

GET MORE Coventry Health Care Medicare Advantage Plans

Lighting Your Path to Good HealthSM





Agenda

- Who We Are
- What's In Your Packet?
- Are You Eligible?
- How Medicare Works
- Help With Your Medicare Costs
- BenefitsCheckUp[®]
- Prescription Drug Coverage – The Basics
- Understanding Your Formulary
- Plan Benefits
- What Happens Next (when you enroll)
- Enrollment Is Easy
- Contact Information Health Plan



Coventry Health Care

is your neighborhood health plan backed by the support of a national Fortune 500 company. We're committed to helping you be healthy and save money by providing you with personal attention and care you can depend on.

simplicity. value. service. committment.





What's In Your Packet

GET MORE
HOW A MEDICARE ADVANTAGE PLAN FROM COVENTRY HEALTH CARE CAN BENEFIT YOU

COVENTRY Health Care
Medicare Advantage Plans
Lighting Your Path to Good HealthSM

BENEFITS

Appendix 4 – Multi-Language Insert
We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-xxx-xxxx-xxxx]. Someone who speaks English/Language can help you. This is a free service.

COVENTRY Health Care – H9647
3 Stars
3 Stars

PHARMACY (RED DRUGS)

COVENTRY Health Care
Medicare health and drug plans perform in different categories (for example, detecting and preventing illness, drug pricing and customer service). The information provided below is an overall plan rating of our plan's ability to help you make the best choice. If you would like to get additional information on our plan's performance, call us at 1-866-731-9574 (toll-free) or 711 (TTY/TDD) for prospective members, 866-731-9574 (toll-free) or 711 (TTY/TDD) for current members.

Health services, the overall score for quality of those services covers 36 different topics in 5 plan check-ups that help them stay healthy.

Chronic (long-term) conditions: Includes how often members with different conditions get certain health plan responsiveness and care. Includes how often members with different conditions get certain phone customer service and appeals. Includes how well the plan handles calls from members.

Drug services, the overall score for quality of those services covers 17 different topics in 4

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Are You Eligible?

- ✓ Must have both Medicare Parts A & B
Must still pay Medicare Part B premium (if not paid for by Medicaid or another third party)
- ✓ Must live in the plan's service area
- ✓ Must not have End Stage Renal Disease (ESRD) – some exceptions

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JANE DOE			
MEDICARE CLAIM NUMBER	000-00-0000-A	SEX	FEMALE
IS ENTITLED TO HOSPITAL (PART A) MEDICAL (PART B)		EFFECTIVE DATE	07-01-2006 07-01-2006
SIGN HERE <i>Jane Doe</i>			



How Medicare Works - The 4 Parts

Part A - Hospital



Part B - Doctor's Services



Part C - Medicare Advantage



Part D - Prescription Drug





How Medicare Advantage Works

- Provided by private insurance companies, like Coventry, and approved by The Centers for Medicare and Medicaid Services (CMS)
 - Coventry will pay for your health care services, not Medicare
- Combines your Medicare Part A, Part B and Part D coverage into one plan (if you select a plan with prescription drug coverage)
- Includes coverage that goes beyond Original Medicare such as prescription drug coverage, fitness benefits and more
- You're still in Medicare, it's just a different way of getting your Medicare benefits, similar to HMO and PPO plans you may have had before



How Medicare Works - Enrollment Periods

Annual Enrollment Period (AEP)	Medicare Advantage Disenrollment Period (MADP)	Initial Coverage Enrollment Period (ICEP)	Special Enrollment Period (SEP)
Oct. 15 to Dec. 7	Jan. 1 to Feb. 14	7 months of eligibility: includes the 3 months before, the month of eligibility and the 3 months after eligible for Part B	Varies based on circumstance
All people with Medicare may enroll or disenroll from a plan (coverage will start 1/1/13)	May switch back to Original Medicare and elect a Part D plan	Newly eligible may enroll in a Medicare Advantage plan	May enroll or disenroll in a plan because of a special circumstance



What is the Medicare Part D Late Enrollment Penalty?

- The late enrollment penalty is an amount that's added to your Part D premium. You may owe a late enrollment penalty if at any time after your initial enrollment period is over, there is a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage.

Note: If you get Extra Help, you don't pay a late enrollment penalty.



Help with Your Medicare Costs - You May Qualify

- 1-800-Medicare
(1-800-633-4227),
24 hours a day/7 days
a week
(TTY 1-877-486-2048)
- Social Security Office
1-800-772-1213, 7 a.m.
to 7 p.m.
(TTY 1-800-325-0778)
- State Medicaid Office
- www.Medicare.gov

Program	Help Paying For...
Low Income Subsidy (LIS)	Prescription drug premium and costs
QMB (Qualified Medicare Beneficiary)	Part A and B premiums, and other cost-sharing (like deductibles, coinsurance and copays)
SLMB (Specified Low-income Medicare Beneficiary)	Part B premiums only
QI (Qualifying Individual)	Part B premiums only
QDWI (Qualifying Disabled & Working Individuals)	Part A premiums only



More Help is Available - BenefitsCheckUp

The screenshot shows the BenefitsCheckUp website. At the top left is the logo for BenefitsCheckUp, which includes a green checkmark and the text "BenefitsCheckUp A SERVICE OF THE NATIONAL COUNCIL ON AGING". To the right is the Coventry Health Care logo, featuring a stylized flame and the text "COVENTRY Health Care". Below the logos is a navigation bar with four buttons: "Home", "Find Benefits", "Apply for Extra Help", and "Find Applications". The main content area is titled "Get Started Now!" and contains a paragraph: "There are benefits you may be missing! BenefitsCheckUp helps you find and enroll in public and private benefits programs. You can also find information on Medicare Prescription Drug Coverage including an online application for the Extra Help. It's simple and free and always includes the most up-to-date information." Below this paragraph are three columns of content, each with an icon, a title, a description, and a "Go!" button. The first column is titled "Find Benefits Programs" and describes finding and enrolling in programs that can help save money. The second column is titled "Medicare Rx Extra Help" and describes applying for Medicare's Extra Help and finding out if you qualify for other valuable benefit programs. The third column is titled "Application Forms Center" and describes getting applications and fact sheets for programs that help pay for prescription drugs and health care. At the bottom of the main content area, there is a link: "Click here to see Medicare Advantage plan options from Coventry." The footer contains the copyright notice "© 2008 National Council on Aging. All rights reserved." and a link to "Privacy Policy / Terms of Use / Feedback / Partner Login" with a right-pointing arrow.

www.BenefitsCheckUp.org/Coventry

One-stop resource for determining eligibility for programs that can help with all types of expenses, including health care, prescriptions, taxes, utilities and more!



Medicare Advantage Prescription Drug Coverage

1. Initial Coverage Period ➔	2. Coverage Gap ➔	3. Catastrophic Coverage
<p><u>You pay:</u> Your plan copayment</p> <p><u>Coventry pays:</u> Remaining cost</p> <p>Until the combined amount reaches \$2,970.</p>	<p>After your total yearly drug cost reaches \$2,970*:</p> <p><u>You pay:</u> 47.5% of negotiated drug cost for brand and 79% of negotiated drug cost for generics.</p> <p>*Some plans have coverage in the gap. You pay a copayment for covered drugs.</p>	<p>After your total yearly drug cost reaches \$4,750:</p> <p><u>You pay:</u> \$2.65 for generics and \$6.60 for brand or 5% (whichever is greater).</p> <p>2013 True Out-of-Pocket (TrOOP) is \$4,750.</p>



Calculating Your Drug Costs

Example*:

30-day supply of a prescription = \$100 (total drug cost)

You Pay	Plan Pays	Amount that counts toward the Initial Coverage Limit of \$2,970
\$10	\$90	\$100

*This is only an example and does not represent the actual cost you will pay for your specific prescription medication(s)

If you are receiving Extra Help, the coverage gap does not apply to you

Beneficiaries will now receive 21% and 52.5% discounts on their generic and brand-name drugs once they enter the gap



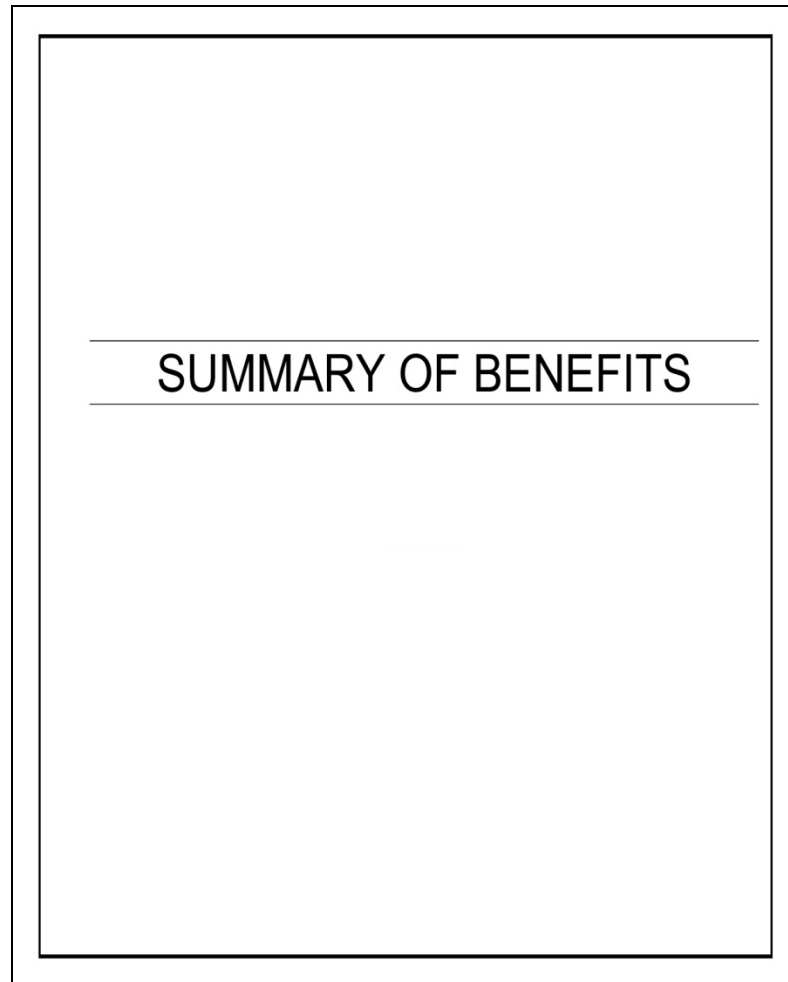
Understanding Your Formulary

- **Formulary Exception** – You can ask the plan to make an exception to the coverage rules
- **Transition Process** – to Coventry Formularies: If you are newly eligible, switching plans or have a change in level of health care, you can receive a one-time 30-day supply of your current medication(s). If you are in long-term care you will receive a 31-day supply.
- **Cost Tiers** – Each drug is categorized by Tier, which determines how much you will pay for that drug
- **Restrictions** – Some drugs have Prior Authorization, Quantity Limits and/or Step Therapy requirements
- **Network** – Extensive network of participating pharmacies, as well as mail order option for long term medications

Important: Review the plan's Formulary and Summary of Benefits for details on the pharmacy benefit. Online searchable formulary: www.formulary.coventry-medicare.com



Plan Benefits





Coventry offers you personalized health management and prevention programs that support you to stay healthy:

- Transitional Care upon discharge from the hospital
- Personalize Health Management programs provide extra attention for specific health concerns

We are focused on YOU!





Enrollment - What Happens Next

When you request enrollment, your application will go through a short processing procedure.


1. Once we receive your application, we'll review the information and confirm your Medicare eligibility with CMS
2. If you enrolled in our plan with the help of an agent/broker, we will call you within 10 days of receiving your application to verify your enrollment and answer any questions you may have
3. If everything is in order, you will receive a letter in the mail confirming your membership in our plan. You can use this letter as proof of insurance until you receive your member ID card. Please contact us if you do not receive the letter.

In the next few weeks, you will receive important materials regarding your coverage.

1. Your Coventry Identification Card – Carry this ID card with you at all times. Once you are enrolled in Coventry, you must present this card instead of your red, white and blue Medicare card whenever you seek covered services.
2. Your Evidence of Coverage – Explains the terms and conditions of your benefits. Read the Evidence of Coverage document carefully
3. A Coupon book if you chose that as your payment method for a premium
4. A letter giving you the opportunity to receive your ANOC/EOC/EOB electronically.



Enrollment – Your New Member ID Card

<p>Member: JOHN DOE Member #: XXXXXXXXXXXXX Group#: XXXXXX Benefit Eff. Date: xx/xx/xxxx PCP Name: JOHN SAMPLE MD PCP Phone: (XXX) XXX-XXXX Co-Pays: \$XX \$XX \$XX \$XX PCP SPEC ER UC Rx ID: XXXXXXXXXXXXX Rx Grp: XXXXXX Issuer: XXXXX Rx PCN: XXXXXXXX Rx BIN: XXXXXXXX Rx: \$X.XX \$X.XX \$X.XX XX% Tier 1 Tier 2 Tier3 Tier4</p>	 <p>COVENTRY[®] <i>Health Care</i> Medicare Advantage Plans MEDICARE BENEFIT DESCRIPTION Mental Health: 1-xxx-xxx-xxxx Dental: 1-xxx-xxx-xxxx</p>
<p>Customer Service : 1-xxx-xxx-xxxx, (TDD: 1-xxx-xxx-xxxx), x a.m. - x p.m., x days a week Pre-Certification : 1-xxx-xxx-xxxx ext. xxxxx Medical Claim Mailing Address : P.O. Box xxxxx Anytown, St xxxxx Mental Health Line : 1-xxx-xxx-xxxx (TDD: 1-xxx-xxx-xxxx), x-x x:00 a.m. - x:00 p.m. EMERGENCY : Go to the nearest emergency room or call 911. Send Pharmacy Claims to : PO Box xxxxx, Anytown, St xxxxx Pharmacy Customer Service : 1-xxx-xxx-xxxx (TDD: 1-xxx-xxx-xxxx), x hours/x days a week Pharmacy Provider Line : 1-xxx-xxx-xxxx, DO NOT bill Original Medicare. www.planname.com</p>	



Enrollment is Easy!

THIS ENROLLMENT REQUEST FORM IS IN SECTIONS. PLEASE REMOVE THE TAB AT THE LEFT TO SEPARATE THE SECTIONS BEFORE YOU BEGIN.

Coventry Health Care
Individual Enrollment Instructions and Request Form

Follow these easy instructions to enroll in Coventry Health Care. If you have any questions please call 1-877-390-0743 (TTY/TDD users should call 1-888-788-4010), 8 a.m. to 8 p.m., seven days a week.

- Each applicant must complete a separate form. **DO NOT PHOTOCOPY THIS INDIVIDUAL ENROLLMENT REQUEST FORM (IERF) FOR REUSE.**
- Please read carefully, print neatly and complete the entire Individual Enrollment Request Form.
- Have the following information handy:**
 - Your red, white and blue Medicare card - You will need to fill in information exactly as it appears on your Medicare card.
 - Your Medicaid program number, if you get Medicaid benefits.
 - Your health insurance card(s) for any other insurance you may have besides Medicare and/or Medicaid.
 - Emergency contact information.
 - Permanent Residence Address – If you list a PO Box instead of a street address as your Permanent Residence, send us supporting documentation, such as a utility bill, that shows your permanent address. Otherwise, we will need to contact you to confirm that you live in our service area, which could delay your enrollment.
- Sign and Date the Individual Enrollment Request Form.**
 - Missing signature and/or date will delay your enrollment.**
 - To avoid enrollment delays, please do not submit duplicate Individual Enrollment Request Forms or apply to the same plan multiple times.
- Complete and return the Enrollment Checklist found at the end of this form.**
- Keep the yellow Member Copy for your records.**
- Use the enclosed postage-paid envelope to mail your completed Individual Enrollment Request Form and other supporting documents.**

MAIL to: Coventry Health Care 2801 Slater Road Suite 200 Morrisville, NC 27560	OR, Give the completed Individual Enrollment Request Form to your agent for processing	OR, Fax the Completed Individual Enrollment Request Form to: Coventry Health Care Attention: Enrollment Dept. 1-866-779-9435	OR, Enroll Online via our website, www.medicare3things.com/NC or through the Medicare website, www.Medicare.gov	OR, Enroll by telephone at 1-877-390-0743 (TTY/TDD users: 1-888-788-4010), 8 a.m. to 8 p.m., seven days a week.
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ENR-10-NC



Closing

Thank You!



Disclaimers

Coventry Health Care is a Coordinated Care plan with a Medicare contract.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.