

# Coventry Health Care

Medicare Advantage Plans





## Agenda

- Aetna and Coventry Health Care
- Why choose Coventry Health Care
- What is in the enrollment kit?
- Do you qualify?
- How Medicare works – the four parts of Medicare
- How Medicare Advantage works
- Medicare Advantage offers more
- When can you enroll in a Medicare plan?
- What is the Medicare Part D late enrollment penalty?
- Need help with your Medicare costs? You may qualify.
- More help is available – BenefitsCheckUp®



## Agenda (continued)

- Prescription drug coverage: How it works
- Calculating your drug costs in the initial coverage phase
- Guide for using your formulary – the list of drugs covered by your plan
- You may also have these drug coverage rules
- You get 24/7 online support
- Plan benefits
- Stay healthy with these extras
- Enrollment is as easy as 1-2-3!
- Enrollment – what happens next
- Once you're a member
- We're here to help when you need us
- With Coventry you can get more



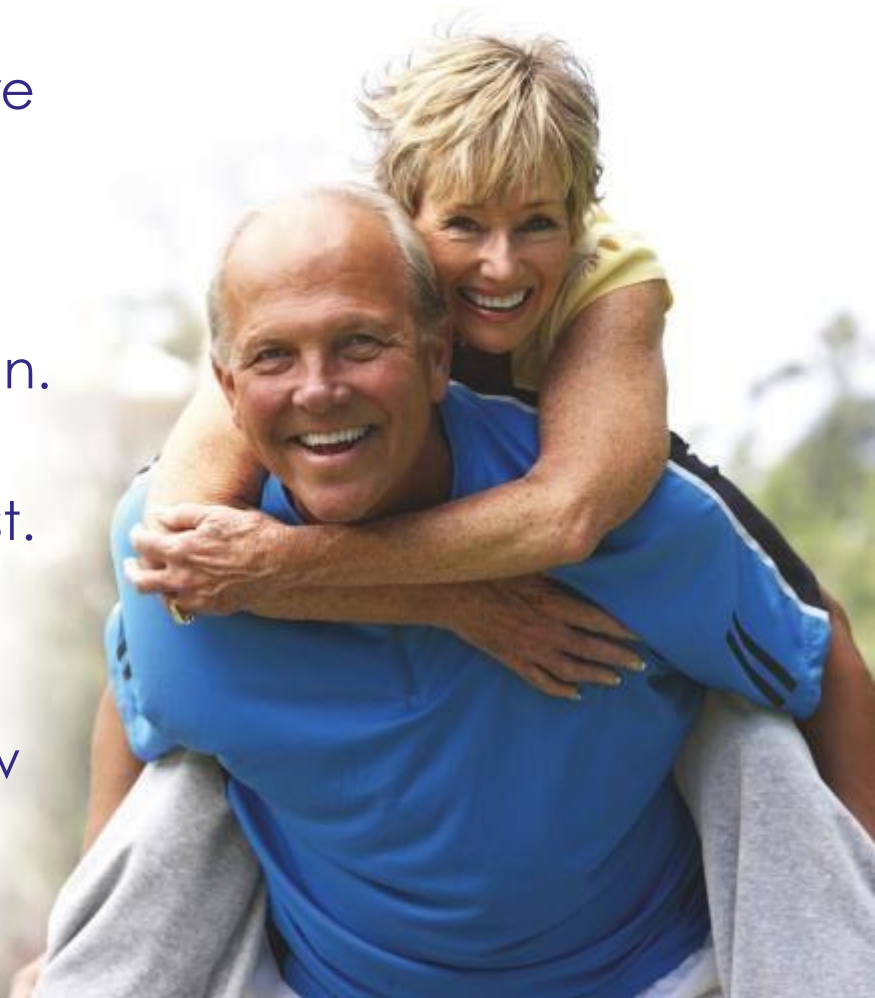
- Aetna bought Coventry Health Care in May 2013.
- Together, we work to create even better plans for you.
- The coverage choices we'll discuss today are through your local Coventry Medicare plan.
- If you enroll, your 2015 coverage will be through Coventry Health Care.





## Why choose Coventry?

- We're your neighborhood Medicare Advantage plan.
- We make it easy with Medicare-approved health and prescription drug coverage together in one plan.
- You get access to the health care you need from the doctors you trust.
- You get benefits beyond Original Medicare.
- You can save money with no or low monthly plan premiums.





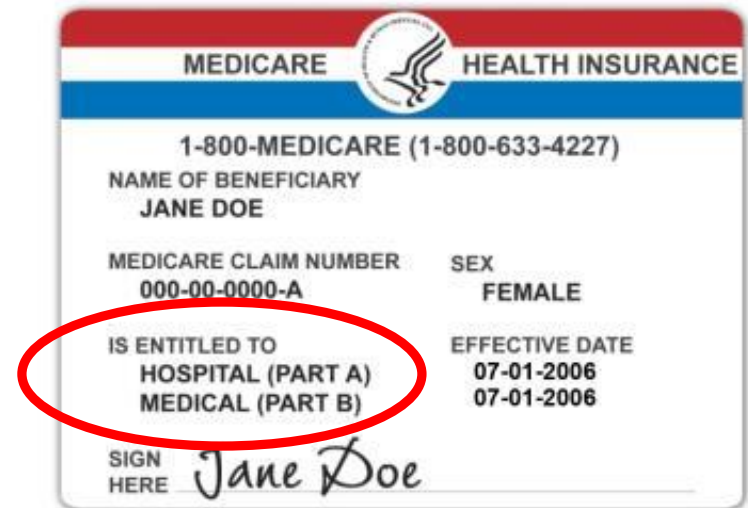




Do you qualify? You are required to:

- ✓ Have both Medicare Parts A & B.
- ✓ Live in the plan's service area.

You **can not** have end stage renal disease (ESRD). There may be some cases where this doesn't apply.







# How Medicare works – the four parts of Medicare

PART  
A

Hospital insurance



Medical Insurance



PART  
B

PART  
C



Medicare Advantage  
plans



Prescription drug  
coverage

PART  
D



## How Medicare Advantage works

- Provided by private insurance companies like Coventry
- Approved by the Centers for Medicare & Medicaid Services (CMS)
- Combines Medicare Part A, Part B and Part D into one plan



**Note:** Some Medicare Advantage plans do not include Part D



## Medicare Advantage offers more

- Medicare Advantage includes everything that Original Medicare covers and may add prescription drug coverage, fitness and more.
- You're still in Medicare. It's just a different way of getting your Medicare benefits.
- It is sometimes called "Part C" or "MA plans" and is offered by private companies approved by Medicare.
- Medicare Advantage is not a Medigap/Medicare Supplement plan. You don't need a Medigap policy if you have a Medicare Advantage plan.



# When can you enroll in a Medicare plan?

Enrollment Period:	Annual Enrollment Period (AEP)	Medicare Advantage Disenrollment Period (MADP)	Special Enrollment Period (SEP)
Dates:	October 15 to December 7	January 1 to February 14	Varies
Who:	When you can enroll in or disenroll from a Medicare Plan. Enrollments during this time will be effective January 1, 2015.	<p>If you're in a Medicare Advantage plan, you can leave your plan and switch to Original Medicare.</p> <p>If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage.</p>	<p>You may be able to join, switch, or drop a Medicare Plan during a Special Enrollment Period. Examples include:</p> <ul style="list-style-type: none"><li>• You move out of your plan's service area.</li><li>• You have Medicaid.</li><li>• You qualify for <b>Extra Help</b>.</li></ul>

**Note:** There are other times to enroll, such as when you are first eligible for Medicare.



## What is the Medicare Part D late enrollment penalty?

The late enrollment penalty is a fee that's added to your Part D premium. This applies if you don't have creditable prescription drug coverage. This penalty may apply if you don't have creditable coverage when:

- Your initial enrollment period is over.
- There's a period of 63 days or more 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.



## Need help with your Medicare costs? You may qualify.

You may qualify for **Extra Help** if you have limited income and resources. **Extra Help** is a Medicare program that helps pay some Medicare prescription drug costs such as:

- Monthly plan premium
- Yearly deductible
- Coinsurance
- Copayments

### TO SEE IF YOU QUALIFY:

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#### **Call 1-800-Medicare**

(1-800-633-4227) (TTY: 1-877-486-2048),  
24 hours a day/7 days a week

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#### **Call Social Security**

1-800-772-1213 (TTY: 1-800-325-0778),  
7 a.m. to 7 p.m.

.....

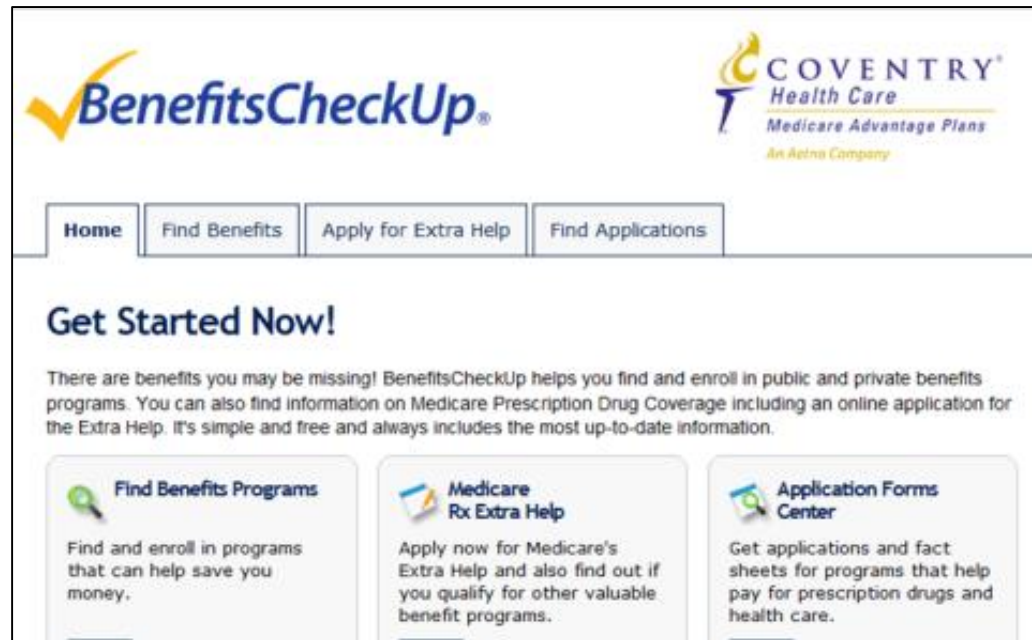
#### **Call your state Medicaid office**

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**Visit [www.Medicare.gov](http://www.Medicare.gov)**



## More help is available – BenefitsCheckUp®



[www.benefitscheckup.org/coventry](http://www.benefitscheckup.org/coventry)

There are benefits you may be missing! BenefitsCheckUp quickly finds federal, state and private benefit programs available to help you save money on prescription drugs, utilities, taxes, meals and more.





# Prescription drug coverage: How it works

DEDUCTIBLE	INITIAL COVERAGE	COVERAGE GAP (DONUT HOLE)	CATASTROPHIC COVERAGE
<b>You pay:</b> Because we have no yearly deductible, this coverage stage does not apply.	<b>You pay:</b> Part of the cost: a plan copayment and/or coinsurance.  <b>Your plan pays:</b> the rest of the cost.  <b>Until the combined amount (plus any deductible) reaches \$2,960.</b>	After your total yearly drug cost reaches \$2,960*:  <b>You pay:</b> 45% of the plan's cost for covered brand drugs and 65% for covered generic drugs.  *Some plans do have coverage in the gap. You pay a copayment/coinsurance for covered drugs.	After your total yearly drug cost reaches \$4,700:  <b>You pay:</b> \$2.65 for generics and \$6.60 for brand drugs, or 5% of the total cost (whichever is greater).  2015 True Out-of-Pocket (TrOOP) is \$4,700.

**Note:** If you are receiving **Extra Help**, the coverage gap does not apply to you.



## Calculating your drug costs in the initial coverage phase

**Example\*: 30-day supply of a preferred generic drug prescription = \$100 (total drug cost)**

You pay

Your plan pays

Amount that counts toward the Initial  
Coverage Limit of \$2,960

**\$5**

**\$95**

**\$100**

*\*This is only an example. It does not represent that actual cost you will pay for your specific prescriptions.*



## Guide for using your formulary – the list of drugs covered by your plan

**Cost tiers:** Each drug belongs to a tier, which determines how much you will pay for that drug.

**Network:** The pharmacies and mail-order options you have for getting your medications.

**Formulary exception:** You can ask your plan to make an exception to the rules.

**Transition process:** After joining, you might find you need a drug we don't cover. You might be able to get a one-time refill.





Your plan may also have these drug coverage rules:

**Prior authorization:** You and/or your prescriber are required to contact us for approval before you can fill certain prescriptions. Your prescribers may need to show that the drug is medically necessary for us to cover it.

**Quantity limits:** Limits on how much you can get at a time.

**Step therapy:** May require you to try one or more similar, lower-cost drugs before the plan will cover the prescribed drug.







You get 24/7 online support

**mycoventrymedicare.com:** Find a doctor, search our plan drug list, compare plans and costs.

**My Online Services<sup>SM</sup>:** Review claims, get a new ID card and more through our secure member website.

**Coventry mobile app:** Manage your health on the go with your smartphone.





## Plan benefits

January 1, 2015 – December 31, 2015

### **Summary of Benefits**





## Stay healthy with these extras



offers you special programs to help you keep up your good health:

- Transitional care helps when you are released from the hospital
- Personalize health management programs give you extra help for specific health conditions, like diabetes
- Fall and fracture prevention program includes an in-home consultant
- Additional no-cost services such as a voluntary and confidential in-home physical assessment program
- Preventive services and immunizations
- Health club membership, at not cost to you
- Compassionate journey



## Enrollment is as easy as 1-2-3!

1. Review your enrollment kit, then pick a plan.
2. Complete the enrollment form.
3. Return it to us.

You can also enroll online at  
[www.mycoventrymedicare.com](http://www.mycoventrymedicare.com)  
or [www.medicare.gov](http://www.medicare.gov).

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.

1. Each applicant must complete a separate form. **DO NOT PHOTOCOPY THIS INDIVIDUAL ENROLLMENT REQUEST FORM (IERF) FOR REUSE.**
2. Please read carefully, print neatly and complete the entire Individual Enrollment Request Form.
3. 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.
4. 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.
5. Complete and return the Enrollment Checklist found at the end of this form.
6. Keep the yellow Member Copy for your records.
7. Use the enclosed postage-paid envelope to mail your completed Individual Enrollment Request Form and other supporting documents.

MAIL to: Coventry Health Care	OR, Give the completed Individual Enrollment Request Form to: Coventry Health Care Attention: Enrollment Dept. 1-888-779-9435	OR, Enroll Online via our website, <a href="http://www.medicare4force.com/NC">www.medicare4force.com/NC</a> or through the Medicare website, <a href="http://www.Medicare.gov">www.Medicare.gov</a>	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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THIS ENROLLMENT REQUEST FORM IS IN SECTIONS. PLEASE RESOLVE THE TAB AT THE LEFT TO SEPARATE THE SECTIONS BEFORE YOU BEGIN.

M0003\_10MAPC\_Z33\_EnrAppAndChkLst CMS Approval Date: 3/15/2009 E164-10-XXXXXXX



## Enrollment - what happens next

When you fill out an enrollment form, your enrollment request goes through a short process:

- When we receive your enrollment request, we'll review it and send it to CMS for confirmation.
- If you enrolled in our plan with the help of an agent/broker, we'll call you to confirm you want to enroll.
- Once we process your enrollment request, you'll get a letter from us that you're a member in our plan.



## Once you're a member, you'll receive:

- **Your Coventry ID card.** Carry this card with you at all times. Use this card instead of your red, white and blue Medicare card.
- **Your Evidence of Coverage.** This explains the terms and conditions of your plan benefits. You should read this carefully.
- **Pharmacy mail order form and mailing envelope** — use these to get your prescription drugs by mail. Or call the Customer Service phone number listed on the form.
- You may receive letters and/or telephone calls from Coventry or other companies we have contracted with to offer you additional services.



## We're here to help when you need us

Just call the Member Services number on your Coventry ID card. We can help you with:

- Your claims
- Your benefits
- Using your plan
- Finding a doctor
- Doctor and specialist referrals (if required)
- Translation services

COVENTRY<sup>®</sup>  
Health Care  
Medicare Advantage Plans

Plan Type: xxxxxPLANxxTYPExxxxxx  
Name: xxxMEMBERxNAMExxx  
ID#:xxMBRxNBR-XX RxBIN: 610014  
Issuer: 80840 RxPCN: MEDDPRIME  
Group#: xxGRPxNBRx RxGrp: CVTYMED  
Group Name: xxxxxxxxxxxGROUPxNAMExxxxxxxxxx  
PCP Name: PCP NAMExxxxxxxxxxxxxxxxxx  
PCP Phone: XXX-XXX-XXXX  
Member Responsibility: OUTXX PCP/SPX Spec/ERX ER  
UC:UCX

MedicareRx<sub>✓</sub> IDXXX-PBP EXPRESS SCRIPTS<sup>®</sup>  
Prescription Drug Coverage Part B RxGrp: CVTYMED

**Customer Service:** 1-866-613-4977, (TTY/TDD 711 Relay)  
8 a.m. – 8 p.m. local time, Monday - Friday  
~~Medicare limiting charges apply~~  
**Medical Claim Mailing Address:** P.O. Box 7156, London, KY  
40742-7156 Emdeon Payer ID: 25133  
**For Pre-Certification:** Please Call 1-866-449-0828  
**Mental Health Line:** Call MHNet: 1-800-752-7242  
(TDD: 1-800-627-6684), 8:00 a.m. – 5:00 p.m. Eastern, M-F  
**EMERGENCY:** Go to the nearest emergency room or call 911.  
**Pharmacy:** Claims: Express Scripts P.O. Box 2860, Clinton,  
IA 52733-2860. Customer Service: 1-800-690-3412 (TDD 711  
Relay), 24 hours/7 days a week.  
Provider Line: 1-800-922-1557  
**DO NOT bill Original Medicare.**



## With Coventry you can get more

- We offer benefits beyond Original Medicare.
- Our Medicare Advantage plans offer you the same type of benefits as Original Medicare (Parts A and B).
- Plus, we offer coverage for additional benefits, such as prescription drug coverage, fitness and more.
- You can get all your benefits in one plan, you choose what's right for you.





Coventry Health Plans is a Coordinated Care plan with a Medicare contract. Enrollment in our plans depends on contract renewal. 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, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next. You must continue to pay your Medicare Part B premium. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 9 to 12 days. You can call 1-855-338-9551 (TTY 711), 8 a.m. to 8 p.m., seven days a week, from October 1 – February 14 and 8 a.m. to 8 pm., Monday – Friday, from February 15 – September 30 if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.





# Thank You!

