



Georgia A guide for individuals and families

A variety of health benefits plans to **fit your needs at affordable rates**

Visit www.coventryone.com for more information.

Things to think about when choosing your 2016 health benefits and insurance plan*:

How your health care needs may be changing

Maybe you're planning to add to your family. Or maybe you had major surgery this year and expect next year to be less eventful! Planning ahead can help you find the right balance between your monthly payment and what you'll pay out of pocket.

The total cost for your plan

When comparing your plan options, make sure you're looking at more than just the monthly payment (also called premium). Take a close look at the plan benefits too. Look for terms like "copay" and "deductible." These will tell you what you could pay for your care when you go to the doctor, pick up a prescription, or have a hospital stay.

Who is in your plan's network

Networks can be different depending on the plan you pick. Even plans offered by the same insurance company could have different networks with different hospitals and doctors. Check that all your doctors are in the network you choose.

*Your insurance company may automatically enroll you in the same plan, or a similar plan, for 2016. You can change your plan during Open Enrollment.

Coventry does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Underwritten and administered by Aetna Health Inc. doing business as Coventry Health Care of Georgia, Inc.



Coventry Health Care, an Aetna company

Local health plan

Coventry has provided health insurance benefits coverage for more than 25 years. We're proud of our relationships with the community and our members, and we look forward to serving you.

National strength

Aetna (NYSE: AET) is one of the nation's leading diversified health care benefits companies, serving an estimated 45 million people with information and resources to help them make better informed decisions about their health care. Aetna offers a broad range of traditional, voluntary and consumer-directed health insurance products and services, including medical, pharmacy, dental, behavioral health, group life and disability plans, and medical management capabilities, Medicaid health care management services, workers' compensation administrative services and health information technology services.

Whether you need a little coverage or a lot, CoventryOne is right for you with:

- **Affordable** plan options that can help you meet your needs
- **Valuable** extras that help keep your costs down
- **Online** tools for easy access
- **Friendly**, efficient customer service

You're covered when you need care

Our plans include all the Essential Health Benefits, such as:

- **Doctor's office visits**, hospital and outpatient care
- **Preventive care** for adults and children
- **Prescription drugs** (including a mail-order program)
- **Routine gynecological exams** including Pap tests



Free access to a 24-hour Nurse Line

Call our Nurse Line toll-free at **1-855-410-7164**, 24 hours a day, seven days a week, including holidays. A registered nurse will help you anytime you are sick, are injured or have a health care question. You will get immediate answers and help in making the best health care decisions for you.

The Coventry Advantage

Extras to help you get more from your health plan

Helpful online tools at My Online ServicesSM

Secure online tools help you get the information you need, when you need it:

- Check claims status
- Request or print a new ID card
- Order prescription refills
- Research costs for drugs, procedures and conditions
- Find a doctor at www.coventryone.com

Note: My Online ServicesSM is available once you become a member.

Coventry[®] Mobile

While on the go, our mobile app gives you health information at your fingertips. With the app, you can:

- Check the status of a medical claim and view a detailed summary
- View your current benefits usage details
- Verify your doctor is in-network
- Locate a hospital or urgent care center near you
- View your ID card, current medications, allergy and immunization details, family history and more—and email or fax this information to your health care provider

With CoventryOne, you'll get extra features such as:

- Discounts on services and programs typically not covered under health benefits plans
- Health savings account offered with qualifying plans*

Support for your well-being

We're committed to supporting our members' health and wellness. That's where Coventry WellBeingSM comes in. You'll have access to:

- **Online health management.** This program offers tips for getting in shape, eating right and living well. You can use it to customize your fitness, nutrition and life skills goals.
- **Health risk assessments.** We offer online health risk assessments for common conditions such as high blood pressure and heart disease.
- **Email reminders for tests, screenings and immunizations.** It can be easy to forget about preventive care. You can sign up online for email reminders about scheduling screening tests and when to get certain vaccines.

Comprehensive Annual Physical

Be proactive with your health

Taking care of your health is more than just visiting your doctor when you're sick. The comprehensive annual physical looks at your overall health—everything from your head down to your toes.

*Investment services are independently offered by the HSA Administrator.

Important terms you should know.

Shopping for insurance may be new for you. Here are some important terms to keep in mind while you shop for coverage.

Benefit

A service, medical supply or drug that health insurance helps pay for. Some examples are doctor visits, tests and X-rays.

Coinsurance

The amount you pay after meeting your yearly deductible. For example, if you have an X-ray after you've met your deductible for the year, we'll pay most of the allowed amount, and you'll pay a certain percentage of it. The percentage you pay is called coinsurance. This is a form of cost sharing. It's a specified percentage you must pay for covered health services.

Copay (copayment)

A set cost you pay when you receive a covered service. Most plans have copays for doctor visits. You pay your copay to the physician or other health care provider.

Cost sharing

You pay a share of the costs for services through your deductible, coinsurance and copays. This doesn't include your monthly payment. The percentage you pay is based on the plan level you choose.

Deductible

The set amount you pay each year before we pay any benefits, unless otherwise stated.

Health insurance exchange

The health insurance exchange (or marketplace) is a new way to shop for health insurance. Online stores help you find, compare and choose a health insurance plan that fits your needs.

Health savings account

A health savings account, or HSA, is a savings and spending account that can be funded with tax-advantaged contributions that earn interest or investment returns. You can use it to pay qualified health care expenses, save money for future medical expenses, or save for post-retirement expenses.

Out of pocket

The total amount you pay for covered services — including copays, deductibles and coinsurance.

Premium

The set amount you pay each month for your health insurance coverage.

Provider network

A group of health care providers that works with us to offer services to our members at a discounted price. In-network benefits apply when you receive care from physicians or facilities that are part of our network.

Utilization management

Services that help you get the right care from the right doctor at the right time.



Choosing your plan

What do HMO and POS mean?

Health maintenance organization (HMO) plans provide coverage for in-network and emergency out-of-network care. No referrals are needed to see a specialist.

Some plans may require you to select a primary care physician.

Point of service (POS) plans cover both in-network and out-of-network care. You'll get the highest level of coverage when you get care in network. Some POS plans may require you to choose a primary care physician (PCP) to manage your care.

Choosing your benefits

Your plan options

Plans are grouped in three types: Bronze, Silver and Gold. The plan type lets you know how much you pay for premiums and out-of-pocket costs. Generally, the more you pay for your premium, the less you pay for your doctor visits and other care.

| Plan category | Premium | Out-of-pocket costs (costs you pay when you get care) |
|---------------|---------|--|
| Bronze | \$ | \$\$\$ |
| Silver | \$\$ | \$\$ |
| Gold | \$\$\$ | \$ |

Note: Not all plan types are available in every state. Check the plans on the following pages for what's available in your state.

If you are under 30 years old or have a very low income, you might be able to buy what's called a "catastrophic plan." These are not available in all states.

Native American and Alaskan Natives

If you're a Native American or an Alaskan Native, you may qualify for low-cost or no-cost health insurance coverage. Our Native American plans are available on the exchange. Visit www.healthcare.gov to see if you're eligible and enroll.

Health savings account (HSA) with bronze deductible-only plan

If you choose the bronze deductible-only plan, you have the option of selecting an HSA administered through our partner, HealthEquity®.

Family premium pricing

Your monthly payment will be the total of the rates for each person on the plan, based on their age and tobacco use. We will only charge you for your three oldest dependents under the age of 21.

Premium subsidies

You may qualify for help making your monthly payments. Help is based on the size of your family and your income. You can view the chart at www.healthcare.gov.

Purchasing your plan—you can:

- Apply online at www.coventryone.com or call us at **1-877-907-4044**
- Apply online at www.healthcare.gov, the Federally Facilitated Marketplace (FFM)
- Work with your local health insurance broker

Choosing a provider

Choose a primary care physician (PCP) to manage your health

A primary care physician (PCP) knows you and your medical history best. They'll coordinate your care and help you get the most from your health benefits. A PCP handles preventive care, as well as common medical conditions.

Specialist

A specialist is a doctor who is an expert in a certain kind of disease or injury. If you see a specialist, check to see if he/she is in the plan's network.

Find a plan with the right network of doctors and hospitals to meet your needs

When you receive services from a nonparticipating provider (a health care provider that's not part of our network), it's considered out-of-network. You are responsible for your out-of-network rate (if your plan includes out-of-network benefits). You're also responsible for the amount of the bill above the out-of-network rate, as well as your copay, deductible and/or coinsurance. **If your plan doesn't include out-of-network benefits, any out-of-network services you receive won't be covered unless it's an emergency.**

Network providers – they are easy to find

It's important to know which doctors and hospitals are part of your network. You can find this information online.

- **Doctors, hospitals and other medical providers**, go to www.coventryone.com and select "Find a Doctor."
- **Pharmacies**, go to www.coventryone.com and select "Find a Pharmacy." For preferred pharmacies, it will say, "Preferred pharmacy: You may get up to one month supply."
- **Mental health or substance abuse providers**, go to www.mhnet.com and select "Find a Provider," then select "Commercial."
- **Pediatric vision care providers**, go to www.eyemed.com and select "Find a Provider." Then choose the network "Insight."
- **Pediatric dental providers**, go to www.cvtydental.com and select "Search for a Provider" and "Pediatric Dental."

It's important to know which doctors and hospitals are part of your network before you choose your health plan. Not all doctors are part of every product or network we offer. You can find this information at www.coventryone.com.

CoventryOne provider networks —

Select a network with doctors you trust

Provider network information

In-network care

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

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 their 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.

Full network options

Coventry’s full network plans give you access to a variety of local doctors and hospitals. These providers offer discounts for their services.

Emergency and travel coverage: If you have a medical emergency, get treatment right away. Emergency services will be covered as if you received care from an in-network provider. You have this coverage while you’re traveling or at home. This includes students who are away at school.

Remember to visit our online provider search to locate doctors and hospitals in our networks.

Note: Providers vary by network.

Georgia CoventryOne Health Plan Network Options

Choose one of the provider networks listed below, then choose one of the six plans on the following pages.

| Provider network | Available in these counties | Network type | Out-of-network coverage | PCP selection required | PCP referral required |
|---|--|--------------|-------------------------|------------------------|-----------------------|
|  CoventryOne HMO (Albany) | Baker, Crisp, Dougherty, Lee, Sumter, Terrell, Worth | HMO | No | Yes | No |
| CoventryOne HMO (Atlanta) | Barrow, Cherokee, Clarke, Dawson, DeKalb, Forsyth, Fulton, Gwinnett, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale | HMO | No | Yes | No |
| CoventryOne HMO (Augusta) | Burke, Columbia, McDuffie, Richmond | HMO | No | Yes | No |
| CoventryOne HMO (Columbus) | Chattahoochee, Harris, Marion, Muscogee, Stewart | HMO | No | Yes | No |
| CoventryOne HMO – Hall (Gainesville) | Hall, Jackson | HMO | No | Yes | No |
| CoventryOne HMO (Macon) | Bibb, Bleckley, Crawford, Dodge, Dooly, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs | HMO | No | Yes | No |
| CoventryOne HMO (Savannah) | Bryan, Chatham, Effingham, Evans, Liberty, Long | HMO | No | Yes | No |
| CoventryOne HMO (SEGA) | Appling, Camden, Charlton, Coffee, Emanuel, Glynn, Jeff Davis, McIntosh, Montgomery, Toombs, Treutlen, Wayne | HMO | No | Yes | No |
| CoventryOne HMO (Valdosta) | Berrien, Clinch, Echols, Lanier, Lowndes | HMO | No | Yes | No |
| CoventryOne | Atkinson, Bacon, Baldwin, Banks, Bartow, Ben Hill, Brantley, Brooks, Bulloch, Butts, Calhoun, Candler, Carroll, Chattooga, Clay, Clayton, Cobb, Cook, Coweta, Decatur, Douglas, Early, Elbert, Fannin, Fayette, Floyd, Franklin, Gilmer, Glascock, Gordon, Greene, Habersham, Hancock, Haralson, Hart, Heard, Henry, Irwin, Jasper, Jefferson, Jenkins, Johnson, Lamar, Laurens, Lincoln, Lumpkin, Macon, Meriwether, Miller, Mitchell, Murray, Newton, Paulding, Pickens, Pierce, Pike, Polk, Quitman, Rabun, Randolph, Schley, Screven, Spalding, Stephens, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Towns, Troup, Turner, Union, Upson, Walton, Ware, Warren, Washington, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson | POS | Yes | No | No |

This material is for information only. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

CoventryOne Health Plan options in Georgia

| | GA Coventry Catastrophic HMO* | GA Coventry Bronze \$15 Copay HMO |
|---|--|---|
| | GA Coventry Catastrophic POS* | GA Coventry Bronze \$15 Copay POS |
| Member benefits | In network you pay | In network you pay |
| Deductible (ded) individual/family¹ (applies to out-of-pocket maximum) | \$6,850/\$13,700 | \$6,850/\$13,700 |
| Member coinsurance | 0% | 0% |
| Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services) | \$6,850/\$13,700 | \$6,850/\$13,700 |
| Primary care visit | Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded | \$15 copay; ded waived |
| Specialist visit | Covered in full after ded | Covered in full after ded |
| Hospital stay | Covered in full after ded | Covered in full after ded |
| Outpatient surgery (ambulatory surgical center/hospital) | Covered in full after ded | Covered in full after ded |
| Emergency room (copay waived if admitted) | Covered in full after ded | Covered in full after ded |
| Urgent care | Covered in full after ded | \$100 copay; ded waived |
| Preventive care/screening/immunization (age and frequency visit limits apply) | Covered in full; ded waived | Covered in full; ded waived |
| Annual routine gyn exam (annual pap/mammogram) | Covered in full; ded waived | Covered in full; ded waived |
| Diagnostic lab | Covered in full after ded | Covered in full after ded |
| Diagnostic X-ray | Covered in full after ded | Covered in full after ded |
| Imaging (CT/PET scans, MRIs) | Covered in full after ded | Covered in full after ded |
| Vision | | |
| Pediatric eye exam (1 visit per year) | Covered in full after ded | Covered in full; ded waived |
| Pediatric glasses/contacts (coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) | Covered in full after ded | Covered in full; ded waived |
| Pediatric dental (off exchange only) | | |
| Dental checkup/preventive dental care (2 visits per year) | Covered in full after ded | Covered in full; ded waived |
| Basic dental care | Covered in full after ded | Covered in full after ded |
| Major dental care | Covered in full after ded | Covered in full after ded |
| Orthodontia (medically necessary only) | Covered in full after ded | Covered in full after ded |
| Pharmacy | | |
| Pharmacy deductible | Integrated with medical ded | Integrated with medical ded |
| Preferred generic drugs | Generic: Covered in full after ded | Generic: Covered in full after ded |
| Preferred brand drugs | Covered in full after ded | Covered in full after ded |
| Nonpreferred drugs | Generic & Brand: Covered in full after ded | Generic & Brand: Covered in full after ded |
| Specialty drugs** | P: Covered in full after ded NP: Covered in full after ded | P: Covered in full after ded NP: Covered in full after ded |

¹The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

*Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan.

**P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

CoventryOne health benefits and insurance products are underwritten by Aetna Health Inc., dba Coventry Health Care of Georgia, Inc.

**GA Coventry Bronze
Deductible Only HSA
Eligible HMO**
**GA Coventry Bronze
Deductible Only HSA
Eligible POS**

**GA Coventry Silver
\$10 Copay HMO**
**GA Coventry Silver
\$10 Copay POS**

**GA Coventry Silver
\$10 Copay 2750 HMO**
**GA Coventry Silver
\$10 Copay 2750 POS**

| In network you pay | In network you pay | In network you pay |
|---|--|--|
| \$6,450/\$12,900 | \$3,500/\$7,000 | \$2,750/\$5,500 |
| 0% | 30% | 40% |
| \$6,450/\$12,900 | \$6,250/\$12,500 | \$6,850/\$13,700 |
| Covered in full after ded | \$10 copay; ded waived | \$10 copay; ded waived |
| Covered in full after ded | \$75 copay; ded waived | \$75 copay; ded waived |
| Covered in full after ded | \$500 copay per admission after ded; then 30% | 40% after ded |
| Covered in full after ded | \$250 copay after ded; then 30% | 40% after ded |
| Covered in full after ded | \$500 copay after ded | \$500 copay after ded |
| Covered in full after ded | \$75 copay; ded waived | \$75 copay; ded waived |
| Covered in full; ded waived | Covered in full; ded waived | Covered in full; ded waived |
| Covered in full; ded waived | Covered in full; ded waived | Covered in full; ded waived |
| Covered in full after ded | 30% after ded | 40% after ded |
| Covered in full after ded | 30% after ded | 40% after ded |
| Covered in full after ded | \$250 copay after ded; then 30% | 40% after ded |
| Covered in full; ded waived | Covered in full; ded waived | Covered in full; ded waived |
| Covered in full after ded | Covered in full; ded waived | Covered in full; ded waived |
| Covered in full after ded | Covered in full; ded waived | Covered in full; ded waived |
| Covered in full after ded | Covered in full; ded waived | Covered in full; ded waived |
| Covered in full after ded | 30% after ded | 30% after ded |
| Covered in full after ded | 50% after ded | 50% after ded |
| Covered in full after ded | 50% after ded | 50% after ded |
| Integrated with medical ded | \$500 per member | Integrated with medical ded |
| Generic: Covered in full after ded | Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived | Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived |
| Covered in full after ded | \$40 copay after ded | \$50 copay after ded |
| Generic & Brand: Covered in full after ded | Generic & Brand: \$75 copay after ded | Generic & Brand: \$80 copay after ded |
| P: Covered in full after ded NP: Covered in full after ded | P: 40% after ded NP: 50% after ded | P: 40% after ded NP: 50% after ded |

This plan comparison guide shows in-network benefits only.

Out-of-network benefits are not available for HMO plans, except in an emergency.

Out-of-network benefits are available for Point of Service (POS) plans only. Below are some of the key out-of-network benefits for the POS plans:

All plans:

Member coinsurance: 50%
Out-of-pocket maximum: Unlimited

Catastrophic

- Deductible (individual/family): \$13,700/\$27,400

Bronze \$15 Copay

- Deductible (individual/family): \$13,700/\$27,400

Bronze Deductible Only HSA

- Deductible (individual/family): \$12,900/\$25,800

Silver

- Deductible (individual/family): \$7,500/\$15,000

To learn more details about specific plans, including whether a plan includes out of network benefits, see the Summary of Benefits and Coverage at <http://www.sbcga.coventryone.com>

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

This material is for information only. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

CoventryOne Health Plan options in Georgia (continued)

**GA Coventry Gold
\$10 Copay HMO**
**GA Coventry Gold
\$10 Copay POS**

| Member benefits | In network you pay |
|---|--|
| Deductible (ded) individual/family¹ (applies to out-of-pocket maximum) | \$1,400/\$2,800 |
| Member coinsurance | 20% |
| Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services) | \$5,000/\$10,000 |
| Primary care visit | \$10 copay; ded waived |
| Specialist visit | \$40 copay; ded waived |
| Hospital stay | 20% after ded |
| Outpatient surgery (ambulatory surgical center/hospital) | 20% after ded |
| Emergency room (copay waived if admitted) | \$250 copay after ded |
| Urgent care | \$75 copay; ded waived |
| Preventive care/screening/immunization (age and frequency visit limits apply) | Covered in full; ded waived |
| Annual routine gyn exam (annual pap/mammogram) | Covered in full; ded waived |
| Diagnostic lab | 20% after ded |
| Diagnostic X-ray | 20% after ded |
| Imaging (CT/PET scans, MRIs) | 20% after ded |
| Vision | |
| Pediatric eye exam (1 visit per year) | Covered in full; ded waived |
| Pediatric glasses/contacts (coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) | Covered in full; ded waived |
| Pediatric dental (off exchange only) | |
| Dental checkup/preventive dental care (2 visits per year) | Covered in full; ded waived |
| Basic dental care | 30% after ded |
| Major dental care | 50% after ded |
| Orthodontia (medically necessary only) | 50% after ded |
| Pharmacy | |
| Pharmacy deductible | \$250 per member |
| Preferred generic drugs | Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived |
| Preferred brand drugs | \$40 copay after ded |
| Nonpreferred drugs | Generic & Brand: \$70 copay after ded |
| Specialty drugs* | P: 40% after ded NP: 50% after ded |

This plan comparison guide shows in-network benefits only.

Out-of-network benefits are not available for HMO plans, except in an emergency.

Out-of-network benefits are available for Point of Service (POS) plans only. Below are some of the key out-of-network benefits for the POS plans:

- Deductible (individual/family): \$6,750/\$13,500
- Member coinsurance: 50%
- Out-of-pocket maximum: Unlimited

To learn more details about specific plans, including whether a plan includes out of network benefits, see the Summary of Benefits and Coverage at <http://www.sbcga.coventryone.com>

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

¹The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

Apply for coverage beginning November 1, 2015

Steps to apply

Although you may apply for coverage up until January 31, 2016, applying after December 15, 2015 may result in a gap in coverage.

Enrollment Dates

| If you apply between ... | Your coverage will take effect ... |
|--------------------------------------|------------------------------------|
| November 1, 2015 – December 15, 2015 | January 1, 2016 |
| December 16, 2015 – January 15, 2016 | February 1, 2016 |
| January 16, 2016 – January 31, 2016 | March 1, 2016 |

If you have a qualifying life event after the open enrollment period, you may be eligible for a special open enrollment. Some of the qualifying life events are marriage, divorce and having a baby. See a full list of qualifying events at www.healthcare.gov.

Apply for a CoventryOne plan—Applying is easy with these steps



1. Choose your plan. We have different plans to fit your budget and help meet your needs. You can select a plan at www.coventryone.com. You can shop on the Health Insurance Marketplace at www.healthcare.gov. Or, you can work with a broker. Open enrollment will run from **November 1, 2015 – January 31, 2016**.



2. Check to see if you qualify for help making monthly payments by applying for a plan on the Health Insurance Marketplace website. The Marketplace will determine whether or not you qualify for help making your monthly payments. Help is based on the size of your family and your income. Be sure to complete all questions. You can get more information at www.healthcare.gov.



3. Apply online. You can submit your application online at www.coventryone.com or at the Health Insurance Marketplace website, if you qualify for financial help. Fill out one application for you and any family members who will be covered by the health insurance plan. Be sure to fill in all information. When you're done, check over the application to make sure the information is correct. Then print a copy for your records.



4. Make your first monthly payment. After you're accepted and enrolled, you'll receive instructions for making your first monthly payment. Your enrollment will be complete after we receive that payment.

Getting the health care benefits you need

Getting the health care benefits you need

Prior authorization

Some medical services and prescription drugs require prior authorization. Prior authorization means that we must approve covered medical services in advance. This helps you and your family receive the right care in the right place at the right time. In-network providers usually take care of prior authorizations for you. You are responsible for verifying that prior authorization has been obtained.

Case management

If you have a serious medical condition, you may benefit from case management. A Coventry case management nurse will work with you and your doctor to coordinate resources that will help you meet your health care needs.

Disease management

If you have asthma or diabetes we'll send you information to help you manage your condition. You may also receive reminders if you are past due for an important test or service.

Prescription drug program

Your plan covers prescription drugs. Your costs can vary based on the drug and the pharmacy you use. Some important things to remember:

- You should check our prescription drug list, also called a formulary, to find out how a prescription drug is covered.
- Your copay could be lower if you use a preferred pharmacy. A preferred pharmacy is a retail pharmacy, or pharmacy chain, that we work with to provide you with lower prices. Go to **www.coventryone.com** and choose "Find a Pharmacy" to find a preferred pharmacy.
- Some prescription drugs require prior authorization. Your doctor can contact us if prior authorization is required.



Good news! Your health benefits and insurance plan covers the services listed here with no cost share as part of preventive care.

This includes routine screenings and checkups. It also includes counseling you get to prevent illness, disease or other health problems.

Many of these services are covered as part of physical exams. These include regular checkups, and routine gynecological and well-child exams. You won't have to pay out of pocket for these preventive visits, when provided in network.

But these services are generally not preventive if you get them as part of a visit to diagnose, monitor or treat an illness or injury. Then copays, coinsurance and deductibles may apply.

Coventry follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.

Covered preventive services for women

Screenings and counseling for:

- BRCA (counseling and genetic testing for women of high risk with no personal history of breast and/or ovarian cancer)
- Breast cancer chemoprevention (for women at higher risk)
- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Interpersonal or domestic violence
- Osteoporosis (for women over age 60 depending on risk factors)

Medication and supplements:

- Folic acid supplements (for women of child-bearing ages)
- Risk-reducing medications such as tamoxifen and raloxifene, for women age 35 and older at increased risk for breast cancer

Contraceptive products and services:

- Prescribed FDA-approved female over-the-counter or generic contraceptives¹ when filled at an in-network pharmacy
- Two visits a year for patient education and counseling on contraceptives is also covered under your Coventry medical plan

Covered preventive services for pregnant women

- Routine prenatal visits (you pay your normal cost share for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests)
- Anemia screenings
- Diabetes screenings
- Bacteriuria urinary tract or other infection screenings
- Rh incompatibility screening, with follow-up testing for women at higher risk
- Hepatitis B counseling (at the first prenatal visit)
- Expanded counseling on tobacco use
- Breastfeeding interventions to support and promote breastfeeding after delivery, including up to six visits with a lactation consultant

¹Brand-name contraceptive drugs, methods or devices only covered with no member cost sharing under certain limited circumstances when required by your doctor due to medical necessity.

Covered preventive supplies for pregnant women

- Certain standard electric breastfeeding pumps (non-hospital-grade) anytime during pregnancy or while you are breastfeeding, once every three years
- Manual breast pump any time during pregnancy or after delivery for the duration of breastfeeding
- Breast pump supplies, if you get pregnant again before you are eligible for a new pump

For more information, call Member Services for details on how to use this benefit.

Covered preventive services for children

Screenings and assessments for:

- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Developmental screening (for children under age 3, and surveillance throughout childhood)
- Hearing (for all newborns)
- Height, weight and body mass index measurements
- Lipid disorders (dyslipidemia screening for children at higher risk)
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell (for newborns)
- HIV (for adolescents at higher risk)
- Lead (for children at risk of exposure)
- Medical history
- Obesity
- Oral health (risk assessment for young children)
- Phenylketonuria (PKU) (for newborns)
- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision

Immunizations:

From birth to age 18—doses, recommended ages and recommended populations vary

- Diphtheria, pertussis, tetanus (DPT)
- Haemophilus influenzae type b
- Hepatitis A and B
- Human papillomavirus
- Inactivated poliovirus
- Influenza
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chickenpox)

Eligibility and requirements

To qualify for a Coventry*One* plan, you must be:

- A resident of the state in which you are applying and a state in which we offer coverage
- Not be entitled to or enrolled in Medicare

We offer dependent coverage up to age 26.

Your coverage

Your coverage stays in effect as long as you pay the required monthly payment on time and as long as you are eligible for the plan.* Coverage will end if you become ineligible due to any of the following circumstances:

- Don't pay your monthly bill
- Move to another state
- Get duplicate coverage

Levels of coverage and enrollment

Your monthly payment may change based on the rating factors in your state. You may pay the lowest rate available (known as the standard premium charge). Or, you may pay more due to age, where you live and tobacco use.

Notice of Privacy Practices for Company's Members

The Company appreciates the opportunity to provide health care benefit plans to our members and their families. In the course of providing the health care benefit plans we administer or offer, the Company must collect, use, and disclose nonpublic personal information. The Company has adopted a Notice of Privacy Practices that describes the members' rights with respect to their personal information and how the Company will use, disclose and protect such information.

You can view our Privacy Policy by visiting www.coventryone.com. Just click "Privacy Policy" on the black bar at the bottom of the page.

Exclusions and limitations

Certain services and supplies are not covered by your health plan. Below is a partial list of exclusions that may apply. Please refer to the Certificate of Coverage for a complete listing.

- Any service or supply that is not medically necessary
- Any service or supply that is not covered or that is directly or indirectly a result of receiving a noncovered service
- Any service or supply for which you have no financial liability or that was provided at no charge
- Procedures and treatments that are experimental or investigational
- Court-ordered services or services that are a condition of probation or parole
- Cosmetic services and surgery, and the complications incurred as a result of those services and surgeries
- Adult dental care, appliances, dentures, implants or X-rays, including any provider services or X-ray examinations involving one or more teeth, the tissue or structure around them, the alveolar process or the gums
- Immunizations for travel or employment, or unexpected mass immunizations directed or ordered by public health officials for general population groups
- Work-related injuries or illnesses covered by workers' compensation laws
- Infertility services and supplies — any medical service, office visit, lab, diagnostic test, prescription drug, equipment, medicine, supply or procedure directly or indirectly related to promoting conception by artificial means
- Maintenance treatment or therapy that is not part of an active treatment plan intended to or reasonably expected to improve the member's medical condition or functional ability
- Any service for which a prior authorization is required and is not obtained

*Your insurance company may automatically enroll you in the same plan, or a similar plan, for 2016. You can change your plan during Open Enrollment.



Simple and affordable.
We've got you covered.

Enroll today

www.coventryone.com

Toll-free: Call **1-877-907-4044**

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Investment services are independently offered by the HSA Administrator. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about CoventryOne plans, refer to **www.coventryone.com**.

Coventry does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Health information programs provide general health information and are not a substitute for diagnosis or treatment by physician or other health care professional.

www.coventryone.com