non-Formulary
- Receive a **FREE** LifeScan OneTouch Meter
 - Obtain prescription from Physician for meter & test strips
 - Take prescription to participating pharmacy for your **FREE** meter



Prescription Drug Program

Specialty Medications



Drugs to treat complex diseases and are generally very high cost

- Includes Self Administered Injectable medications
- Distributed by a Specialty Pharmacy
- Limited to no more than a 30 day supply per fill; subject to quantity limits
- Require prior authorization

Note: Specialty Medications can be filled at retail 2 times and then must be dispensed through Coventry's Specialty Pharmacy vendor.

Medco/ Accredo is the Specialty Pharmacy Vendor

• Drug Classes/Diseases

- Pulmonary Arterial Hypertension
- HIV
- Transplant
- Oncology
- Multiple Sclerosis
- Hepatitis
- Rheumatoid Arthritis
- Blood Cell Stimulators
- Miscellaneous



Prescription Drug Program

Mail Order Program



Mail Order Program

- Offers 90 day supply
- 2 copays for 90 day supply
- Recommended for maintenance medications
- Delivered to your home

If you are currently on a mail order medication you will need to do the following:

- Refill current medication prior to 1/1/2012
- Get a new 90 day script from your physician with 3 refills (12 month supply)
- Complete the Mail Order Claim Form
- Complete Health, Allergy & Medication Questionnaire
- Submit new script, mail order form & questionnaire to Mail Order Pharmacy



Important Phone Numbers



Dedicated Toll Free Number

- 855-422-5821

Customer Service Hours

- Effective 12/12/2011 - 8am to 5pm
- Extended Hours In January 2012 - 7am to 6pm

Marci Wolters

- 402-444-5320

Stephanie Unger

- 402-444-5306



Questions

