

**COVENTRY HEALTH CARE OF KANSAS , INC.
HMO SCHEDULE OF BENEFITS
SELECT 15 PLAN**

BENEFIT	MEMBER PAYS
Physician Services	
Office Visits · Routine Gynecological Exam & PAP Test · Well Child Care · Newborn Care · Prenatal & Postnatal Maternity Care · Specialist Services · Allergy Treatments.....	\$15 copayment
Immunizations (Birth to 72) months.....	\$0 copayment
Allergy Testing.....	50% coinsurance
<i>(Physician Services are limited to one copayment per member per provider date of service.)</i>	
Inpatient Hospital Care	
Unlimited Hospital Days (Semi-Private) · Private Room When Medically Necessary · Medications & Drugs · Nursing Care · Professional Services · X-rays & Laboratory · Intensive/Coronary Care · Radiation Therapy · Administration of Blood.....	\$100/day \$300 maximum/admission
Outpatient Facility Services	
X-ray & Laboratory.....	\$15 copayment
Ambulatory Surgery.....	\$50 copayment
Short-Term Therapies	
Physical · Speech · Occupational · Respiratory · Cardiac Rehabilitation Subluxation and Manipulation.....	\$15 copayment
<i>(Short-term therapies are covered from their original onset up to 32 visits per occurrence or a \$2000 maximum benefit limit per member per calendar year, whichever comes first.)</i>	
Voluntary Family Planning	
Family Planning Services.....	\$15 copayment
Elective Sterilization, Male or Female.....	\$100 copayment
Infertility Services.....	50% coinsurance
Skilled Nursing Facility	
Facility, supplies and equipment furnished up to 60 days per calendar year.....	\$0 copayment
Home Health Care	
Authorized in lieu of acute care hospitalization within service area.....	\$0 copayment

Hospice

Authorized within the service area \$0 copayment

Prosthetic Devices, Orthopedic Devices and Durable Medical Equipment

Authorized certain prosthetic devices,
orthopedic devices and durable medical equipment..... 20% coinsurance
*(Total maximum benefit limited to \$1,000
per member per calendar year.)*

Urgent Care Services\$15 copayment

Emergency Care Services

- At a Physician's Office.....\$15 copayment
 - At a Hospital Emergency Room (waived if admitted or authorized by First Help)).....\$75 copayment
 - Ground Ambulance (when medically necessary up to \$400 paid benefit per occurrence.30%
coinsurance
 - Air Ambulance (when medically necessary for life threatening conditions per occurrence) .. 30%
coinsurance
- (Coventry Health Care must be notified within 48 hours of initial treatment provided for a Medical
Emergency.)*

Out-of-Pocket Maximum..... \$2000/Individual
(Copayments and Coinsurance apply to satisfying the \$4000/Family
*Out-of-Pocket Maximum. The Out-of-Pocket Maximum
shall not exceed 200% of the annual premium.)*

Please consult your Membership Handbook and Group Membership Agreement to determine the exact terms, conditions and scope of coverage including all exclusions and limitations. This summary is designed as a partial description of the plan being offered and in no way details all the benefits, limitations, or exclusions.

**COVENTRY HEALTH CARE OF KANSAS, INC.
RIDER FOR
PRESCRIPTION DRUGS**

This Rider for Prescription Drugs is an attachment to the Coventry Health Care of Kansas, Inc. (Health Plan) Membership Agreement.

DEFINITIONS

Andillary Charge. A charge in addition to the Copayment that the Member is required to pay for a Prescription Drug which, through the request of the Member or Prescribing Provider, has been dispensed by the brand name, even though the Prescription Drug is subject to the MAC and covered at the generic product level.

Formulary. A list of specific generic and brand name Prescription Drugs Authorized by the Health Plan, and subject to periodic review and modification. Since there may be more than one brand name of a Prescription Drug, not all brands of the same Prescription Drug (e.g., different manufacturers) may be included in the Fomulary.

Maintenance Drug(s). Prescription Drugs, designated by the Health Plan, which are not written for episodic treatments of medical conditions.

Maximum Allowable Cost (MAC). The price assigned to Prescription Drugs that will be covered at the generic product level, subject to periodic review and modification by the Health Plan.

Prescribing Provider. A doctor of medicine or other health care professional who:

- is duly licensed under the laws of the jurisdiction in which Prescription Drugs are received; and
- may, in the usual course of business, legally prescribe Prescription Drugs.

Prescription Drug(s). Any medication or drug which:

- is provided for outpatient administration;
- has been approved by the Food and Drug Administration; and
- under federal or state law, is dispensed pursuant to a prescription order (legend drug).

This definition includes some over-the-counter medications or disposable medical supplies (e.g., insulin and diabetic supplies). A compound substance is considered a Prescription Drug if one or more of the items compounded is a Prescription Drug.

PRESCRIPTION DRUG BENEFITS

Subject to the Limitations, Exclusions, Copayments and Ancillary Charges described below, outpatient Prescription Drugs will be covered when:

- written by a Prescribing Provider, and
- filled at a pharmacy, including a mail order pharmacy, designated by the Health Plan (except for Emergency or Urgent Care Services, out of the service area).

The Copayment for Prescription Drugs is:

- \$10 (ten dollars) for Formulary generic medications and brand name insulin;
- \$20 (20 dollars) for Formulary brand name medications; or
- \$50 (fifty dollars) for non-Formulary Prescription Drugs

Prescription Drugs will be dispensed in the quantity determined by the Prescribing Provider.

The following also apply:

- One (1) Copayment is due each time a prescription is filled or refilled up to a thirty-one (31) days supply.
- Insulin and diabetic supplies (insulin syringes, with or without needles, needles, blood and urine glucose test strips, lancets and devices, ketone test strips and tabs), up to a ninety-three (93) days supply, may be dispensed with one (1) generic level Copayment for each prescription up to a thirty-one (31) days supply.
- Maintenance Drugs obtained through pharmacy designated by the Health Plan, may be dispensed with two (2) Copayment(s) for a ninety-three (93) days supply.
- Generic oral contraceptives, up to a maximum of three (3) cycles may be dispensed with one (1) generic level Copayment for each cycle.
- Brand name contraceptives will be dispensed at the brand name Copayment for each cycle. The Ancillary charge described below does not apply to brand name contraceptives

If a brand name Prescription Drug is dispensed, and an equivalent generic Prescription Drug is available, the Member shall pay an Ancillary Charge in addition to the Formulary brand name Copayment. The Ancillary Charge will be due regardless of whether or not the Prescribing Provider indicates that the pharmacy is to "Dispense as Written." The Ancillary Charge is the difference between the average wholesale price (AWP) of the brand name prescription and the MAC price of the generic prescription. Total Member payments shall not exceed the AWP of the Prescription Drug. Copayments and Ancillary Charges do not apply to the Out-of-Pocket Maximum listed on the Schedule of Covered Services.

EXCLUSIONS

The following are **Excluded**:

- Prescription Drugs related to a Non-Covered Service;
- Experimental products, including those labeled "Caution - Limited by Federal Law to Investigational Use," and products found by the FDA to be ineffective;
- Products not approved by the FDA, medications with no FDA approved indications, and DESI Drugs. This exclusion shall not apply to a drug, medicine or medication that is recognized for the treatment of cancer in one of the standard reference compendia or in substantially accepted peer-review medical literature;
- Any Prescription Drug which is to be administered, in whole or in part, while a Member is in a hospital, medical office or other health care facility;
- Compounded prescriptions whose only ingredients do not require a prescription;
- Legend drugs for which there is a non-Prescription Drug equivalent (e.g., vitamins);
- Injectable medications, except those designated by the Health Plan;
- Over-the-counter products not requiring a prescription to be dispensed (e.g., aspirin, antacids, oxygen, cosmetics, health and beauty aids, medicated soaps, food supplements, and bandages);
- Injectable contraceptives, contraceptive implant systems, and prescription or nonprescription contraceptive devices (e.g., condoms, spermicidal agents, and Norplant);
- Anti-smoking medication or smoking cessation devices;
- Drugs used primarily for hair restoration;
- Dietary supplements, appetite suppressants, and other drugs used to treat obesity or assist in weight reduction;
- Fertility drugs;
- Medications used for cosmetic purposes; and
Medications used to enhance athletic performance.

**KANSAS
SUPPLEMENTAL BENEFIT EXPLANATION FOR
MENTAL DISORDERS AND SUBSTANCE-RELATED DISORDERS**

ARTICLE 1 - PURPOSE AND FUNCTION OF THIS EXPLANATION

This Supplemental Benefit Explanation is an amendment to the Coventry Health Care of Kansas, Inc. Group Membership Agreement. The purpose is to provide Covered Services for Mental Disorders and Substance-Related Disorders.

ARTICLE 2 - DEFINITIONS

Custodial Care: Care that includes, but is not limited to, services and supplies primarily to maintain activities of daily living, self care and safety of the patient.

Detoxification: Treatment by medication, diet, rest, fluids, and nursing care to restore physiological functioning after the overuse of alcohol, barbiturates, or other addictive drugs.

Diagnosis (Diagnostic) (Diagnosed): The classification of a Mental Disorder or Substance-Related Disorder through clinical assessment or laboratory examination.

Diagnostic Manual: The most current edition of the Diagnostic and Statistical Manual published by the American Psychiatric Association (APA).

Group Psychotherapy: Application of psychotherapeutic techniques by a licensed Provider to a group, including utilization of interactions of members of the group. Usually six (6) to eight (8) persons are a group, and sessions typically last seventy-five (75) minutes or longer.

Medically Necessary and Treatable: Any service for prevention, Diagnosis or treatment that is:

- consistent with Illness, Injury or disorder, as defined in the Diagnostic Manual;
- according to the approved and generally accepted medical or psychiatric practice prevailing at the time the Covered Service is ordered; and
- for an Illness, Injury or disorder that is subject to clinical improvement with active medical or psychiatric intervention within the durational limits of the Covered Services.

"Generally accepted practice" and "treatable" is determined by the Medical Director or designee.

Medication Management: Assessment of pharmacological management that includes the prescription, use and review of medication by a Physician.

Mental Disorder(s): A clinically significant syndrome or pattern that is a manifestation of a behavioral, psychological, or biological dysfunction, and is associated with:

- present distress or disability; or
- significantly increased risk of suffering death, pain, disability, or important loss of freedom.

Partial Hospitalization: Physician directed intensive or intermediate treatment for less than twenty-four (24) hours but more than four (4) hours in a day in a licensed or certified facility or program.

Rehabilitation: Methods and techniques (sometimes termed tertiary prevention) to achieve optimum patient functioning and adjustment, and to prevent relapses or recurrence of Illness.

Substance-Related Disorder(s): Habituation to, abuse of, and/or addiction to a chemical substance. Largely because of psychological craving, a substance-dependent person's life revolves around the need for the specific effect of chemical substance or mood or state of consciousness. The term includes not only the addiction (physical dependence), but also substance abuse (pathological craving). Examples of substances: alcohol, opiates, synthetic analgesics with morphine-like effects, barbiturates, other hypnotics, sedatives, some anti-anxiety agents, cocaine, psychostimulants, marijuana, and psychotomimetic drugs.

Visit(s): A session in an Outpatient care setting in which the time frame is dependent on specific standard service codes used by the Provider.

ARTICLE 3 - COVERED SERVICES

Covered Services are available for Medically Necessary and Treatable Diagnosed conditions. Covered Services must be provided, referred or authorized by a Provider or affiliated designated by Us and are subject to the limitations, Exclusions and Member Payments described below. We determine the Provider, and selection of facility or program.

Inpatient and Partial Hospitalization Services

- Thirty (30) days per calendar year for all Covered Services, including Detoxification and Rehabilitation. Two (2) Partial Hospitalization days may be substituted for one (1) Inpatient day.

Outpatient Services

- For Substance-Related Disorders: Twenty (20) Visits per calendar year for all Covered Services, including Visits for Detoxification and Rehabilitation, subject to the Member Payments in Article 5.
- For Mental Disorders: Medically necessary treatment, subject to the Member Payments in Article 5. Two (2) Group Psychotherapy sessions may be substituted for one (1) Outpatient Visit, which may affect your Coinsurance, as explained in Article 5.
- An Outpatient Visit for Medication Management does not count against the Outpatient Visit limit; it is, however, subject to Coinsurance under Article 5.

ARTICLE 4 - EXCLUSIONS

The Diagnostic terms in this Article are defined in the Diagnostic Manual. These Exclusions apply under all Inpatient, Partial Hospitalization and Outpatient settings. Diagnosed conditions excluded:

- mental retardation and disorders relating to: learning, motor skills, communication, pervasive developmental (autism), feeding and eating in infancy and early childhood;
- conditions not attributable to a Mental Disorder described in the Diagnostic Manual as "V" codes such as: relational problems, anti-social behavior, academic problems and phase-of-life problems; and
- delirium, dementia, amnesia, and cognitive disorders without psychiatric complications.

Therapies and treatments not for conditions defined in the Diagnostic Manual are excluded, such as:

- treatments for smoking cessation, weight loss or personal growth;
- acupuncture, biofeedback, hypnotherapy, sleep therapy, weight reduction therapy, vocational rehabilitation, psychoanalysis, marital and sex counseling, or Custodial Care that does not require active psychiatric interventions; and
- services that are court ordered or are a condition of parole or probation.

ARTICLE 5 - MEMBER PAYMENTS

- Inpatient and Partial Hospitalization: Hospitalization is subject to the same Copayment or Coinsurance listed under the Inpatient Hospital Services Section on the schedule of benefits.
- Outpatient services, For Substance-Related Disorders: The first two (2) visits require 0% Coinsurance. Visits three and beyond (3+) require 50% (fifty percent) Coinsurance, payable each time services are rendered.
- Outpatient services, For Mental Disorders: The first two (2) visits require 0% Coinsurance, all other visits require 50% (fifty percent) Coinsurance, payable each time services are rendered.

Copayments and Coinsurance do not apply to out-of-pocket maximum.