

 **HEALTHAMERICA**[®]
A Coventry Health Care Plan





EASY ACCESS TO ANSWERS

Registered nurses are available 24 hours a day, seven days a week to help you any time you are sick, injured, or have any health care question. Call **1-866-491-4462** toll-free. Or, to receive an answer by secure e-mail, visit the NurseLine link at **healthamerica.cvty.com**. Registered nurses will respond to your questions within 24 hours.

welcome

Your health care coverage

This booklet reflects your employer's commitment to providing you with comprehensive, high quality health care benefits. We are pleased to have you as a member of our health plan, and we look forward to serving you and your family.

We want you to get the most from your health plan. That's why it's important for you to review all the materials in this booklet, especially the Summary of Benefits included in the pocket.

In this guide

Your enrollment guide includes benefit descriptions, frequently asked questions, information on wellness programs, an overview of our website, and much more. The table of contents lists all the items covered. By taking the time to review this guide carefully, you can get the most value from your health coverage.

Primary care physicians (PCPs)

A relationship with a PCP is important for wellness and general coordination of health care. If you are enrolling in a Health Maintenance Organization (HMO) or a Point of Service (POS) plan, you must select a PCP for each covered family member. If your employer is offering a Preferred Provider Organization (PPO), no PCP selection is required, but we encourage you to maintain a relationship with a family doctor. The most current list of participating providers can be found on our website.

How to enroll

Review the Summary of Benefits and frequently asked questions in this booklet to select the option that best suits you and your family. Use the enclosed enrollment form. Print clearly and provide all the requested information, then give the completed form to your benefits representative.

A healthy relationship makes all the difference

If you have questions, call us at 1-800-788-8445 in central and eastern Pennsylvania, or 1-800-735-4404 in western Pennsylvania and Ohio. Some employers have dedicated customer service representatives. Check the pocket of your enrollment guide.

Our professional, caring Customer Service representatives are happy to answer your questions about the enrollment process, the health plan your employer has chosen, or anything else that might be on your mind. Our staff is available Monday through Friday from 8:00 a.m. to 6:00 p.m.



Services that may be covered

The following may or may not be covered by riders chosen by your employer group:
prescription drugs; allergy serum; bariatric surgery; dental and some oral surgery services; eyeglasses and contact lenses. Refer to your Summary of Benefits or ask your employer about your coverage.



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The Health Plans You Can Feel Good About

Financially secure

HealthAmerica has a financially strong parent company, Coventry Health Care, Inc. Ranked among the nation's top publicly held companies, Coventry is a national managed health care company that provides a full range of health insurance products and services to people in all 50 states, as well as the District of Columbia and Puerto Rico.

Ranked among the nation's best health plans for quality

Our HMO and POS both received Excellent Accreditation status from the National Committee for Quality Assurance (NCQA).^{*} NCQA is a not-for-profit organization dedicated to measuring the quality of America's health care.

More access to the leading providers

We contract with more than 40,000 providers and 200 hospitals throughout Pennsylvania and Ohio. We review the credentials of our new doctors thoroughly before they join and periodically while they are members of our network. **No referrals are needed** for specialist visits. A complete listing of our participating physicians and network hospitals can be found on our website or in our provider directory.

Worldwide emergency coverage

No matter where you travel, your coverage for emergency care is along for the trip—24 hours a day, seven days a week. If you are an HMO or POS member, we ask that you notify your primary care physician (PCP) as soon as possible after you receive care.

Coverage for dependents

The health care reform law allows you to keep your children on your health plan until they turn 26 years old. Exceptions may apply for "grandfathered" plans. If the state you live in provides a higher maximum dependent age, then that requirement will continue to apply.

^{*}Accredited for Pennsylvania plans.





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Out-of-Area Coverage/Service Area

Out-of-area Coverage

POS and PPO Members living in the HealthAmerica service area:

Members who live in our service area will access the HealthAmerica provider network to receive the highest level of coverage (in-network benefits).

Visits to providers outside the HealthAmerica provider network – except for emergency services – will be covered at the lower level of coverage (out-of-network benefits).

PPO Members living outside the HealthAmerica service area:

Members who live outside the HealthAmerica service area must use Coventry Health Care National Network providers to receive the highest level of coverage (in-network benefits).



Emergency Coverage

Remember, non-emergency conditions treated in an emergency room are not covered. You are covered for emergency care worldwide, including when you are out of town or on vacation. Call us within 24 hours after you are admitted to a hospital or have outpatient emergency surgery.

Dependent Coverage

To learn more about eligibility for these programs and find out how to enroll, call Customer Service at the number on the back of your ID card.

The health care reform law allows you to keep your children on your health plan until they turn 26 years old regardless of their student status, marital status, whether they live with you, or are claimed as a dependent on your tax return.

If a young adult is eligible to purchase other employer-based health insurance (e.g., through his or her own job), the law does not require the parents' plan to enroll that child if the parents' plan is a grandfathered health plan (i.e., in existence on March 23, 2010). Your employer will let you know if this exception applies to your coverage.

"Children" includes natural children, legally adopted children, stepchildren, and children who are dependent on you during the waiting period before adoption. Grandchildren are not eligible. If the state you live in provides a higher maximum dependent age, then that requirement will continue to apply.

For questions, call Customer Service at the number listed on the back of your ID card.

PPO Dependent Out-of-Area Coverage

With the Passport Program, dependents who are enrolled in a PPO plan and live outside the HealthAmerica service area will be covered at the highest level* for services that are obtained from providers in The Coventry Health Care National Network.

While enrolled in the program, dependents must use Coventry National Network providers to receive the highest level of coverage (in-network benefits). If the dependent will be returning to the HealthAmerica service area for an extended period, call Customer Service to remove the dependent from the program. Once they are no longer enrolled in the program, dependents use the HealthAmerica network to receive the highest level of coverage.

To re-enroll dependents in the program, you must call Customer Service. Once enrolled, dependents must use Coventry National Network providers to receive the highest level of coverage (in-network benefits).

*Certain services may require preauthorization, including, but not limited to, mental health and alcohol and chemical dependency services and other rehabilitative therapies.

Pennsylvania HMO Students Out of the Service Area

Not all employers offer this coverage. Check with your benefits administrator or call Customer Service.

If your child is enrolled as a student dependent on your **HMO plan and lives outside our Pennsylvania service area while attending school**, your child may be covered for the following services provided by **nonparticipating** providers when he or she is sick or injured:

- Allergy.
- Allergy antigen/serum.
- Corrective appliances.*
- Diabetic supplies/services.
- Dialysis.*
- Laboratory tests.
- Physician services for illness and injury.
- Radiology and nuclear medicine.*
- Rehabilitation services (outpatient only).*

Covered services vary, depending on the type of HMO plan you have. For services that are covered, office visit copayments, deductibles, and coinsurance apply. Services not covered by the HMO Out-of-Area Student Benefit include routine physicals and immunizations; pregnancy care (except the initial visit to diagnose pregnancy);

outpatient surgical procedures; transplants; and mental health and substance abuse services. Please refer to your plan documents for a full explanation.

Eligibility

If your child is enrolled as a student dependent on your HMO plan and lives **within our Pennsylvania service area while attending school**, then he/she is **not eligible** for this benefit. However, your child does have the option of changing PCPs to one who is local to his or her place of education. By selecting a local PCP, your child can receive the standard benefits as coordinated by HealthAmerica.

*Prior authorization is required for these services. If you are not sure if a service requires prior authorization, please contact us before you receive the service. Refer to your Group Contract and Subscription Agreement for details of covered services, or call us with questions.

Service Area

To find out if your doctor participates in our network, visit our website and use the online provider search. HealthAmerica members: choose "HMO, POS, PPO, or Lehigh Select" from the product drop-down. PPO members can also select providers in specific Maryland counties. Members enrolled in out-of-area plans: select "Coventry National Network" from the product drop-down.

HealthAmerica's service area includes all Pennsylvania counties for all products. Our Ohio provider network is concentrated in six counties: Belmont, Columbiana, Harrison, Jefferson, Mahoning, and Trumbull.

PPO

In addition to the service area listed above, the PPO service area includes Baltimore*, Carroll, Cecil, Frederick, Harford, and Washington counties in Maryland (*excluding Baltimore City.) It includes West Virginia. For some employer groups, New Jersey is part of our PPO network through QualCare.

Always call Customer Service if you need help locating a participating provider.



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Using the Emergency Room Wisely

Save time and money by knowing where to go for treatment.

What Is an Emergency?

HealthAmerica defines a medical emergency as a **sudden accident or sudden medical condition that causes severe symptoms or severe pain**. You could reasonably expect that if you did not receive immediate medical attention in a medical emergency, it would:

- Place your health in serious jeopardy.
- If you are pregnant, place the health of your fetus in serious jeopardy.
- Cause serious impairment to bodily functions.
- Cause serious dysfunction of any bodily organ or part.

There when you need us

HealthAmerica's NurseLine: (866) 491-4462

Call HealthAmerica's NurseLine toll-free, 24 hours a day, seven days a week including holidays. A registered nurse will help you any time you are sick, injured or are unsure. You will get immediate answers and help in making the best health care decisions for you.

A true medical emergency presents an immediate danger.

Some examples might include, but are not limited to:

- Poisoning or drug overdose
- Difficulty breathing or shortness of breath
- Chest or upper abdominal pain or pressure

PCP

Your primary care physician and his or her associates are best prepared to advise you about when and where to seek urgent care.

- Fainting, sudden dizziness, weakness, loss of consciousness
- Changes in vision
- Confusion or changes in mental status
- Uncontrolled bleeding
- Coughing or vomiting blood
- Suicidal feelings
- Difficulty speaking
- Severe pain

If you have a medical problem that is not a true emergency, be sure to call your PCP or doctor first. He, she or an on-call partner is available 24 hours a day and knows you, your medical history and the best place to go for your care.

True medical emergencies do not need prior authorization. If you believe that you or your family member should be treated right away, call 911 or your local emergency number, or go directly to the nearest ER.

Your Coverage

If you go to an emergency room for a condition that is not an emergency, the charges may not be covered.

Emergencies treated in the ER are covered in full by HealthAmerica. If you are treated for an emergency and released, you will generally need to pay a copayment to the hospital. Copayments are waived if you are admitted to the hospital.

Follow Up With Your Doctor

Always call your doctor as soon as possible after you are treated or admitted to a hospital. This will ensure that if you need follow-up care, such as the removal of stitches, you're covered at the highest level. It will also ensure that your medical records are kept current.





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Prescription Coverage

Not all employers offer this program. Not all components (e.g., quantity limits) apply. Check your Summary of Benefits or ask your employer.

HealthAmerica offers comprehensive prescription drug plans. They are easy to use and affordable. Our goal is to provide our members with safe, effective drugs at a reasonable price by helping to manage thousands of prescription drugs, many of which are virtually identical in safety and effectiveness. But in some cases, there are major differences in their costs. Lower prescription costs enable us to keep your premiums reasonable while offering a high level of benefits.

What is a formulary?

A formulary, sometimes called a prescription drug list, is a list of approved medications covered by your benefit plan.

How are drugs chosen for the formulary?

A committee of pharmacists and doctors compares each drug's safety, side effects, and effectiveness. Based on research and discussion, the clinical committee decides which ones are best for the formulary. In addition, our doctors and pharmacists stay current on the newest nationwide developments in medicine. We continually update our formulary based on the latest research.

What is the difference between open and closed formularies?

Open formularies provide specified coverage for nonformulary drugs. Closed formularies do not cover nonformulary drugs.

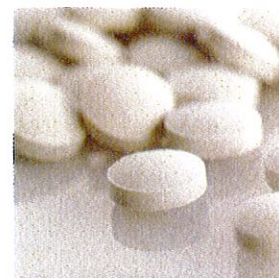
How are prescription drugs divided into "tiers"?

Our prescription drug plans are grouped by tiers. Each tier has a copayment.

2-tier means there are two copay levels for covered prescription drugs. **3-tier** means there are three copay levels for covered prescription drugs.

Generic drugs

Our benefits cover the generic drug when available. We strongly recommend the use of generic medications when medically appropriate. The active ingredients in generic medications are exactly the same as in brand-name products. The only difference between the brand-name and generic medication is the price. Brand-name medications are more expensive.



Not sure what pharmacy benefit you have?

It's easy to find out!
Check your
Summary of Benefits or
ask your employer.

Therefore, you will pay the lowest copay when your prescription is filled with a generic on the formulary. Members are required to pay a higher copayment for using brand-name medications.

Therapeutic equivalence

Your choice to save money is not just limited to generic alternatives to brand-name drugs. There are many generic drugs that differ chemically from a brand drug, but which have the same effect. This is called **therapeutic equivalence**. Unlike a generic substitution, a therapeutic equivalent will not have the same ingredients as a drug for which it is being substituted, but it will have the same clinical effect and safety profile.

Therapeutic equivalents, unlike generic substitutes, must be prescribed by your doctor and cannot be interchanged by pharmacists. Therefore, it is important that when your doctor prescribes a brand-name medicine, you ask not only if there is a generic available, but also if a cheaper therapeutic equivalent would work for you. For instance, the generic form of Zocor (simvastatin) may be a suitable replacement for other cholesterol lowering drugs that do not have a generic, such as Lipitor®. Talk with your doctor about therapeutic equivalence.

If your benefit does not cover nonformulary medications

If you can't take a formulary drug for medical reasons and you want coverage to be considered, your doctor must request approval for coverage of the nonformulary medication by calling us. Our clinical staff will review the information and consider an exception. This usually takes 48 hours after we receive all the necessary information. If we do not authorize coverage for the medication, *you must pay for it yourself*.

What are the different options?

We offer many pharmacy options, although not all employers are eligible for every option. The most popular choices are listed on the following page.

Prior authorization and step therapy

Employers often chose a pharmacy benefit that includes prior authorization or step therapy requirements for prescription medications. **The enclosed formulary tells you which drugs require preauthorization and step therapy.** All drugs with "PA" after the drug name require either prior authorization or step therapy. **Our website lists these drugs as well.**

Some drugs require prior approval, or **prior authorization** of coverage, before we will cover their cost. This includes some drugs on the formulary. These medications include those that (1) are not suggested for first-line therapy; (2) may require special tests before starting them (including some drugs on our formulary); or (3) have very limited approval for use. Drugs requiring prior authorization are identified in the formulary with a "PA" next to the name.

When many different drugs are available for treating a medical condition, it is sometimes useful to follow a "stepped" process for finding the best treatment. The first step is usually a treatment that is known to be safe and effective for most people. This treatment is known as "first-line" therapy and it is the preferred therapy for most people. If first-line therapy does not work or causes problems for a person, the next step is to try second-line therapy. This is called **step therapy**. For example, if Drug A and Drug B both treat the same medical condition, your doctor may have to prescribe Drug A first. If Drug A does not work for you, we will then cover Drug B.

Some plans have special or reduced prior authorization and step therapy requirements (e.g., Rx Select.) Check your Summary of Benefits.



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What Are the Different Options?

We offer many pharmacy options, although not all employers are eligible for every option. The most popular choices are listed below.

Prescription Plan/Copay	2-tier Closed Mandatory Generic	2-tier Open Mandatory Generic	3-tier Open Incentive Generic	3-tier Open Mandatory Generic	\$3 Generics Program (3-tier Open Mandatory Generic)
\$3 generics (tier 1a)					<ul style="list-style-type: none"> Select Drugs
1st tier (lower) copay	<ul style="list-style-type: none"> Formulary Generic Drugs Select Formulary Brand Drugs[†] 	<ul style="list-style-type: none"> Generic Drugs Select Brand Drugs[†] 	<ul style="list-style-type: none"> Formulary Generic Drugs Select Formulary Brand Drugs[†] 	<ul style="list-style-type: none"> Formulary Generic Drugs Select Formulary Brand Drugs[†] 	<ul style="list-style-type: none"> Formulary Generic Drugs Select Formulary Brand Drugs[†]
2nd tier (higher) copay	<ul style="list-style-type: none"> Formulary Brand Drugs (when no generic is available) Formulary Brand Drugs (where substitution is not required[‡]) 	<ul style="list-style-type: none"> Brand Drugs (when no generic is available) Formulary Brand Drugs (where substitution is not required[‡]) 	<ul style="list-style-type: none"> Formulary Brand Drugs (when no generic is available) Formulary Brand Drugs (where substitution is not required[‡]) 	<ul style="list-style-type: none"> Formulary Brand Drugs (when no generic is available) Formulary Brand Drugs (where substitution is not required[‡]) 	<ul style="list-style-type: none"> Formulary Brand Drugs (when no generic is available) Formulary Brand Drugs (where substitution is not required[‡])
2nd tier (higher) copay + extra charge*	<ul style="list-style-type: none"> Formulary Brand Drugs (when a generic is available and substitution is required) 	<ul style="list-style-type: none"> Brand Drugs (when a generic is available and substitution is required) 		<ul style="list-style-type: none"> Formulary Brand Drugs (when a generic is available and substitution is required) 	<ul style="list-style-type: none"> Formulary Brand Drugs (when a generic is available and substitution is required)
3rd tier (highest) copay			<ul style="list-style-type: none"> Nonformulary Drugs Formulary Brand Drugs (where substitution is required) 	<ul style="list-style-type: none"> Nonformulary Drugs (when no generic is available) 	<ul style="list-style-type: none"> Nonformulary Drugs (when no generic is available)
3rd tier (highest) copay + extra charge*				<ul style="list-style-type: none"> Nonformulary Brand Drugs (when a generic is available and substitution is required) 	<ul style="list-style-type: none"> Nonformulary Brand Drugs (when a generic is available and substitution is required)

* The extra charge is the difference in price between the brand-name drug and the generic equivalent.

† 1st tier copays apply to some brand drugs (e.g., Prilosec OTC, Prevacid OTC, Claritin OTC, Zyrtec OTC, etc). A complete list is available on our website.

‡ We do not require generic substitution for certain brand drugs. A complete list is available on our website.

Quantity limits

Many commonly used drugs have quantity limits placed on them. We use quantity limits to help make sure our members don't get a prescription for an amount that exceeds recommended limits. This way you can be sure you are not taking too much of the medicine, which could endanger your health.

In some cases, members get prescriptions from more than one doctor. The quantity limits act as a safeguard to make sure you aren't using more than your doctor recommends. Unless otherwise stated in your prescription drug benefit, our quantity limit is a 31-day supply or 100 tablets (units), whichever is less. You will pay one copay for each commercially prepared container, such as inhalers, insulin vials, or eye drops.

Mail-order advantage

You also may have a mail-order pharmacy benefit. Not only does this offer you convenience, but you also save by getting up to a three-month supply of certain maintenance drugs for fewer copayments. *(Note: not all drugs are available through mail-order.)*

Our mail-order pharmacy benefit allows members to order most maintenance medications through the mail. Maintenance medications are those drugs that are needed for long-term or chronic conditions such as high blood pressure or diabetes. If you must take a medication for longer than 90 days, you will most likely be able to take advantage of this benefit. **Call Customer Service at the number on your ID card for the details on your specific prescription drug plan.**

To use the mail-order pharmacy:

- 1) Confirm that the drug is available through your mail-order benefit by calling Customer Service.
- 2) Request a mail-order prescription from your doctor. (The prescription should be for up to a 90-day supply.)
- 3) For your first order only, complete the brief medication history on the mail-order envelope.

- 4) Mail the prescription(s) and applicable copay(s) in the mail order envelope to our pharmacy benefits administrator. You should expect delivery within two weeks, although many orders will arrive sooner. Medicines requiring refrigeration will be specially packed and shipped to arrive so they remain potent, at no additional cost to you. Some medications such as those for acute conditions like infections and migraine headache treatment, and controlled substances like Ritalin, are not suitable for mail service.

Save money on over-the-counter medications

HealthAmerica covers the cost of certain over-the-counter (OTC) medications with a doctor's prescription. You may be used to taking these items off the shelf and paying for them at the retail counter at your local drugstore. To save money through your HealthAmerica prescription coverage, the process is different. Just follow these easy steps:

Steps:	Retail:	Mail-order:
1) Ask your doctor	For a 30-day supply prescription	For a 90-day supply prescription
2) Choose your fill method	Present the prescription to the retail pharmacist	Send the prescription to Medco with a mail-order form
3) Pay the appropriate copay	One retail tier 1 copay	One mail-order tier 1 copay

For a list of covered OTC drugs, visit our website or call Customer Service.

Free immunizations at your local, network pharmacy

HealthAmerica covers the cost of some vaccines when administered at pharmacies. Members 18 years old and older who are covered by plans that comply with health care reform requirements can obtain vaccines for seasonal flu¹, adult shingles, meningitis, cervical cancer, and pneumonia at no cost through in-network pharmacies². You may need a doctor's appointment to obtain a prescription.

Just present the prescription for the immunization and your member ID card at the pharmacy. The immunization must be given by a pharmacist who has completed training in vaccine administration. Please check with your pharmacy about its requirements.



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The following vaccines will be covered for members who meet the age requirements outlined in the U.S. Preventive Services Task Force Guidelines. Common brand names are listed in parentheses.

- Influenza in season
- Pneumonia (Pneumovax)
- Meningitis (Menactra)
- Cervical cancer (papilloma-Gardasil; Cervarix)
- Adult shingles (Zostavax)

Refer to your health plan documents for any limitations or exclusions that may apply. You can ask your participating pharmacist if he or she administers vaccines or call Customer Service to find an authorized pharmacy. Coverage applies to members with pharmacy benefits through HealthAmerica. For more information, visit our website or call Customer Service.

- 1) Benefit is limited to standard-dose, intramuscular influenza (flu) vaccine. FluMist® is not covered through the pharmacy program.
- 2) Pharmacists in Ohio are able to administer influenza, meningitis, and pneumonia vaccines only.

\$3 generics program* — special features

Members enrolled in this program pay only three dollars (copay) for select drugs. Our select drug list (tier 1a) includes common antibiotics, pain relievers, acid reducers, anti-depressants, blood pressure, cholesterol-lowering drugs and more*. You can also get a 90-day supply of plan-approved maintenance drugs** at participating *retail* formularies (for three copays).

Members who use prescription smoking cessation drugs, weight loss drugs, prescription vitamins, or fertility drugs receive a discount at their retail pharmacy. The discount is taken automatically at network pharmacies when the pharmacist processes your prescription using your member ID card. Plus, members using OTC smoking cessation drugs with a doctor's prescription can obtain a discount as well.

* See the tier 1A drug list or call Customer Service for a complete list. Not all drugs and dosages are covered.

** Check your prescription documents for details.

Noncovered medications

Like most health benefit plans, prescription drug plans cannot cover all medications. Some medications are specifically excluded from our benefits, such as weight loss and smoking cessation drugs. To find out more about noncovered medications, please call Customer Service.



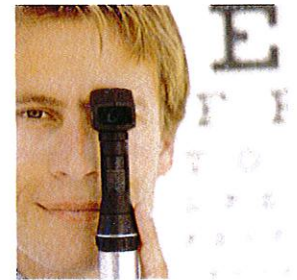
Vision Discount Program

*Not all employers offer this program.
Check your Summary of Benefits or ask your employer.*

We understand that proper vision care is important. That's why we offer our members a value-added vision discount program through EyeMed Vision Care.† The Vision One Eyecare program® offers immediate savings on your eye care needs including eye exams, eyeglass frames, and lenses.

Thousands of Vision Providers make it convenient for you.

National network locations include LensCrafters, Sears Optical, Target Optical, participating Pearle Vision locations, JCPenney Optical, and select independent doctors of optometry. Visit our website at www.healthamerica.cvty.com for a list of participating providers, or call 1-866-211-2417.



Zero hassles make it easy to get care.

Simply present your HealthAmerica or HealthAssurance ID card to any EyeMed network provider to access plan #9238874 and receive discounts on eyeglass lenses, frames, conventional lenses, and additional purchases such as tinting and UV coating.

Other program features include:

- Mail-order contact lens program.
- No claim forms! Use your discount as often as you want.

*Vision One Eyecare discounts cannot be used with vision benefits, in-store promotions, or other discounts.

Be sure to check with your employer for any additional benefits or discounts.

To find a vision provider near you, visit our website or call 1-866-211-2417.

Two ways to save on LASIK surgery

HealthAmerica works with two providers of LASIK services to offer discounts to our members.

The answers to your questions about LASIK are just a toll-free phone call away.

1

U.S. Laser Network™

Call 1-877-5LASER6 for information about participating surgeons in your area and the savings you can receive. If you like, you can arrange for a free evaluation to find out if you are a good candidate for the procedure.

You also can obtain information about financing options that may be available to you.

2

QualSight™

To take advantage of the vision-correction plan, call 1-877-213-3937. A company care manager will explain the program, answer questions, and conduct a preliminary screening to determine if you are a candidate for the LASIK procedure.



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Help Yourself to Good Health with *WellBeing*

Helping yourself is good medicine

WellBeing provides easy-to-use options that allow you to improve your health through our complete, confidential wellness services. Our website provides you with secure, private features that will help you make meaningful lifestyle changes.

Know your numbers: confidential health risk assessment

With our electronic health risk assessment (HRA) you'll receive recommendations for steps you can take to better manage your health. Simply complete questions about your medical history, medical conditions, and lifestyle habits. The online HRA questionnaire takes about 15-20 minutes to complete. Within moments of completing the final question, you will receive a confidential, personalized, comprehensive report providing your "wellness score" and summarizing your current health status. The report can be read online, as well as printed to share with your physician and family members.

Online health coaching

Regular exercise, good nutrition, stress management, and other lifestyle changes will help you maintain physical and mental well-being. That's why we make it easy for you to incorporate them into your daily life. Through our website and online health coaching, you can create personalized plans for wellness including:

- Weight management
- Tobacco cessation
- Nutrition improvement
- Physical activity
- Stress management
- Cholesterol management
- Blood pressure management
- Sleep improvement
- Depression management

Online coaching includes step-by-step instructions and tools to help you get to where you want to be. Tools include a step tracker, restaurant guide, BMI Calculator, cookbook and portion-size helper, as well as Web and mobile applications.



Getting Started Is Easy

- 1**
Go to
www.healthamerica.cvty.com
- 2**
Select My Online Services
at the top of the page.
- 3**
Login or register if you are
a first-time user.
- 4**
Select Wellness Tools.





www.healthamerica.cvty.com

Focus on your family's wellness

Keeping kids healthy and happy can be challenging, not to mention stressful. To help you make more informed decisions about children's health and development, our website www.HealthAmericaKidsHealth.com offers award-winning content and games, a comprehensive library of parenting and health information, and thousands of up-to-date articles written for parents, kids, and teens.

From guidance on dealing with chronic conditions such as diabetes and asthma, to tips for family meals and fun outdoor activities, parents will find a wide range of topics. It's all organized in parent-friendly categories such as general health, infections, emotions and behavior, growth and development, nutrition and fitness, and first aid and safety. There's even an entire section for expectant and new parents.

Kids and teens will find information written just for them, with personal stories they can relate to, interactive features, and answers to questions kids and teens really ask. This great resource makes it easy for parents, kids, and teens to find medically sound, thoughtful responses to difficult-to-answer or embarrassing questions.

Discounts for alternative and complementary care

HealthAmerica offers an alternative and complementary care discount program to our members. This program gives you alternatives to lead a healthier lifestyle, with discounts on massage therapy and acupuncture. There's no paperwork. Just show your HealthAmerica ID card to the appropriate provider at the time of service. A list of *WellBeing* providers is available from the *Provider Search* section of our website.

Reimbursement for health education

We offer our members 100 percent* reimbursement of the cost of approved wellness programs offered through local hospitals and organizations. Topics include weight management*, diabetes management, nutrition, back care, and more. Visit our website or call Customer Service for details.

*Check with your employer to verify participation before enrolling in health education classes. Reimbursement is limited to \$350 per calendar year per member for the educational components of an approved group weight management program. Supplements and health screenings are not covered.



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Quick and Easy Online Services

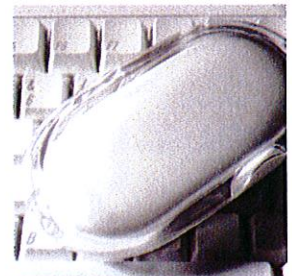
My Online Services gives you confidential access to personal information about your health coverage – when it is convenient for you. After a simple registration, you can:

- View eligibility, benefit, and policy information
- Check claim and referral status (including pharmacy claims)
- View service requests
- Change primary care physicians (if applicable)
- Request ID cards, or display and print an image of the ID card
- Change personal information such as address or phone number, if allowed by your employer
- Find prescription drug costs
- Access *Manage My HRA/HSA/FSA* to manage your health savings account, health reimbursement arrangement, or flexible spending account information, if offered by your group.
- Access *WellBeing* program information, including online coaching and personal health improvement.
- Review out-of-pocket expenses and deductible expenses you or your family incurred during the benefit year by clicking on **Benefit Year Utilization**.
- Establish a personal health record to print and share.
- View your most recent lab results.
- Set and track personal health goals.

If you have prescription coverage through us, you can access pharmacy information from our pharmacy benefit administrator. You can:

- View detailed personal prescription benefits and prescriptions for yourself and minor dependents.
- Order refills and track order status.
- View your prescription history.
- Find payment information for mail and retail orders.
- Find covered drugs and print your formulary.
- Locate a participating pharmacy, including independent and chain pharmacies.

To login to **My Online Services**, visit our website. Follow the instructions to login or register.



To login to **My Online Services**, visit our website and click on **"My Online Services"** at the top of the page. Follow the instructions to login or register.



Find Participating Providers

Anytime. Anywhere.



It's even easier for you to find participating providers. We've made some changes to help you get the information you need more quickly.

It's simple

One main screen offers you more options, making it easier to find different types of providers:

- Perform a quick and simple search with just a zip code.
- Search for a doctor, facility, or hospital by name.
- Specify criteria such as medical condition, age, or gender to find your "best match" provider.

You can do even more with the online provider search

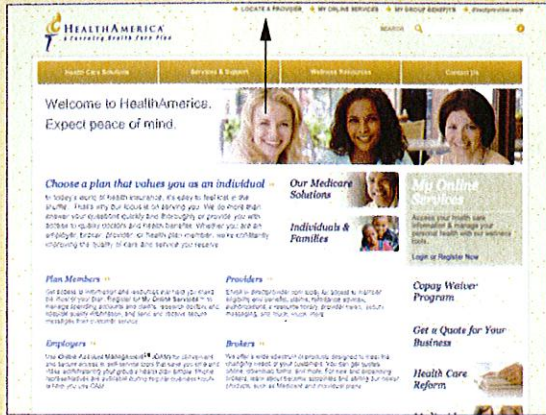
- Set your search language to English or Spanish.
- Narrow your search by specialty, medical condition, distance, and more.
- "Refer a Friend" and send an e-mail with specific provider details to someone you know.
- Connect to Google Maps for driving or mass transit directions to your provider.
- Compare up to three providers. Your comparison will include medical school, board certification, years in practice, and more.
- Use the "Text Me" feature to have the provider details sent to a mobile phone via a text message.
- Create a vCard with provider details using the "Add Contact" feature.
- Create a PDF directory for up to 500 providers or receive a link to a PDF directory for up to 15,000 providers.

Choose a hospital based on quality information for a specific condition including:

- Quality of care information
- Cost efficiency rankings
- The number of patients treated
- Patient safety information
- Complication rates



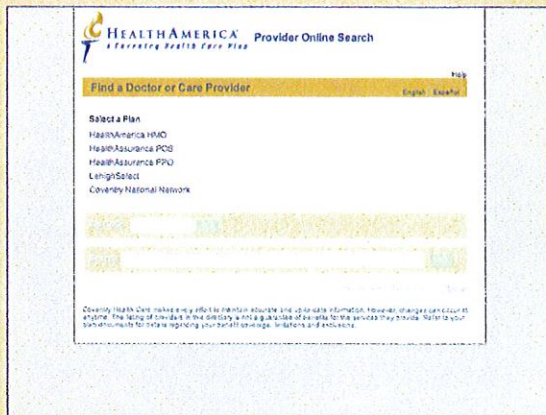
Step-by-step Simple Search



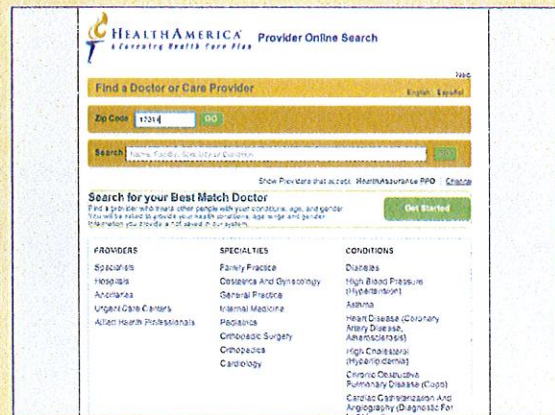
1 Go to www.healthamerica.cvty.com and choose "Locate a Provider" at the top of the screen.



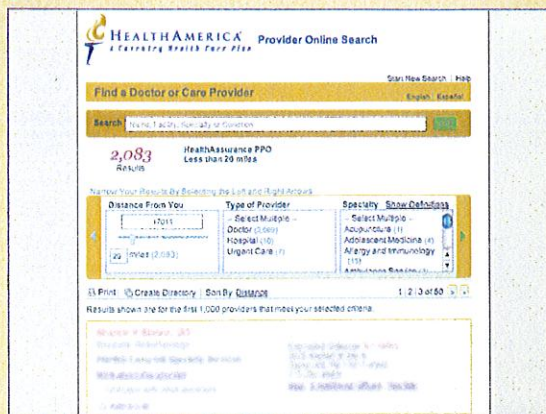
2 Select the blue "Search for a Provider" box.



3 Select the plan you are enrolled in (i.e. HMO, POS, PPO, LehighSelect or the Coventry National Network)



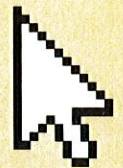
4 Type your zip code and click, "go."



5 You can narrow your search by distance, the type of provider, or specialty. It's that easy!

There are many other ways to search for providers. You can personalize your search by language spoken, gender and more.

If you are having trouble using the search, call Customer Service at the number listed in the back of your ID card. They can answer questions about your benefits and a provider's qualifications, or help you find a network provider.



Important Quality and Covered Service Information

Concurrent review process

Concurrent means “happening at the same time.” Concurrent review nurses perform this review either by telephone or by visiting the hospital during your treatment. During the review process our nurses continuously monitor the medical appropriateness and level of care provided to members while they are in the hospital. They also work with the hospital staff to coordinate your discharge plan. Concurrent review is performed for all members hospitalized in an acute, rehabilitation, subacute, or skilled nursing facility.

Retrospective review

This process includes a review of any service that a member has already received. It's just another example of our commitment to making sure our members get appropriate care.

Our commitment to you

As a responsible health care organization, we want you to understand what it means when you join our health plan and what you get in return. We are committed to high quality, accessible health care.

Member Privacy and Confidentiality

HealthAmerica is committed to protecting the privacy and maintaining the confidentiality of your personal health information. We maintain appropriate safeguards in all settings to protect the privacy and maintain confidentiality of information that we collect, use and share in oral, written and electronic forms. We make sure that only people who need to use your information have access to it, and that we only use, share or request information for purposes permitted by law. When we contract with another company to help manage your benefits, it must follow our privacy policies. When employers acting as plan sponsors need information to service your benefits, they must certify that they follow the federal HIPAA Privacy Rule to protect it. In addition, all of our employees are trained on our privacy and confidentiality policies and procedures. All employees sign contracts agreeing to follow these policies.





www.healthamerica.cvty.com

You will find more information about how we protect and may use your personal health information in our Notice of Privacy Practices (available on our website or by calling Customer Service). That notice also explains your right to appoint a personal representative, to review or amend your records, and to authorize or deny release of your personal health information for uses other than treatment, payment, or health care operations.

Noncovered services

The following is a partial list of the services not covered: services not medically necessary; services that are not arranged in accordance with plan policies and procedures; for the HealthAmerica HMO, services that are not provided by a participating provider. The following services also are among the services not covered: services available through governmental or school programs or covered by workers' compensation; personal comfort or convenience items; surgery or other treatments that are primarily cosmetic; surgical procedures to reverse elective sterilization or for sex transformation; experimental procedures or treatments; hearing aids; nonskilled nursing care; disposable medical supplies. Please read your group contract for a full explanation of benefits, limits, and exclusions.

Organ transplants/Centers of Excellence

HealthAmerica and HealthAssurance have a national organ transplant network (referred to as Centers of Excellence). For Pennsylvania members and Ohio HMO members, transplants must be provided at one of HealthAmerica's Centers of Excellence to be covered.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. For questions, call 1-800-788-8445 in central and eastern Pennsylvania or 1-800-735-4404 in western Pennsylvania and Ohio.



Quality You Can Count On

For six consecutive years, HealthAmerica has ranked among the nation's top health plans according to the National Committee for Quality Assurance (NCQA).[†] Our current commercial health plan ranking is 14 — the top six percent.* And our Medicare plans are among the top ten percent: ranked 28 out of 300 health plans evaluated nationwide.** Not too bad for your home town health plan.

Our rankings are based on many measures, including the quality of health care delivered by our participating providers, as well as the appropriate health screenings and key preventive services you receive, and member satisfaction. A lot goes into the calculations, but you can find peace of mind in knowing that it's all been done for you.

So, no matter how you do the math, take comfort in knowing that it all adds up — to health coverage focused on you.

[†]U.S. News/NCQA America's Best Health Insurance Plans 2005-2009 (annual).
America's Best Health Insurance Plans is a trademark of U.S. News & World Report.

*NCQA's Health Insurance Plan Rankings 2010-11 — Private

**NCQA's Health Insurance Plan Rankings 2010-11 — Medicare

Home Offices:

3721 TecPort Drive • P.O. Box 67103 • Harrisburg, PA 17106-7103

11 Stanwix Street • Suite 2300 • Pittsburgh, PA 15222

100 State Street • Suite 320 • Erie, PA 16507-1455

401 Plymouth Road • Suite 350 • Plymouth Meeting, PA 19462

www.healthamerica.cvty.com • www.healthassurance.cvty.com

HealthAmerica pays nonparticipating providers an out-of-network rate. In addition to your copay or coinsurance, you are responsible for paying nonparticipating providers the difference between our out-of-network rate and their actual charge for nonemergency services. **Your out-of-pocket costs for nonemergency care from nonparticipating providers may be substantial.**

Restriction on choice of providers: HMO members must use participating providers. When using nonparticipating providers, PPO and POS members must obtain or require nonparticipating providers to obtain preauthorization of nonemergency hospital and other facility (e.g., skilled nursing facilities, rehabilitation facilities, drug and alcohol treatment facilities) admissions, outpatient surgery and certain other services as stated in the certificate of insurance or subscription agreement. If the nonparticipating provider fails to obtain preauthorization for these services or admissions, the member may be responsible for 100 percent of the cost of the services.

Utilization Management decision-making is based solely on appropriateness of care and service and existence of coverage. Our decisions are based exclusively on the appropriateness of care and service, and the existence of coverage. We do not compensate or reward practitioners, employees, or other individuals for denying coverage or care. In addition, HealthAmerica does not use incentives to reward inappropriate restrictions of care.

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage is lost or exhausted and you are otherwise eligible to enroll. In addition, if you have a new dependent (including your spouse) as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption and they are otherwise eligible to enroll.

This brochure is not a contract. It is intended solely to provide you with a general overview of our health insurance products. Complete details of benefits, terms, and exclusions that apply to your health care coverage are governed by the group contract or administrative services agreement between your employer, union, or association and HealthAmerica.

Pennsylvania in-area PPO and CCPPO (POS) products are underwritten by HealthAssurance Pennsylvania, Inc. (d.b.a. HealthAmerica). All indemnity products, out-of-area PPO products, HealthAmericaOne products, and Ohio in-area PPO products are underwritten by Coventry Health and Life Insurance Company (d.b.a. HealthAmerica). HMO products are underwritten by HealthAmerica Pennsylvania, Inc.

Self-funded PPO, POS and indemnity plans are administered by Coventry Healthcare Management Corporation (d.b.a. HealthAmerica). Self-funded HMO plans are administered by HealthAmerica Pennsylvania, Inc.

HealthAmerica®, HealthAssurance®, and the torch design are registered service marks.