COVENTRY® Health Care
Medicare Advantage Plans
*An Aetna Company*

# Summary of Benefits
# Coventry Medicare Advantage (PPO) Employer Group Plan

**This is a summary of drug and health services covered by Coventry Medicare Advantage January 1, 2017 - December 31, 2017**

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage."

**To join Coventry Medicare Advantage, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be eligible through your employer group, union or trust. Our service area includes the following counties in:**

Arkansas: Benton, Carroll, Crawford, Franklin, Logan, Madison, Montgomery, Pulaski, Scott, Sebastian, Washington.

Kansas: Allen, Anderson, Atchison, Bourbon, Butler, Cherokee, Douglas, Franklin, Harvey, Jackson, Jefferson, Johnson, Labette, Leavenworth, Linn, Miami, Montgomery, Osage, Pottawatomie, Sedgwick, Shawnee, Wabaunsee.

Missouri: Barry, Barton, Bates, Benton, Caldwell, Carroll, Cass, Cedar, Christian, Clay, Clinton, Dade, Dallas, Greene, Henry, Hickory, Jackson, Jasper, Johnson, Laclede, Lafayette, Lawrence, Livingston, McDonald, Newton, Pettis, Platte, Polk, Ray, Saline, Stone, St. Clair, Taney, Vernon, Webster, Wright.

Oklahoma: Canadian, Cleveland, Grady, Lincoln, Logan, Muskogee, Oklahoma, Pottawatomie, Tulsa.

| Premiums and Benefits | Coventry Medicare Advantage (PPO) | What you should know |
|---|---|---|
| **Monthly Plan Premium** | $88 | You must continue to pay your Medicare Part B premium. |
| **Deductible** | This plan does not have a deductible. | |
| **Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*** | $1,000 for in-network services annually<br><br>$4,100 for out-of -network | The most you pay for copays, coinsurance and other costs for medical services for the year. |
| **Inpatient Hospital Coverage** | In-network and Out-of-network: $150 copay for days 1-5<br><br>Our plan covers an unlimited number of days for an inpatient hospital stay | Prior authorization is required.<br><br>This benefit will begin on day one each time you are admitted to a specific facility type. A transfer within or to a facility, including Inpatient Rehabilitation, Long Term Acute Care, Inpatient Acute or Psychiatric facility is considered a new admission. You pay your cost share per admission. |
| **Doctor Visits**<br>• Primary<br>• Specialists | In-network:<br>$10 copay<br>$25 copay<br><br>Out-of-network: 20% of the | |

| Premiums and Benefits | Coventry Medicare Advantage (PPO) | What you should know |
|---|---|---|
| | total cost | |
| **Preventive Care** | In-network: $0 copay<br>Out-of-network: 0-20% of the total cost | Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at $0 cost. |
| **Emergency Care** | In-network and out-of-network: $50 copay per visit<br><br>$50 for emergency and urgent care outside of the United States | If you are admitted to the hospital, within 24 hours, you do not have to pay your share of the cost for emergency care. Our plan offers worldwide coverage for emergency services obtained outside the U.S. and its territories. |
| **Urgently Needed Services** | In-network and Out-of-network:<br><br>$30 per urgent care facility visit | |
| **Diagnostic Services/Labs/ Imaging**<br><br>• Lab services<br>• Outpatient x-rays<br>• Therapeutic radiology<br>• Diagnostic procedures and tests, CT scans, Diagnostic radiology service other than CT | In-network:<br><br>$0 copay<br>$0 copay<br>$0 copay<br>$150 copay for services performed in a physician's office or freestanding facility. | Prior authorization *may* required. |

| Premiums and Benefits | Coventry Medicare Advantage (PPO) | What you should know |
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| scans. | $150 copay for services performed in an outpatient hospital facility<br><br>Out-of-network: 20% of the total cost | |
| **Hearing Services**<br>• Medicare-covered hearing exam<br>• Hearing exam routine<br><br>• Hearing aid Benefit maximum | In-network:<br>$0 copay<br><br>$0 copay<br><br>Out-of-network: 20% of the total cost<br><br>$0 copay<br>$500 for hearing aids every year | Exam to diagnose and treat hearing and balance issues. Up to one routine visit each year |
| **Dental Services**<br>• Medicare covered exams | In-network:<br>$0 copay<br><br>Out-of-network: 20% of the total cost | |
| **Vision Services**<br>• Medicare covered exams<br>• Glaucoma screening and Diabetic eye exam<br>• Routine eye exam<br>• Eyeglasses or contact lenses after cataract surgery | In-network:<br>$0 copay<br>$0 copay<br>$0 copay<br>$0 copay<br><br>Out-of-network: 20% of the total cost | Exams to diagnose and treat diseases and conditions of the eye<br><br>One routine eye exam each year |

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| **Mental Health Services**<br><br>• Inpatient Care<br><br>• Outpatient group therapy visit<br>• Outpatient individual therapy visit | In-network:<br>$150 copay for days 1-5, $0 copay for days 6-90<br>$15 copay<br><br>$30 copay<br><br>Out-of-network: 20% of the total cost | Prior authorization is required for inpatient service and *may* be required for certain outpatient services.<br><br>This benefit will begin on day one each time you are admitted to a specific facility type. A transfer within or to a facility, including Inpatient Rehabilitation, Long Term Acute Care, Inpatient Acute or Psychiatric facility is considered a new admission. You pay your cost share per admission. |
| **Partial Hospitalization** | In-network: $0 copay<br>Out-of-network: 20% of the total cost | Prior authorization *may* be required. |
| **Skilled Nursing Facility (SNF)** | In-network:<br>$0 copay for days 1-20<br>$160 copay for days 21-100<br><br>Out-of-network: 20% of the total cost | Prior authorization is required. Our plan covers up to 100 days per benefit period. |
| **Rehabilitation Services**<br><br>• Occupational therapy visit<br>• Physical therapy, speech therapy, and | In-network: $0 copay<br><br>Out-of-network: 20% of the | Prior authorization *may* be required. |

| Premiums and Benefits | Coventry Medicare Advantage (PPO) | What you should know |
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| language therapy visit<br>• Cardiac and Pulmonary Rehabilitation | total cost | |
| **Ambulance** | In-network and out of network: $100 copay | Prior authorization is required for transportation by non-emergency fixed-wing aircraft (plane) and elective (non-emergency) transportation by ground ambulance or medical van. |
| **Foot Care (podiatry services)**<br>• Foot exams and treatment<br>• Routine foot care | In-network:<br><br>$30 copay<br>$15 copay<br><br>Out-of-network: 20% of the total cost | Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions<br><br>Up to two supplemental routine visits each year |
| **Medical Equipment/Supplies**<br><br>• Durable Medical Equipment (e.g., wheelchairs, oxygen)<br>• Prosthetics (e.g., braces, artificial limbs)<br>• Therapeutic shoes or inserts | In-network and Out-of-network<br><br>20% of the total cost<br><br>20% of the total cost<br><br>20% of the total cost | Prior authorization *may* be required. |
| • Diabetes supplies | $0 copay for (preferred Manufacturer) | Preferred manufacturer in partnership with |

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| • Diabetes self-management training | 20% of the total cost(non-preferred manufacturer)<br><br>$0 copay<br><br>Out-of-network: 20% of the total cost | OneTouch/LifeScan®. Prior authorization is required for blood glucose monitors in excess of one monitor per year and test strips in excess of 100 per 30 days, regardless of brand. |
| **Wellness Programs** (e.g., fitness)<br>Wellness & Annual Exam | Our plan covers many preventative services, including access to participating Silver Sneakers® facilities.<br><br>Go online for more information about SilverSneakers® https://www.silversneakers.com | |
| **Medicare Part B Drugs**<br><br>• Part B drugs such as chemotherapy drugs<br><br>• Other Part B drugs | In-network:<br>20% of the total cost<br><br>Out-of-network: 20% of the total cost | Prior authorization *may* be required |
| **Other Information and Benefits** | | |
| **Chiropractic Care** | In-network: $20 copay<br><br>Out-of-network: 20% of the cost | Medicare coverage is limited to manipulation of the spine to correct a |

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| | | subluxation (when 1 or more of the bones of your spine move out of position). |
| **Dialysis** | In-network: $0 copay<br><br>Out-of-network: 20% of the total cost | Prior authorization is required. |
| **Home Health Care** | $0 copay | Prior authorization *may* be required.<br><br>If home health agency provides services in addition to skilled nursing or therapy, separate cost sharing or authorization requirement may apply. |
| **Outpatient Substance Abuse**<br>• Group therapy visit<br>• Individual therapy visit | In-network:<br><br>$15 copay<br><br>$30 copay<br><br>Out-of-network: 20% of the total cost | Prior authorization *may* be required. |
| **Outpatient Surgery**<br>• Ambulatory surgical center<br>• Outpatient hospital | In and Out-of-Network<br><br>$150 copay<br><br>$150 copay | Prior authorization *may* be required. |

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

This document is available in other formats such as Braille, large print or audio. Este documento está disponible en otros formatos como Braille, en letra grande o audio.

This information is available for free in other languages. Please call our customer service number at 1-855-275-5888. TTY users should call 711. From October 1 to February 14, you can call us Monday through Friday from 7:00 am to 8:00 pm central time. From February 15 to September 30, you can call us 7 days a week, from 7:00 am to 8:00 pm central time.

Esta información está disponible de forma gratuita en otros idiomas . Por favor llame a nuestro número de servicio al cliente al 1-855-275 a 5.888 . Los usuarios de TTY deben llamar al 711. Del 1 de octubre al 14 de febrero nos puede llamar de lunes a viernes de 7:00 am a 8:00 pm hora central . Del 15 de febrero al 30 de septiembre también puede llamar a los 7 días de la semana de 7:00 am a 8:00 pm hora del centro.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Aetna Medicare Customer Service Department at the phone number on the back of your ID card

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067 Lexington, KY 40512. You can also file a grievance by phone by calling the phone number on the back of your ID card. For TTY, please call 711. If you need help filing a grievance, the Aetna Medicare Customer Service Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–868–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

**Contact us**

For more information, please call us at the phone number below or visit us at http://www.coventry-medicare.com.

Toll-free 1-855-275-5888 TTY users should call 711:

- From October 1 to February 14, you can call us 7:00 am to 8:00 pm central time, Monday through Friday.
- From February 15 to September 30, you can call us 7 days a week, from 7:00 am to 8:00 pm central time.

You can see our plan's provider directory at our website at http://www.coventry-medicare.com/findprovider.

Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website at http://www.coventry-medicare.com/findpharmacy.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at http://www.coventry-medicare.com/group-formulary.

**Coventry Medicare Advantage** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. *Or* you may pay more for these services. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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  - Qualified sign language interpreters
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  - Information written in other languages

If you need these services, call the phone number listed in this material.

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grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number listed in this material. If you need help filing a grievance, call the phone number listed in this material. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–868–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at MedicareCRCoordinator@aetna.com, or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

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**TTY: 711**

**ENGLISH:**
ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website at www.aetnamedicare.com or call the phone number listed in this material.

**ESPAÑOL (SPANISH):**
ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en www.aetnamedicare.com o llame al número de teléfono que se indica en este material.

简体中文**(CHINESE):**
请注意：如果您说中文，您可以获得免费的语言援助服务。访问我们的网站www.aetnamedicare.com 或致电本材料中列出的电话号码。

繁體中文 **(CHINESE):**
請注意：如果您說中文，您可以獲得免費的語言協助服務。請造訪我們的網站www.aetnamedicare.com 或致電本材料中所列的電話號碼。

**TAGALOG (TAGALOG - FILIPINO):**
PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuhang libreng tulong na serbisyo para sa wika. Puntahan ang aming website sa www.aetnamedicare.com o tawagan ang numero ng telepono na nakalista sa materyales na ito.

**FRANÇAIS (FRENCH):**
ATTENTION : Si vous parlez le français, des services gratuits d'aide linguistique sont disponibles. Visitez notre site Web à l'adresse www.aetnamedicare.com ou appelez le numéro de téléphone indiqué dans ce document.

**TIẾNG VIỆT (VIETNAMESE):**
LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin truy cập trang web của chúng tôi tại www.aetnamedicare.com hoặc gọi số điện thoại ghi ở tài liệu này.

**DEUTSCH (GERMAN):**
ACHTUNG: Wenn Sie deutsch sprechen, steht ein kostenloser Dolmetscherservice zur Verfügung. Besuchen Sie unsere Website unter www.aetnamedicare.com oder rufen Sie unter der in diesem Dokument aufgeführten Telefonnummer an.

한국어 **(KOREAN):**
주의: 한국어를 하시는 분들을 위해 무료 통역 서비스가 제공됩니다. www.aetnamedicare.com에서 웹사이트를 방문하거나 본 자료에 제공된 전화번호로 문의해 주시기 바랍니다.

**РУССКИЙ (RUSSIAN):**
ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться нашими бесплатными услугами переводчиков. Посетите наш веб-сайт по адресу www.aetnamedicare.com или позвоните по телефону, указанному в этом документе.

العربية **(ARABIC):**
**تنبيه:** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية سوف تتوفر لك مجانًا. تفضل بزيارة الموقع الإلكتروني الخاص بنا www.aetnamedicare.com أو اتصل برقم الهاتف الموضح في هذا المستند.

हिंदी **(HINDI):**
ध्यान दें: अगर आप बात करने में सक्षम हैं हिंदी, तो न शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट www.aetnamedicare.com पर विजिट करें या इस सामग्री में सूचीबद्ध फोन नंबर पर कॉल करें।

**ITALIANO (ITALIAN):**
ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Visita il nostro sito web www.aetnamedicare.com o chiama il numero telefonico elencato di seguito.

**PORTUGUÊS (PORTUGUESE):**
ATENÇÃO: Se você fala português, serviços gratuitos de ajuda para esse idioma estão disponíveis. Visite nosso site www.aetnamedicare.com ou ligue para o número listado neste material.

**KREYOL AYISYEN (FRENCH CREOLE):**
ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd gratis nan lang ki disponib pou ou. Ale sou sitwèb nan www.aetnamedicare.com oswa rele nimewo telefòn ki endike nan dokiman sa a.

**POLSKI (POLISH):**
UWAGA! Osoby mówiące po polsku, mogą skorzystać z bezpłatnych usług pomocy językowej. Proszę wejść na naszą stronę internetową www.aetnamedicare.com lub zadzwonić pod numer telefonu podany w tym materiale.

日本語 **(JAPANESE):**
ご注意：日本語を話す方を対象に、無料の言語支援サービスを用意しております。当社ウェブサイトwww.aetnamedicare.comをご覧いただくか、本書に記載の電話番号までお電話ください。