



Your **2013** Enrollment Guide

A GUIDE TO UNDERSTANDING YOUR HEALTH BENEFITS





This brochure is intended to be used with prospective and renewing members. In this brochure you will find a summary of Coventry Health Care of Virginia, Inc.'s HMO, POS and PPO products. PPO products are underwritten by Coventry Health and Life Insurance Company and administered by Coventry Health Care of Virginia, Inc. Your employer may or may not have elected to offer all of these products at your company. Be sure to check your enrollment materials to see which products are available to you.

This brochure refers to Evidence of Coverage form numbers SH.HMO.11-09 and SH.POS.11-09 and Certificate of Insurance form number SH.PPO.09, as well as SH4TRX.09 SH4TRX.11-09, SH.PPORX.10, SH.RX.10, SH4TPPORX.09, SH4TPPORX.11-09 and CHL.PPORX.7-07.

This document provides a general overview of the types of products and services offered by Coventry Health Care of Virginia, Inc. This is not a coverage document. Members or prospective members are encouraged to refer to the plan documents for details on benefits and any corresponding limitations and exclusions. From time to time, Coventry Health Care of Virginia, Inc. may offer to provide members access to discounts on health care-related goods or services such as those offered through WellBeing, KidsHealth, the vision discount program and wellness services. These services are being offered by a third-party vendor and Coventry Health Care of Virginia, Inc. is not liable for the provision of these services, the failure to provide services, or the negligent provision of these services. These services are subject to modification or discontinuance without notice.

Welcome

Your employer has chosen to offer you benefits through Coventry Health Care of Virginia, Inc. ("CHC VA"). As a prospective member, you need information that will help you make an informed choice about your health plan. In this enrollment packet, you will find the following pieces of information that will help you make your coverage decisions.

1. An Enrollment Guide – this guide will provide you with information about:

- ✓ How to get in touch with Customer Service and what to do if you need information in a language other than English
- ✓ The importance of having a primary care physician and how to find one
- ✓ How to get the most coverage for dependents living outside the service area
- ✓ What services require preauthorization and how to get it
- ✓ What to do if you need care after hours or have a medical emergency
- ✓ Online tools that will help you manage your account and give you access to a wide variety of wellness resources
- ✓ How we value your privacy and protect your sensitive data
- ✓ What services are not covered under your benefit plan

2. One or more Schedules of Benefits – this is a document that outlines the benefits that your employer has selected. It will tell you what type of benefits are covered and how much you can expect to pay for services. If there is more than one Schedule of Benefits, you will need to choose the plan most suitable for you and your covered dependents.

3. A summary of your pharmacy benefits (if your employer offers pharmacy coverage through CHC VA) – this summary will familiarize you with how to use your pharmacy benefits and how much you can expect to pay when you fill a prescription at a retail pharmacy or through the mail order service.

4. A summary of your vision benefits (if your employer offers vision coverage through CHC VA) – this summary will give you information about how to find a participating vision provider, how much you will pay for your routine vision

exam, and what kinds of discounts you can expect on vision hardware.

5. An Enrollment/Change Form – this is the most important form in this packet because it will let us know what plan you have chosen for the benefit year. Please make sure to read the form carefully and sign it before you return it to your Benefit Administrator.

In addition, it is important that you understand some of the key components of our utilization management policies before you enroll.

1. Preauthorization – As previously mentioned, your enrollment guide contains some information for you about preauthorization, including what services require one. In addition to our preauthorization processes, you should be aware of the following services that may be of help to you.

2. Concurrent Review – Concurrent means “happening at the same time.” Concurrent review nurses perform this review for all hospitalized members either by telephone or by visiting the hospital during your treatment. During the concurrent review process, our nurses and medical directors continually monitor the medical necessity and level of care provided to members while they are in the hospital. Concurrent review is performed for all members hospitalized in an acute, rehabilitation, sub-acute, or skilled nursing facility.

Nurses help with discharge planning needs for members to assure a smooth transition of care. Members with complex needs may be referred to Complex Case Management for on-going support.

3. Retrospective Review – This process includes a review of any care or service that a member has already received.

4. Complex Case Management – This program offers special assistance to members with serious and complex, long-term medical needs and promotes quality of care to reduce the likelihood of extended, more costly health care. Complex Case Management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual member's health care needs through communication

Welcome continued

and available resources to promote quality, cost-effective outcomes. You have the option to opt in by self-referral by calling Customer Service or if you choose not to participate, you may opt out by calling Customer Service or speaking with a case manager.

5. Disease Management – We provide disease management for conditions that can be improved through active management. Our aim is to proactively reach out to members and engage them in managing their health by emphasizing prevention through education, supporting the physician-patient relationship, and reinforcing compliance

with their physician’s care plan. Members are identified by various methods including, but not limited to, claims, pharmacy, laboratory, physician and self-referral. You have the option to opt in by self-referral by calling Customer Service or if you choose not to participate, you may opt out by calling Customer Service or speaking with a disease management staff member.

We look forward to serving you and your covered dependents. If you have questions about anything included in this packet of information, please call Customer Service at **800-627-4872**.

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How to Contact Us

Once you have registered for My Online ServicesSM, you can send us a secure email by going to our website, **www.chcva.com**.

Customer Service — 800-627-4872

Pharmacy Help Desk — 800-378-7040

Behavioral Health and Substance Abuse Services — 800-975-8919

Make the Most of Your Benefits

How to Use Our Benefit Plans

We want to make it easy for you to use our benefit plans. That is why we put together this Enrollment Guide. If you have questions about benefits or need assistance, please call Customer Service at **800-627-4872**, Monday through Friday, 8:00 a.m. - 6:00 p.m.

We Speak Your Language

Even if you do not speak English, we can still help you get answers to your important questions. Our language line provides interpreter services at no cost to you. Just tell the Customer Service representative that you need an interpreter and what language is needed. It is that simple.

Our translation service provides interpreters for more than 140 languages and is available during the Customer Service hours of 8:00 a.m. to 6:00 p.m. Eastern time. Call Customer Service toll-free at **800-627-4872**.

How to Enroll

We have included an enrollment/change form with this guide. The form is the main source for information we use to enroll you and your family members. Please print clearly and provide all of the information requested. This helps us enroll you quickly and accurately. Please complete the enrollment/change form and submit it to your company's Benefit Administrator. All enrollment/change forms must be received by CHC VA within 31 days of eligibility.

Primary Care Physician Guidelines

- A relationship with a Primary Care Physician (PCP) is important for your health and to coordinate your health care. We encourage you to see the same PCP every time for your health needs. Be sure to use participating network providers to save on out-of-pocket costs.
- You can find participating PCPs using the online provider search at www.chcva.com. Throughout the plan year you may change your PCP by logging on to My Online ServicesSM at www.chcva.com or by calling **800-627-4872**.

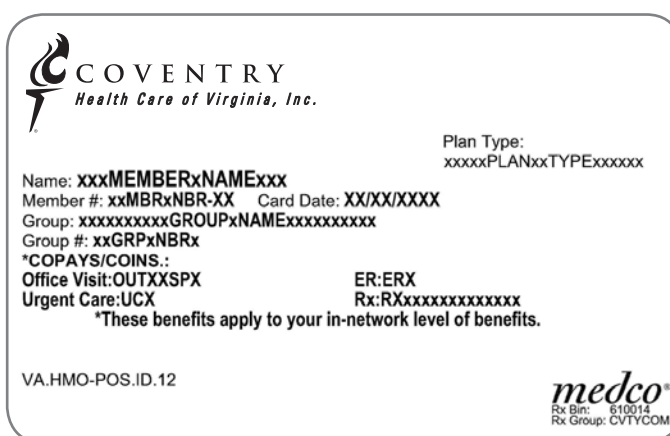
Your Member ID Card

Your member ID card allows you to get access to your health care benefits. Once CHC VA receives your enrollment information from your employer, you will receive a member

ID card. Members usually receive their ID cards within 10 working days after CHC VA has processed the enrollment.

The ID card lists the member number, the group number, copayments or coinsurance for selected in-network benefits and the date the benefits described on the card become effective. Each covered family member will receive a separate ID card.

Please review the ID card to make sure the information is correct. If any information on the card is incorrect, contact Customer Service at **800-627-4872**. If you need additional cards, you can print them at your convenience, 24 hours a day, seven days a week, by logging in to My Online Services. You may also contact Customer Service at **800-627-4872** to request a card.



Emergency and Urgent Care

Our plans provide coverage for medical emergencies, no matter where they occur. But it is important for you to understand the difference between an emergency and an urgent care situation.

If you are experiencing a medical emergency, get the care you need. It would be best to go to the nearest participating hospital emergency room (ER). Hospital ERs that do not participate with CHC VA should only be used if the delay in receiving care from a participating ER could reasonably be expected to cause your condition to get worse. Your claim may be denied if you go to the ER when it is not an emergency.

If you are admitted to a nonparticipating hospital in an emergency, you must let us know within 24 hours or by the next working day if the 24-hour deadline falls on a weekend or legal holiday. If you are incapacitated and unable to contact CHC VA an exception will be made. In this case, you must make arrangements for us to be notified as soon as possible.

What is a Medical Emergency?

A medical emergency is the sudden onset of a medical condition, such as unusually severe symptoms. You should seek immediate medical attention if the condition could result in:

- Serious jeopardy to your mental or physical health
- Serious impairment of your bodily functions
- Serious dysfunction of any of your bodily organs
- If pregnant, serious jeopardy to the health of the fetus

When to Call Your PCP Before Seeking Care

If an emergency occurs and time permits—or if you are not sure you are experiencing a medical emergency—call your PCP, even if you are on vacation. Your PCP's office may have a doctor "on call" 24 hours a day, seven days a week.

When Should You Use an Urgent Care Center?

When a minor illness or injury occurs unexpectedly and your doctor's office is closed, consider using an urgent care center. If you have an unexpected illness not usually associated with urgent care while you are out of the service area, CHC VA may pay for treatment at an urgent care facility.

If you need urgent care outside the service area, call Customer Service at the number on the back of your member ID card for specific benefit information.

Urgent Care Examples

- Sprains
- Non-severe bleeding
- Simple cuts that require stitches

Medical Emergency Examples

Some examples of a medical emergency include, but are not limited to:

- Severe or unusual bleeding
- Trouble breathing
- Chest pain
- Choking
- Suspected poisoning
- Severe burns
- Convulsions or seizures
- Broken bone
- Fainting or unconsciousness
- Any vaginal bleeding in pregnancy

What is Not a Medical Emergency?

As a single symptom, these are NOT emergencies:

- Coughing
- Vomiting
- Diarrhea
- Earache
- Sore throat
- Toothache
- Colds
- Pink eye
- Stomachache
- Mild fever
- Rashes
- Bruises

Getting the Approvals You Need

Some medical services and prescription drugs require preauthorization, also known as prior authorization. Preauthorization is CHC VA approval that is required before you receive certain medical services. Preauthorization is designed to ensure that you and your family receive the right care in the right place at the right time. In most cases, your provider will obtain preauthorization for you.

You can assist with this process by always presenting your member ID card prior to receiving services. Please note that if you use nonparticipating providers or national providers

(such as the Coventry Health Care National Network), you are responsible for obtaining preauthorization. You can call the CHC VA Preauthorization department at the number listed on the back of your member ID card to request preauthorization for services. And remember, if you are new to CHC VA please take advantage of our transition-of-care process.

Your Plan Document describes the level of coverage available under the plan in which you are enrolled. When seeking services from a nonparticipating provider, please refer to the section of your Plan Document that describes the process for obtaining preauthorization.

Medical Services Requiring Preauthorization*

- Automatic Internal Cardiac Defibrillator (AICD)
- Behavioral Health and Substance Abuse Services: some inpatient or outpatient behavioral health services or substance abuse treatment or rehabilitation**¹
- Bi-Ventricular Pacemaker
- Clinical Trials
- CT Scans
- Dental Treatment for Dental Accidents
- Durable Medical Equipment (DME): all rentals of DME and purchase of DME costing over \$250, (except ostomy supplies)
- Early Intervention Services
- Genetic Testing and Genetic Counseling
- Home Health Care (Nursing, Infusion, Respiratory, etc.) including Physical, Occupational and Speech Therapy
- Hospital Observation Stays
- Hyperbaric Oxygen all places of service
- Injectable and Self-Administered Injectable Drugs, if covered under medical and surgical benefits instead of prescription drug benefits
- Inpatient Admission Stays: includes acute, skilled nursing facility care and inpatient hospice
- Inpatient Rehabilitative Services: includes cardiac rehabilitation, pulmonary rehabilitation, physical, occupational or speech therapy whether received inpatient or outpatient
- Insulin Pump and Supplies
- Intensity-Modulated Radiation Therapy (IMRT)
- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiogram (MRA)/Positive Emission Tomography (PET Scan)
- Nonemergency Ambulance Transportation
- Nonimplanted Prosthetic Devices
- Nuclear Imaging Performed in Conjunction with Exercise Stress Testing
- Oral Surgery
- Outpatient Surgery (hospital or freestanding surgical center)
- Pain Management Services/Program, including epidural steroid injections
- Polysomnograms (Sleep Apnea Studies)
- Prenatal Services — Notification Only
- Psychological or Neuropsychological Testing
- Services Related to the Diagnosis of Infertility or the Diagnosis and Treatment of Infertility if an employer group has elected the Infertility Rider
- Transplant Consultations, Evaluations and Testing/Transplant Procedures²

* This list is subject to change. Please check the website (www.chcva.com) or call Customer Service for the most current list.

** Preauthorization must be requested from the contracted behavioral health/mental health and substance abuse vendor which is listed on the member ID card.

¹Members must call **800-975-8919** to obtain preauthorization for behavioral health and substance abuse services.

²All plans require use of the Coventry Transplant Network.

Transitioning Your Care

Are you or a covered dependent new to CHC VA? If so, we want to help ensure a smooth transition from your previous health plan to CHC VA.

Our transition-of-care process ensures that all approvals for planned treatment are in place. It transitions new members to participating providers and facilities. In most cases, members need to receive treatment from participating providers for services to be covered (HMO plans) or covered at the in-network level of benefits (POS or PPO plan).

Please be aware that not all health plans cover services in the same way. If you are receiving treatment for an ongoing condition, please check your Schedule of Benefits to see how you will be covered by CHC VA. Even if care has been approved by a previous health plan, it may still need to be approved by CHC VA.

If you have questions about transitioning your care, please call Customer Service at **800-627-4872**.

Did you know?

You can make the most of your benefits when you:

- Visit an urgent care center for nonemergency after-hours care
- Get the approvals you need for medical services requiring preauthorization
- Check your Plan Document for information about covered services
- Take advantage of our transition-of-care process for planned treatment (for new members)

Passport Program: Medical Coverage for Your Out-of-Area Dependent

Do you have a college student or other dependent who lives outside of the health plan service area? Our Passport Program is designed for you!

To qualify, dependents must be enrolled in one of our plans and live outside of the service area. Passport Program members receive out-of-area coverage at the highest level of benefits for many services when they are obtained from providers that are in the Coventry Health Care National Network. Members in the Passport Program should work with their Coventry Health Care National Network providers to ensure that all required authorizations are in place before services are rendered.

Using the Passport Program

Members should always present their member ID card so that providers can contact us and verify coverage.

Call Customer Service at **800-627-4872** to verify eligibility for the Passport Program and find out how to sign up your qualifying dependents living outside the service area.



Make the Most of Your Health

Coventry Complete Care Health Management Programs

Helping you maintain and improve your health is a key goal of CHC VA. We know that no two members will have the same health care needs so we offer a wide range of services.

If you are generally healthy, our focus is on preventive care and maintaining your health. We encourage you to visit a PCP for routine and preventive care. This care can help identify medical problems before they become serious or life-threatening. Also, it may prevent future problems.

We cover adult physicals, well-baby care, immunizations, mammograms and other diagnostic screenings performed according to preventive care guidelines. We work to ensure our members are up-to-date on preventive care by sending reminders.

Our magazine, *LivingWell*, features health-related articles as well as health plan information.

Coventry PersonalCare Condition Management

If you are a member with a specific medical condition such as a chronic illness, we have programs — at no cost to you — to complement the health care you receive from your doctors. We may provide you with a personal nurse case manager to help you navigate what can be a complex health care system.

CHC VA takes your health personally. That's why we offer individual support to members to help them manage through the following programs:

- PersonalCare Asthma
- PersonalCare Chronic Obstructive Pulmonary Disease (COPD)
- PersonalCare Coronary Artery Disease (CAD)
- PersonalCare Diabetes
- PersonalCare Heart Failure
- PersonalCare High-Risk Maternity

Throughout the year, CHC VA identifies members who may benefit from the programs. If you or one of your family members have an ongoing health condition, we might contact you to help you understand additional programs and services available to you.

Coventry Compass Care for Serious Illness

If you have a serious or complex illness, Coventry Compass Care provides care guides to help you navigate the health system

and make the most of the resources available. Care guides are nurses or social workers who can answer your questions and help you understand your treatment plan. Be sure to take advantage of these valuable resources for better health.

Coventry WellBeingSM Program

Our self-care and wellness program, Coventry WellBeing*, can help you make meaningful lifestyle changes to your diet, fitness level and emotional well-being.

Start with a Succeed[®] Health Risk Assessment

To make the most of the wellness program, you'll want to take a health risk assessment (HRA). The HRA is completely confidential and takes about 20 minutes. You'll answer questions about your habits and health history. After you finish, you will receive a report that lets you know how well you are doing with your healthy habits.

Next Step, Personalized Coaching

Based on the results of your HRA, personalized wellness programs will be prioritized just for you to address areas in need of improvement. For example, if you are not physically active, you may enroll in a personalized program that will help you incorporate activity into your life. After you get started, you will receive periodic follow-up messages to check on your progress. The program offers personalized coaching in the following areas:

- Balance[®] weight management
- Breathe[®] tobacco cessation
- Nourish[®] nutrition improvement
- Move[®] physical activity
- Relax[®] stress management
- Achieve[™] cholesterol management
- Care[®] for Blood Pressure
- Care[®] for Sleep
- Care[®] for Depression
- Care[®] for Your Back
- Care[®] for Your Health
- Care[®] for Diabetes
- Care[®] for Pain
- Binge eating

Tools for Tracking and Satisfaction

To help you with your program and track your progress, you have many tools, such as a step tracker, a restaurant guide for healthy choices, BMI calculator, cookbook and portion size tool.

Because the HRA and online health management are offered exclusively for our members, you must log in to My Online ServicesSM and click on “Wellness Tools” to take advantage of these features.

KidsHealth[®]

Keeping kids healthy and happy can be challenging, and that is why we teamed with KidsHealth*. KidsHealth educates families and helps them make informed decisions about their children’s health. KidsHealth is a fun and engaging way to:

- Encourage preventive behaviors
- Encourage kids and teens to become involved in their health

KidsHealth consists of three sites in one: parents, kids and teens – and is also available in Spanish. For parents, KidsHealth offers hot topics and news, recipes, a Q&A section and other information aimed at helping parents understand the health issues that may affect their children. Condition Centers provide information, tools and practical advice to help both newly diagnosed individuals and families with ongoing disease management issues. For children, KidsHealth provides engaging, interactive content such as peer stories and articles on staying healthy in a fun format for kids. Teens can choose from a wide array of emotional and developmental content.

Baby Matters

Having a baby is such a special time. But it comes with many questions — is my baby growing correctly; am I gaining too much weight; how much exercise should I get?

Once your doctor submits prenatal forms, we follow you through your prenatal care, labor, delivery and postpartum care. We also provide you with a packet of information on prenatal care, basic baby care and other resources available to expectant mothers. If there are special concerns, our case management team will be there with you throughout your pregnancy.

Email Reminders for Tests and Screenings

We encourage you to sign up for email reminders to schedule screening tests. You choose a date to be reminded. You will receive an email on that date to remind you to make an appointment.

Additional Programs

Coventry WellBeing offers a preferred or discounted pricing on wellness and self-care services such as:

- Fitness Center Discounts*
- Lasik Vision Correction Discounts*
- MHNet Life Coaching
- Wellness Products and Program Discounts*

Vaccine Program

For those members that have the pharmacy benefit, CHC VA covers vaccines at certain pharmacies for no copayment. Please ask your local pharmacy if they are participating in the CHC VA Vaccine Program. The program covers the drugs listed below with a prescription from your doctor for members with pharmacy benefits through CHC VA. Just call your Express Scripts[®] participating pharmacy to make sure a certified immunizing pharmacist is on duty and that your vaccine is in stock. Your claim will be submitted under the pharmacy benefit for covered vaccines. A list of participating pharmacies is available on www.chcva.com.

- **Hepatitis A** - Havrix, Vaqta, Twinrix
- **Hepatitis B** - Engerix, Recombivax HB, Twinrix
- **HPV** - Gardasil
- **Rabies** - Imovax Rabies (HDCV), Rabavert
- **Meningitis** - Menomune, Menactra
- **Tetanus** - Tetanus Toxoid
- **Diphtheria/Tetanus** - Diphtheria/Tetanus Toxoid
- **Pertussis** - Tdap
- **Measles** - Attenuvax
- **Mumps** - Mumpsvax
- **Rubella** - Meruvax II
- **Chicken Pox** - Varivax
- **Shingles/Zoster** - Zostavax
- **Pneumococcal** - Pneumovax
- **Influenza** - Fluzone, Fluvirin, others⁺

⁺Please note: Flumist and Fluzone HD are excluded from coverage.

Flu Shots: A single shot protects against Influenza B, H1N1 and H3N2.

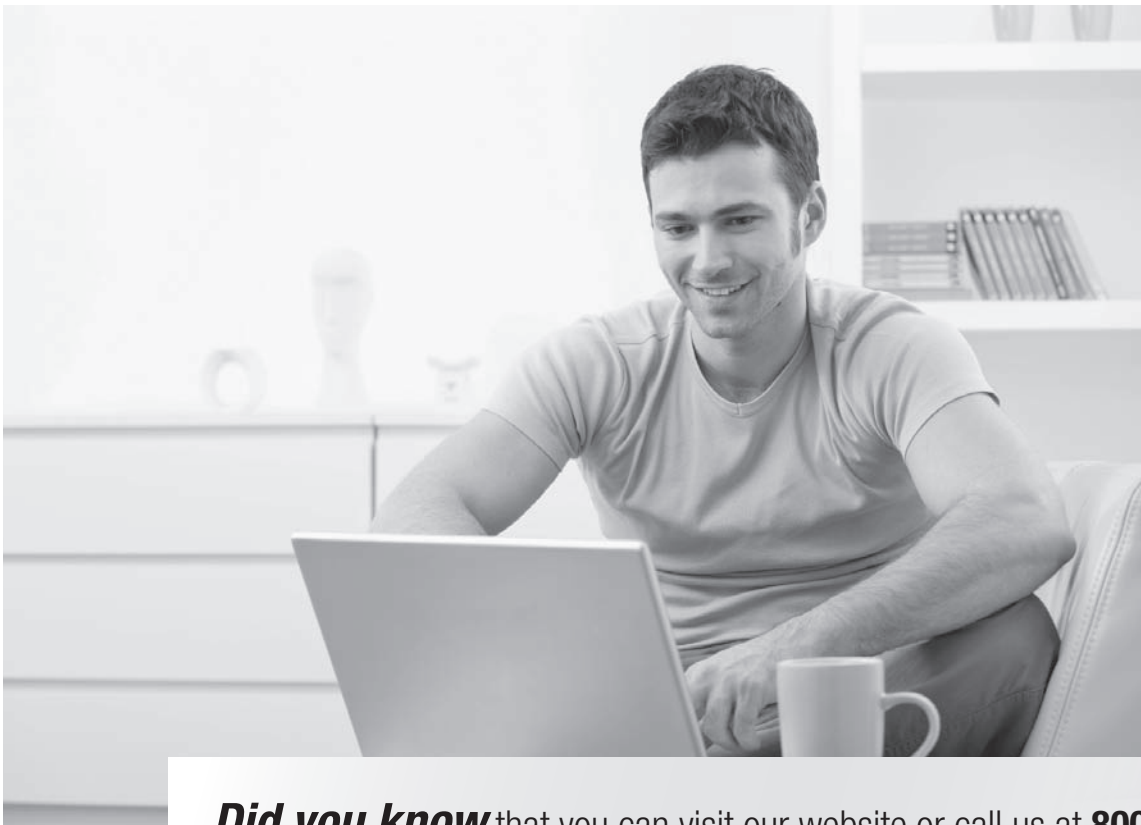
Vaccines at Participating PCP and Primary Care Clinics

If you receive a vaccine at your PCP office or at a Primary Care Clinic (example: PatientFirst), you will pay the PCP copayment. Please contact your provider for information and availability.

*From time to time, CHC VA may offer to provide members access to discounts on health care-related goods or services such as those offered through WellBeing. These services are being offered by a third-party vendor and CHC VA is not liable for the provision of these services, the failure to provide services, or the negligent provision of these services. These services are subject to modification or discontinuance without notice.

Behavioral Health and Substance Abuse

CHC VA has a partnership with MHNet to provide a network of specialists who can offer behavioral health and substance abuse services. If you would like to access your behavioral health or substance abuse benefits, you can call MHNet at **800-975-8919**. MHNet can help you find a provider and will help you get a preauthorization for your first visit.



Did you know that you can visit our website or call us at **800-579-5755** to access our interactive self-management tools to help you manage your health? Topics include healthy weight maintenance, managing stress, smoking cessation and healthy eating. These interactive tools can help you determine risk factors and recommend ways to improve your health.

Make the Most of Your Health and Benefits Use Web-based Tools

My Online ServicesSM

My Online Services is the password-protected member section of the CHC VA website. This section of the website puts you in control of your health benefits and makes it easier for you to find, use and control personal health and benefits information.

Access everything you need from a single screen. Take a look at these features:

Personal Health Record (PHR)

- View, store, track and maintain personal health information
- Print and share with your health care provider, family member or caregiver

Member Transactions

- View medical/prescription claims
- View explanation of benefits (EOBs)
- View/order member ID card
- Secure messaging

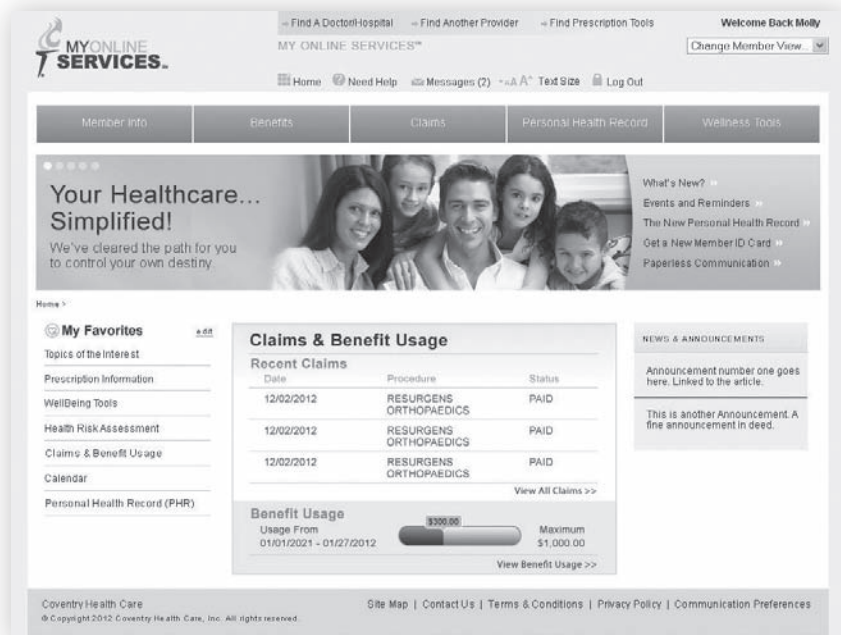
Member Health Care

- Succeed[®] health risk assessment (HRA)
- Calendars and reminders
- Coventry WellBeingSM — online wellness programs
- Disease management information

Cost-Saving Tools

- Provider search
- Provider cost
- Procedure cost
- Pharmacy tools

Please note: Your personal health information is private. That is why you, personally, should register for My Online Services. A supervisor, colleague or human resources contact should not register on your behalf or have access to your personal health information.



Find a Provider Online

Need to find a provider? Our online provider search gives you flexibility in a simple format. We update the online search weekly. No login is necessary. Just click on the “Find a Doctor” link on the opening page of our website at www.chcva.com. Make sure you choose the search tool that applies to the plan your employer offers: HMO, POS or PPO. If you are out of the area and need to find a provider for urgent or emergency care, use the Coventry Health Care National Network provider search.

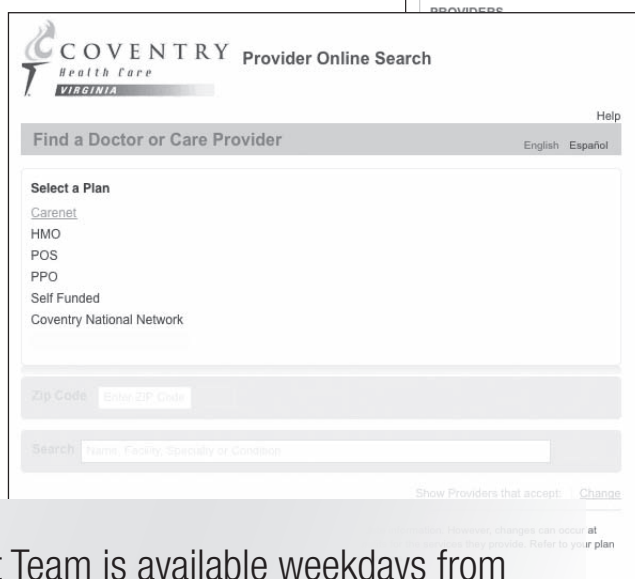
Online provider search gives you more of the information you need to make informed decisions about your health care. You can:

- Search based on specific health conditions
- Save selected providers in “My Provider List”
- Interact with maps and driving directions
- Create map overlays with icons for provider types

It's Simple

One main screen makes it easy for you to find different types of providers through:

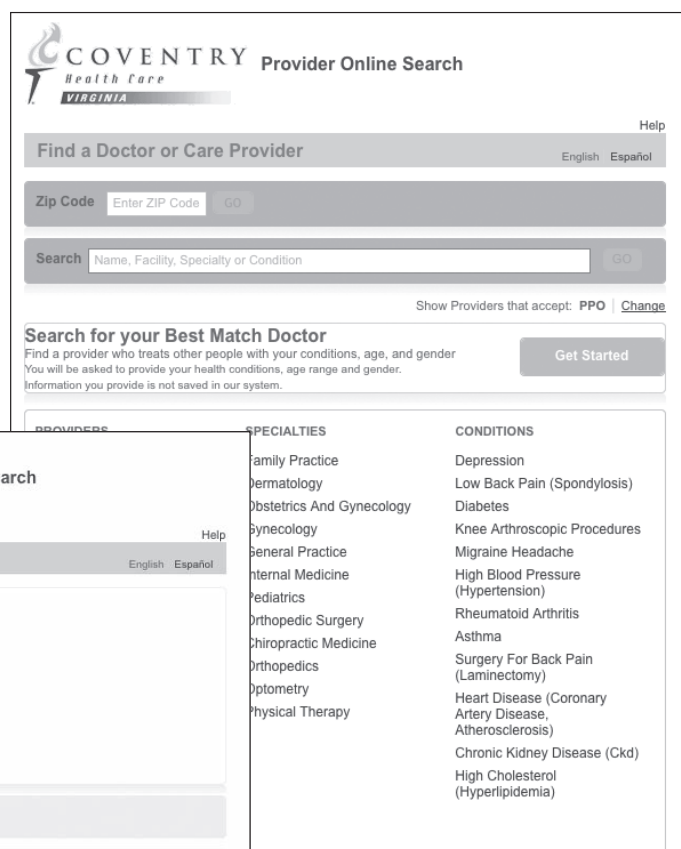
- Find a doctor, facility, hospital by name search
- Best match search to your specifications
- Quick links including:
 - Specialists
 - Hospital
 - Facility



Our Net Support Team is available weekdays from 8:00 a.m. until 6:00 p.m. if you need helpful guidance or have forgotten or misplaced your login or password. Call **866-213-0802**.

Coventry® Mobile

You can also use our mobile app to verify your doctor is in-network or when you need to locate a hospital or urgent care center near you. Plus, you can view, email and fax your ID card, current medications, allergy and immunization details, and more. Use Coventry Mobile to make the most of your benefits anytime, anywhere.



Important Member Notices

Your Privacy Matters

CHC VA works hard to keep your personal and health information secure and private. We need information about you to manage your benefits. We collect your information from many sources, and keeping your information safe is one of our most important jobs. We make sure that only people who need to use your information have access to it.

We may use and share your information for: treatment, payment and health care operations. These uses are covered under state and federal laws. Our policies will reflect the most protective laws that apply to you.

If you would like to receive a detailed copy of our privacy practices, please visit our website at www.chcva.com or call Customer Service at **800-627-4872**.

properly, information about other coverage of any member must be furnished to CHC VA promptly, and CHC VA should be notified promptly of any coverage changes.

When CHC VA is the primary health plan, then CHC VA pays first for all covered services; when secondary, CHC VA makes payment, according to provisions and benefit levels of this plan, after the primary health plan has paid according to its contract. Even when CHC VA is secondary, some medical services require preauthorization. If a member is covered by both individual and group coverage, medical expenses covered by both policies shall be paid first by the group policy to the extent of the group coverage.

Coordination of Benefits

When a member is covered by another group health plan in addition to CHC VA coverage, Coordination of Benefits (COB) takes place. The COB provision is necessary to avoid duplication of benefits. To ensure that claims are processed

Coordination of Benefits with Medicare for Members 65 and Over

When a member is covered by Medicare and a group plan, and	Then	CHC VA is Primary	Medicare is Primary
The member is age 65 or over, and is the subscriber or the subscriber's spouse, and the subscriber is actively working for the employer group	If the employer group has less than 20 employees		X
	If the employer group has 20 or more employees	X	
Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to age	If Medicare has been secondary to the group plan before ESRD entitlement, then for the first 30 months following ESRD entitlement	X	
	If Medicare had been primary to the group plan before ESRD entitlement		X
The member is age 65 or over, is the subscriber or the subscriber's spouse and is not actively working for the group			X

The following services are not covered under the benefit plans:

- Administrative Examinations/Immunizations: exams or immunizations for employment, travel, school, camp sports, licensing, insurance, adoption, marriage or those ordered by a third party.
- Administrative Services: charges for cancelled appointments, telephone calls, completion of forms, transfer of records, copying of medical records or generation of correspondence.
- Alternative Medicine or Complementary Medicine: includes but is not limited to, acupuncture; aromatherapy; behavior training; biofeedback; hair analysis; herbal, vitamin or dietary products or therapies; hippotherapy; holistic medicine; homeopathy; hypnotherapy; massage therapy; recreational therapy and sleep therapy.
- Behavioral Health and Substance Abuse: long term behavioral health care, residential treatment, psychiatric evaluation/therapy related to judicial or administrative proceedings/orders when employer requested or required by school, educational testing or psychological testing, marriage or relationship counseling; vocational or employment counseling, treatment of mental retardation and learning disabilities is not covered under behavioral health and substance abuse benefits
- Blood: drawing, preparation and storage of umbilical cord blood.
- Braces and supports for athletic participation or for employment
- Charges in excess of any benefit limitations (e.g., number of days, etc.)
- Contraceptive (birth control): oral or injectable contraceptives unless your employer has elected the prescription drug rider
- Cosmetic treatment and/or surgery performed mainly to improve a member's appearance or for psychological benefits
- Coverage: services before the effective date of coverage or after the termination date of the member's coverage period with CHC VA except as described in the Evidence of Coverage/Certificate of Insurance (EOC/COI)
- Custodial care including inpatient or outpatient custodial care, nursing home care, respite care, rest cures, domiciliary or convalescent care along with all related services
- Dental services or related expenses; oral appliances or devices (e.g., bite guards for teeth grinding, dental implants, dentures, oral appliances for snoring or sleep apnea); treatment of diseases of the teeth or gums except as defined in the EOC/COI; oral surgery that is part of an orthodontic treatment program, is required for correction of an occlusal defect, or is not specifically covered in the EOC/COI; shortening of the mandible or maxillae for cosmetic or orthodontic purpose; correction of malocclusion, and surgical orthodontics or orthognathics, and soft tissue impactions except as stated in the EOC/COI
- Donor: procedures involving member's organ and tissue donors, unless the recipient is a covered CHC VA member; charges for tests and procedures related to donor searches.
- Educational classes, programs, and support groups including, but not limited to, prenatal courses, marital counseling, self-help training and other non-medical self care and those dealing with lifestyle changes.
- Experimental/Investigational: medical, surgical or other health care procedures that are experimental/investigational as described in the EOC/COI
- Eye: routine eye exams; any services for eyeglasses or contact lenses including refraction unless your group has elected the vision rider; services for, or related to, eye surgery to correct refraction (e.g. radial keratotomy, lasik, and laser eye surgeries or vision correction procedures) eye exercises; eye therapy and visual augmentation devices
- Foot: routine foot care including trimming of hyper keratotic lesions, calluses, and nails; orthotics, arch supports, corrective shoes, shoe inserts, heel elevations and fittings for such devices
- Genetic Testing/Counseling: parental screening and related genetic counseling for genetic predisposition either before or after conception; pre-implantation genetic testing
- Growth Hormone: growth hormone for idiopathic short stature or for individuals over age eighteen (18) is not covered. Growth hormones are only covered when the group has a prescription drug rider; refer to the rider for specific information.
- Hearing aids
- Infertility: surgical or medical treatment of infertility, including services, office visits, lab and diagnostic tests, and procedures to promote conception by artificial means including, but not limited to, in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), artificial insemination and embryo transfers; human chorionotropin, urofollitropin, menotropins or derivatives; cost of donor sperm, services for sperm collection or sperm preservation
- Medical equipment, appliances, devices and supplies including but not limited to: air conditioners; batteries and battery chargers; bedliners; breast pumps; canes; cervical collars; convenience items (telephone, television, etc.); corsets; cranial helmets; dehumidifiers; elastic/leather braces or supports; exercise equipment; expenses incurred at a health spa, gym or similar facility; filters; grab or tub bars; heating pads; home improvement items (escalators, elevators, etc.); humidifiers; mattress covers; office chairs; office visits for the purpose of fitting a noncovered device or supply; OTC medical supplies which do not require a prescription (Band-Aids, antibiotic cream, vita lights, magnetic mats); rental/purchase of TENS units; splints; sun/heat lamps; take home medications; traction apparatus; tub benches; whirlpool baths
- Newborn hospital and physician charges during the inpatient stay following birth or any subsequent services when the newborn is not enrolled in the plan within 31 days of birth
- Non-covered service: services not listed as covered, or services incurred as a direct result of a non-covered service
- Nutrition training except for diabetes education;
- Nutritional formula or supplements, tube feeding and medical foods
- Out-of-Network (HMO plans): services received from non-participating providers
- Out-of-Network (POS and PPO plans): charges in excess of the allowable charge are not covered and will not accrue to the out-of-pocket maximum
- Pregnancy: implantation services for any reason
- Prescription drugs (except insulin) unless your employer has elected the prescription drug rider
- Private duty nursing
- Private room unless medically necessary or a semi-private room is not available.
- Rehabilitation: long-term rehabilitation therapy; pulmonary rehabilitation.
- Research: services for medical research, unless the services are specifically listed as covered in the EOC/COI
- Services or Supplies: for injuries sustained during the commission of an illegal act; as a result of a Temporary Detention Order; required by law be treated in a public facility; care for military service connected disabilities for which the member is legally entitled to services when facilities are reasonably available to the member; service and supplies for smoking cessation and nicotine addiction; services rendered outside the scope of a participating or non-participating provider's license, rendered by a provider with the same legal residence as the CHC VA member, or rendered by a person who is a member of the CHC VA member's family including a spouse, brother, sister, parent, step-parent, child or step-child.
- Sexual aids, treatment of sexual dysfunction, or sex transformation or the reversal thereof (including medical and mental health services); treatment of sexual dysfunction is limited to pharmacologic therapy and your prescription drug rider.
- Sterilization, reversal of
- Stockings: elastic hose, graduated compression (TED) hose, Jobst stockings
- Travel and transportation unless medically necessary and preauthorized
- Testicular implants
- Therapy: physical or occupational therapy for the purpose of behavior modification or for improving performance in school or sports; occupational therapy for the purpose of treating sensory hypersensitivity; sensory integration therapy
- Weight reduction programs; dietary supplements; medical or psychiatric services, office visits or procedures to treat obesity or for weight reduction, including but not limited to, gastric bypasses, "mini" gastric bypasses, stomach stapling, gastric balloons, jejunal bypasses, gastric banding, gastroplasty, BPD-DS, and bariatric specialist services unless your employer has purchased the gastric bypass rider
- Work related injuries or illnesses eligible for coverage by worker's compensation
- Work hardening program

Visit our website, www.chcva.com, for a list of Frequently Asked Questions and a helpful glossary of terms you should know.



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