

Enrollment

>> Guide





Welcome and thank you for choosing WellPath for your health care needs.

As a WellPath member, it is important that you understand the way your health plan operates. This Enrollment Guide contains important information you need to know about your health benefits offered to you through WellPath Select, Inc. (WellPath). You will find helpful information including benefit descriptions, frequently asked questions, and website services.

You will receive your member ID card in the mail. If you have any questions, please call our Member Services Department at the number on the back of your member ID card. Or write to us at:

WellPath Select, Inc.
Member Services Department
1720 South Sykes Drive
Bismarck, ND 58504

The Benefit Schedule and any Riders that pertain to your plan will give you a broad description of your benefits. A more detailed explanation of your benefits can be found in your Certificate of Coverage and the Schedule of Copayments.

You can obtain a copy of the Certificate of Coverage and Schedule of Copayments in various ways. You can receive a copy from your employer or you can obtain a copy by contacting WellPath Member Services.

We wish you the best of health!

Important Phone Numbers

WellPath Member Services (NC)	800.935.7284
WellPath Member Services (SC)	888.935.7284
Morrisville Office	866.935.7284
Charlotte Office	800.470.4523
Charleston Office	866.219.7641
Columbia Office	866.802.2476
Pharmacy Help Desk	800.378.7040
Mental Health Services	866.533.5157
Net Support Team	888.295.4072

Once you have registered for *My Online Services*SM (page 28), you can send a secure email to WellPath by going to our website, www.wellpathonline.com, and clicking on the **Message Center** icon. By using the **Message Center**, you can send a confidential email and receive a response within approximately two business days.

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Important Terms



The terms below are frequently used in this book. They are important in understanding your benefits and coverage.

Allowable Charge – the amount a participating provider has agreed to accept as payment in full pursuant to its agreement with WellPath. For nonparticipating providers, the Allowable Charge is equal to the out-of-network rate.

CH&L – Coventry Health and Life Insurance Company.

Certificate of Coverage – a document that summarizes a WellPath policy.

Coinsurance – the specified percentage of the Allowable Charge the member pays for a covered service.

Copayment – a specified dollar amount a member pays for a covered service.

Coventry Health Care National Network – a network of providers that WellPath partners with for out-of-area urgent care and emergent care for members while traveling out of the area. Coventry Health Care National Network is also the network for the out-of-area Coventry Preferred PPO members.

Deductible – a fixed dollar amount a member pays during the benefit year before services subject to the deductible will be paid by WellPath.

HMO (Health Maintenance Organization) – a plan where a member receives services exclusively from a participating network of providers.

Nonparticipating Provider – a physician, hospital, or ancillary provider that does not have an agreement to participate in the WellPath network. These providers also are referred to as out-of-network providers.

PCP (Primary Care Physician) – a physician who is from WellPath’s provider network and assists in managing a member’s care. PCPs can be family physicians, general practice physicians, pediatricians, or internal medicine physicians.

POS (Point of Service) – a plan that offers the option to receive care from a participating network of providers and/or seek care at a reduced level of benefits from nonparticipating providers.

Participating Provider – a physician, hospital, or ancillary provider that has agreed to participate in the WellPath network.

PPO (Preferred Provider Organization) – a network-based managed care plan that allows the member to choose any health care provider but encourages the use of a participating provider. The member receives higher benefit coverage for choosing a participating provider. Our PPO product is underwritten by CH&L and administered by WellPath.

Rider – a benefit attached to an insurance policy.

WellPath – refers to WellPath Select, Inc.

Specialist – a physician who provides medical services to members within a range of a medical specialty.



Top 10 Things To Know About WellPath

1. Participating Providers – Please visit our website at www.wellpathonline.com to make sure your **current** physicians are participating in our network if you have an HMO. If they are not participating and you have an HMO, please select another physician from our network. If you are on a POS or PPO plan and use a non-participating provider, your out-of-network benefits will be utilized.

2. Continuity of Care – If you are a newly covered HMO member because your employer has changed health benefit plans and you are currently undergoing treatment for an ongoing special condition from a nonparticipating provider, **you must notify us of your desire to continue receiving treatment from that provider within 45 days of your effective date.** Once your request is received, we will notify you whether or not your request has been approved to continue treatment with the nonparticipating provider during the transitional period. This option is not available if you selected a POS or PPO plan.

3. Prior Approval – Some services must be approved in advance by WellPath. When obtaining services in WellPath's network, your provider will contact WellPath to obtain approval before delivering care. For members with an out-of-network benefit, consult a Customer Service Associate to find out which services must be approved in advance before receiving services out-of-network.

4. Covered and Non-Covered Services – Consult your Certificate of Coverage for a complete list of covered and non-covered services. If you would like a current copy of your Certificate of Coverage, contact your health plan administrator at your employer. You can also call the WellPath Member Services number to obtain a copy.

5. Out-of-Area Coverage – Available to all members in the case of a true emergency. You will be responsible for any copayment or coinsurance specified by your policy.

6. Behavioral Health and Substance Abuse Services – Require prior approval by Magellan Behavioral Health. This applies only if your employer has a Behavioral Health and Substance Abuse benefit through WellPath. Contact Magellan Behavioral Health at 866.533.5157 to seek services from a participating provider.

7. Out-of-Network Benefits – If you are an HMO member, you must receive care from a WellPath network provider. You do not have an out-of-network benefit (except true emergencies) and therefore are not covered for care received outside of the WellPath Service Area. PPO and POS members do have an out-of-network benefit; however, your out-of-pocket expenses will be lower when you seek care from providers in the WellPath network.



Top 10 Things To Know About WellPath

8. Pharmacy – If your health plan includes pharmacy benefits, note the following:

If you or your eligible covered dependents are **currently** taking any prescriptions, please visit our website to see if your prescription is on our formulary. The information listed below should be helpful in making sure you have a positive experience at the pharmacy with your new WellPath coverage.

- Certain drugs require preauthorization prior to dispensing. Our online formulary listing, available at www.wellpathonline.com, will provide you with a complete listing of medications that require prior approval. If your medication requires prior authorization, please have your physician contact our Preauthorization Department to obtain approval by calling 800.708.9355.
- Generic drugs are normally your best value with the lowest copay.
- For brand name drugs, you will have a lower copay for medications on our formulary.
- Brand name drugs that are not on our formulary will have the highest copay.
- One pharmacy copay is required for each prescribing unit (100 pills, one pint of liquid, 60 grams of cream, etc.), a 31-day supply, or a commercially pre-packaged unit, whichever is less.

9. Member ID Card – You should always present your member ID card to the provider at the time of service to assist in the administration of your benefits. You can also, if applicable, verify the participation status of the provider.

10. Appeals and Complaints – Call Member Services to voice a complaint or concern about WellPath or a WellPath participating provider. If you wish to appeal a decision made by WellPath, write to:

Appeals Department
WellPath Select, Inc.
2801 Slater Road
Suite 200
Morrisville, NC 27560



Important Guidelines

If you have questions about benefits or need assistance, please call WellPath Member Services at **800.935.7284 (NC) or 888.935.7284 (SC)**, Monday through Thursday, 8:00 a.m. – 6:00 p.m., and Friday from 8:00 a.m. – 5:00 p.m.

How To Enroll

Complete the Enrollment Form that was included as an attachment with your Welcome e-mail. It will be the primary source of information used for enrolling you and your family members. By printing clearly and providing all of the information requested, you will help ensure your timely and accurate enrollment. Please complete the Enrollment Form and submit it to your company's benefit administrator. All Enrollment Forms must be received **by WellPath** within 31 days of eligibility.

The Benefit Schedule and any Riders that pertain to your plan will give you a broad description of your benefits. A more detailed explanation can be found in your Certificate of Coverage.

You can obtain a copy of your Plan documents from your employer or by contacting our Member Services Department. Copies may also be provided electronically.

Primary Care Physician (PCP) Guidelines

- A relationship with a PCP is important for wellness and general coordination of health care. WellPath encourages you to maintain a relationship with a PCP.
- A list of participating WellPath PCPs may be found using the online provider search.

Medical Benefits Guidelines

- If you have multiple options, review the Benefit Schedule to choose the option that best suits you and your family.
- Look at the Services Requiring Prior Authorization (page 10). **Prior to receiving any of these services, please be certain that all prior authorization requirements have been met.** If you have questions, please call WellPath Member Services.

Prescription Benefits Guidelines

- The Prescription Drug List is available on our website, www.wellpathonline.com, in the **Prescription Formulary** section.
- If your health plan includes pharmacy benefits, you must use your ID card or have your membership information available to fill a prescription. You may only file a paper claim for reimbursement of a prescription after it was purchased in the event of a true emergency. Exceptions may be made if you have not yet received your ID card but need to fill a prescription.
- If you have any questions, please call Member Services.



About WellPath

WellPath now serves over 160,000 people in North Carolina and South Carolina. There are many good reasons to choose WellPath.

Locally Focused

- A presence in the Carolinas for over 14 years
- Benefit plans specifically designed to meet the needs of North Carolina and South Carolina employers
- Offices in Charlotte, Raleigh, Charleston, and Columbia
- Serving over 85 counties in the Carolinas
- Local Medical Management and Account Management

An Extensive Provider Network

- Over 24,000 participating providers and 120 hospitals in North Carolina and South Carolina
- National transplant network and pharmacy network
- Access to national PPO network for out-of-area (if an out-of-area plan is offered) and traveling members

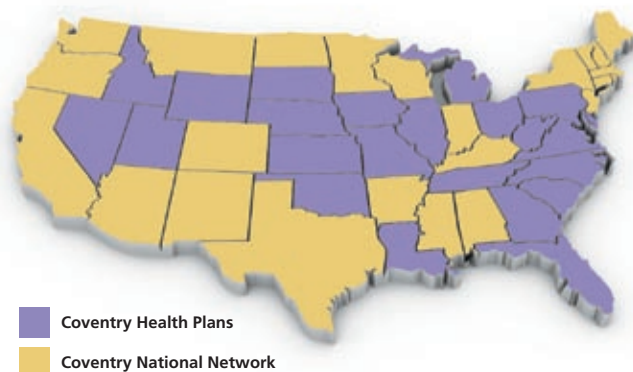
About Coventry Health Care

Coventry Health Care, Inc. is a diversified national managed health care company based in Bethesda, Maryland operating health plans, insurance companies, network rental services companies, and workers' compensation services companies.

The company provides a full range of risk and fee-based managed care products and services, including HMO, PPO, POS, Medicare Advantage, Medicare Prescription Drug Plans, Medicaid, Workers' Compensation and Network Rental, to a broad cross section of employer and government-funded groups, government agencies, and other insurance carriers and administrators in all 50 states as well as the District of Columbia and Puerto Rico. Coventry provides health benefits and services to over 5 million members.*

Coventry is a customer-driven organization that seeks to hire and retain the best employees in our service industry. Collectively, Coventry and its subsidiaries employ nearly 15,000 men and women.

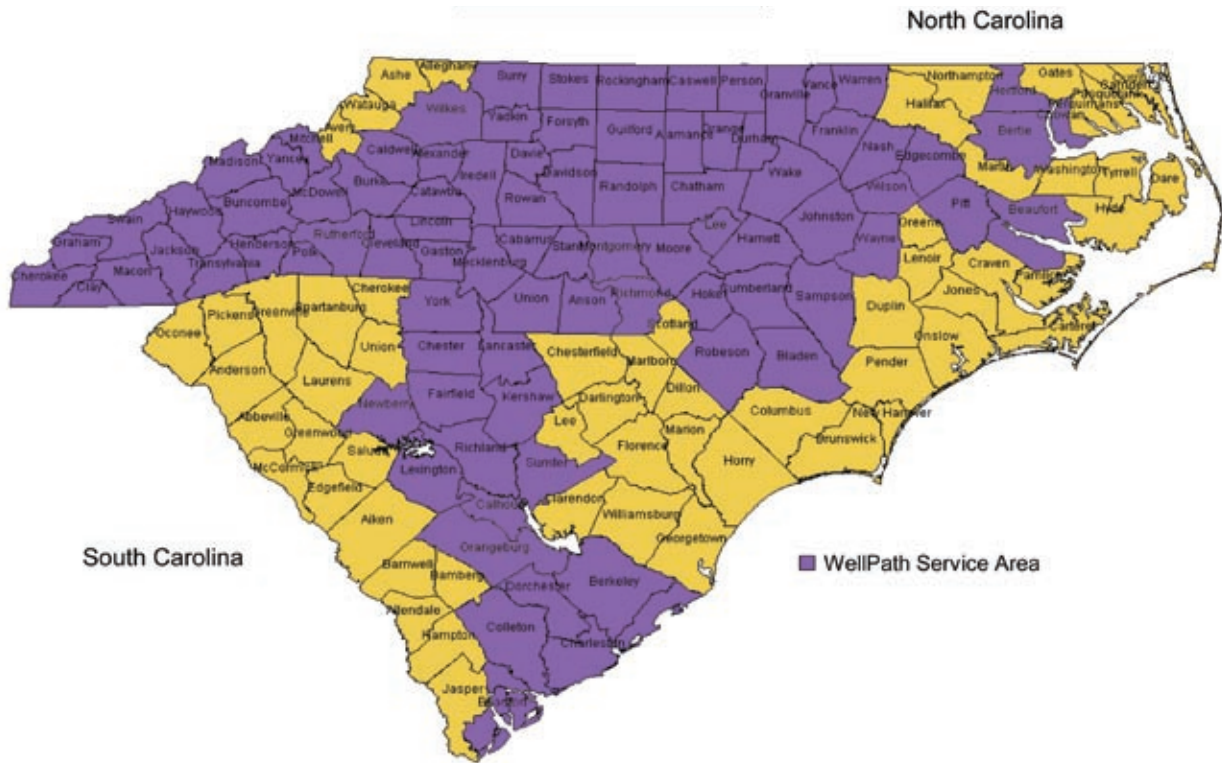
Coventry focuses on implementing the basics of our business by maintaining financial security, upholding high quality standards, providing superior customer service and being innovative in all areas of business. We commit to doing all of this with the highest degree of integrity.



*Coventry Health Care 2008 Annual Report



Network Overview



Please refer to the website (www.wellpathonline.com) for a current listing of participating providers for NC and SC.

Find an In-Network Provider

WellPath’s online provider search features the most current list of participating providers.

- Log on to www.wellpathonline.com.
- Click on “Search for Provider” in the top right portion of the screen.
- Follow the directions and enter your criteria to find a provider.
- Create a personal provider directory based on the search criteria you enter. Click on the “Download Results” bar that displays at the bottom of the page when your provider search is complete.
- Send your personalized directory wherever you want - to yourself, a relative, or a friend.

Printed Directories

WellPath’s participating provider directory is available online, through your employer, at open enrollment meetings, or upon request by calling Member Services.

Out-of-Area

Your employer may offer an out-of-area PPO plan for employees who live and work outside the WellPath service area. The out-of-area plan uses the Coventry Health Care National Network, the nation’s largest directly contracted national provider network. To obtain a listing of participating Coventry Health Care National Network providers, go to the WellPath website at www.wellpathonline.com. Click on the “Search for Provider” link at the top of the page. Enter the provider search and click on the “Search for a Coventry Health Care National Network provider” link.



Transition of Care and Preauthorization

Transition of Care to WellPath

Are you or a covered dependent new to a WellPath plan? If so, you need to be aware of our transition of care process in order to ensure a smooth transition from your previous health plan to WellPath. This process ensures that all prior authorizations for planned treatment are in place, and 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 and PPO plans). The transition of care option is not available when you enroll in a POS plan.



Please be aware that not all health plans cover services in the same way. If you are receiving treatment for an ongoing special condition from a non-participating provider, **you must notify us of your**

desire to continue receiving treatment from that provider within 45 days of your effective date. Even if care has been approved by a previous carrier, it may still need to be prior authorized by WellPath.

Prior Authorization

Some medical services require prior authorization. Participating physicians request prior authorizations when a WellPath member needs certain medical or surgical procedures, diagnostic tests, supplies, or medications. Members utilizing the Coventry Health Care National Network must request their own prior authorizations. Prior authorization is required if services are not available from a participating provider.

It is your responsibility to present your current WellPath coverage information (and/or ID card) **prior** to receiving services. If you are receiving services from a participating provider, the **provider** is responsible for requesting prior authorization from WellPath. If you have POS or PPO coverage and intend to obtain services from a nonparticipating provider, **you** are responsible for obtaining prior authorization from WellPath. If you are enrolled in the PPO plan, **you** are responsible for obtaining any required prior authorizations.

In the event you require hospitalization, all care must be obtained from a participating provider unless specifically authorized by WellPath or you elect to use your out-of-network benefits. Please be aware that if you use your out-of-network benefits, these services will increase your out-of-pocket obligations. If your participating provider feels that you need to see a physician or other medical provider who does not participate with WellPath, prior authorization is required. Your provider may be required to submit medical information to WellPath. WellPath's medical management staff will review the information and will notify you and your provider of the decision.

Utilization Management

Utilization management (UM) is important for ensuring that members receive necessary care. WellPath's concurrent review nurses monitor ongoing inpatient stays for quality and benefit issues as well as UM. Discharge planning ensures that patients receive necessary services after discharge from the hospital.

Services Requiring Prior Authorization

Medical Services Requiring Prior Authorization for 2010*

Ambulance Services (non-emergency)

Cosmetic and Reconstructive Services

Durable Medical Equipment, Prosthetics, and Orthotics

Durable Medical Equipment rental

Elective Inpatient Admissions, including Acute, Skilled Nursing Facility, Hospice, and Rehabilitation

Home health care, including Hospice and Infusions

Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiogram (MRA)/Positive Emission Tomography (PET Scan)/CT of the Chest

Neuro Psych Testing

Outpatient Surgery

Self-administered Injectable Drugs, if covered under a separate Prescription Drug Rider

Services considered Experimental or Investigational

Specific Oral Drugs as indicated on the Formulary, if covered under a separate Prescription Drug Rider

Transplant Services

If your employer purchased the WellPath ChoiceSM product, the following services do **not** require prior authorization:

Hysterectomy

Colonoscopy

Tonsillectomy/Adenoidectomy

RNA and MUGA (Heart Function Test)

Functional Endoscopic Sinus Surgery

* This list is subject to change. Please check the website (www.wellpathonline.com) or call Member Services for the most current list.

Urgent and Emergency Care Guidelines

Our plans provide coverage for medical emergencies, no matter where they occur. It is important for you to understand the difference between an **emergency** and an **urgent care** situation. We suggest you call your PCP if you have any questions as to what type of services you should seek.

What is Urgent Care?

Urgent care is medically necessary care for an unexpected illness or injury that does not qualify as a medical emergency but requires prompt medical attention. Your PCP can help you determine whether or not you need to receive urgent care at an urgent care facility. Some examples of urgent care cases are:

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

If you have an unexpected urgent medical illness or injury (as defined above) while you are in the service area, WellPath may pay for treatment at an urgent care facility. Your PCP may be able to see you in the office or suggest temporary measures to take before the office visit.

For urgent care outside the service area, call 866.676.7424 to locate a Coventry Health Care National Network provider. Contact Member Services for specific benefit information.

What is a Medical Emergency?

A Medical Emergency is a medical condition manifesting itself by acute symptoms of sufficient severity, including but not limited to, severe pain, or by acute symptoms developing from a chronic medical condition that would lead a prudent layperson, possessing an average knowledge of health and medicine, to reasonably expect the absence of immediate medical attention to result in any of the following: 1) placing the health of an individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.

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

If you are experiencing a medical emergency, go to the nearest hospital emergency room (ER).



Urgent and Emergency Care Guidelines

What is Not a Medical Emergency?

As a single symptom, these are **NOT** emergencies. Call your PCP for these problems:

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

Your claim may be denied if you go to the emergency room when it is not an emergency.

When should I call my doctor before seeking care?

If an emergency occurs and time permits or if you are not sure you are experiencing a medical emergency call your doctor, even if you are on vacation. Your doctor’s office has a doctor “on call” 24 hours a day, 7 days a week.

Quick Reference Guide

	Non-Urgent	Urgent Care	Emergency Care
Example	Flu, pink eye, skin rashes, ear infections, sore throat	Sprains, non-severe bleeding, urinary tract infections, and simple cuts that require stitches	Severe or unusual bleeding, severe burns, convulsions, chest pain
Where To Get Care	Call your Primary Care Physician (PCP) who is on call 24/7. Follow PCP’s advice.	Urgent Care Center	Emergency Room
Follow Up	Call your PCP for follow-up care.	Call your PCP for follow-up care.	Call your PCP for follow-up care.



Mental Health and Substance Abuse Benefits

WellPath contracts with Magellan Behavioral Health to coordinate the mental health and substance abuse rehabilitation services offered to our members whose employers offer a mental health and substance abuse benefit through WellPath.

Magellan Behavioral Health provides WellPath members an array of services including:

- Toll-free phone number for mental health services
- Managed behavioral health care programs designed to ensure the delivery of quality, clinically appropriate, and cost-effective care
- Access to a network of behavioral health practitioners, programs, and facilities
- Administrative support in the form of claims adjudication, reimbursement, utilization and quality improvement programs, measurement, and reporting

If you need these types of services, you or your doctor can call Magellan Behavioral Health at 866.533.5157 to schedule treatment. Both inpatient and outpatient mental health and substance abuse services require prior authorization. Prior authorization must be requested from Magellan Behavioral Health.

Vision Program

WellPath offers routine vision benefits as a rider to the medical benefit coverage. Please check your plan documents or call Customer Service to confirm your group has purchased routine vision benefits. **The vision care provider network differs from the WellPath medical benefit network.** Vision care includes routine eye examination or refraction, and is for the purpose of determining if corrective lenses are needed. To access the most up to date listing of routine vision care providers go to www.wellpathonline.com and click on Vision provider search or call Customer Service for assistance with locating a routine vision care provider. If you require **medical eye care (treatment of diseases and injuries of the eye)**, please refer to the WellPath Provider Directory in the “Specialists” section, contact the Member Service Department at **800-935-7284** or refer to our online provider search at www.wellpathonline.com.

Also, all WellPath members have access to a program that gives the member preferred LASIK pricing at 40% to 50% off the overall national average price. QualSight® LASIK has 750 locations nationwide and features a credentialed network of 250 of the nation’s most experienced LASIK surgeons. To locate a provider near you, call 1-877-213-3937 or visit www.QualSight.com/~Coventry for more information.



Transplant Program

The Coventry Transplant Network (CTN) consists of selected Centers of Excellence and local transplant centers. The types of transplant may include:

- Heart
- Intestinal
- Kidney/Pancreas
- Bone Marrow transplant or peripheral stem cell infusion for specific conditions
- Heart/Lung
- Lung
- Pancreas
- Liver
- Kidney

Each transplant program offered by the transplant facility must meet Coventry's established criteria in order to be accepted in CTN. Examples of information that is reviewed in the credentialing process include accreditation, licensure status, volume of transplants performed, patient and graft survival, transplant team experience, and comprehensive discharge planning.

To ensure that quality, cost-effective organ and tissue transplant services are provided to our customers, Coventry credentials the Coventry Transplant Network on an annual basis.

Coventry's health plans may provide a travel benefit to the transplant members and living donors. The health plan's transplant case manager will assist the member in coordinating travel arrangements through the corporate travel agency.

Transplant requests require prior authorization. Actual benefit coverage is subject to all health care coverage provisions, including eligibility status, and contractual limitations in effect when services are provided.

Well-being, Self-care and Wellness Programs

Helping maintain and improve the health of our members is a key goal of WellPath. We continue to offer a variety of ways to meet that goal.

WellBeing Program

Coventry WellBeing is an innovative, self-care and wellness program designed to support our members with self-care resources and help improve their overall well-being. Members have access to a variety of programs including:



Online Health Management

An online program with an optional telephone coaching feature, that helps individuals of all ages get in shape, eat right, and live well. It provides customized fitness, nutrition, and life skills plans that are customized to each member's health status and personal fitness goals.

Health Risk Assessment

Start improving your well-being! The Health Risk Assessment analyzes your response to questions about your health history and lifestyle, lets you know what conditions you may be at risk for, and offers suggestions on how to reduce or eliminate your risk.

You can take the survey and compare your health status from year to year.

Coventry emphasizes preventive health care in order to keep our members healthy. One way to maintain good health is to become aware of recommended immunizations and preventive screenings for adults and children. To help our members do this, Coventry has adopted nationally recognized preventive health guidelines for adults and children, both based on recommendations from national medical associations and authorities.

Because the online health management tools and the Health Risk Assessment are member-only benefits, you must login to *My Online Services* to access the link to view *WellBeing Programs*.

continued on next page



Well-being, Self-care and Wellness Programs

KidsHealth



Keeping kids healthy and happy can be challenging. That is why we teamed with KidsHealth* to provide on-line content. The aim is to educate families and help them make informed decisions about children's health.

KidsHealth content is a fun and engaging way to:

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

KidsHealth is three sites in one: parents, kids, and teens. 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 families 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.

Parents, teens, and children can access the KidsHealth website from the **Coventry WellBeing** link on www.wellpathonline.com.

For more information on **Coventry WellBeing**, check out the **Coventry WellBeing** link on our website under **Members**.

* From time to time, WellPath 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 WellPath 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.

Well-being, Self-care and Wellness Programs

Health Care Management Programs

WellPath offers programs designed to encourage members to obtain preventive care, as well as programs to assist members in managing chronic illnesses.

WellPath may provide program information, educational materials, treatment options, outreach, and individual case management for the following conditions:

- Diabetes
- Asthma
- Emphysema
- Kidney Failure
- Congestive Heart Failure

If you would like more information about any of these programs or wish to enroll in any of these programs, call Member Services.

WellPath works to ensure our members are fully immunized by sending pediatric and adolescent immunization reminders, as well as flu and pneumonia vaccine reminders to members in the risk category. To assist our female members manage their preventive health, we mail mammogram and Pap reminders.

Mothers To Be Program

The Mothers To Be Program is designed to encourage the delivery of healthy babies and the well-being of their mothers. Once you have enrolled, we 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. You may enroll online as a WellPath member at www.wellpathonline.com or call Member Services.

Email Reminder for Tests and Screenings

WellPath encourages you to sign up for email reminders to schedule screening tests. Go to www.wellpathonline.com and click on the Members icon. Click on the **Wellness Reminders** link under **Health Information**. You choose a date to be reminded. You will then receive an email on that date to remind you to make an appointment.



Prescription Drug Program

WellPath's goals for our prescription drug benefit are to support the quality or effectiveness of treatment and to provide a comprehensive, affordable pharmacy benefit. Designed to provide maximum geographic coverage, the pharmacy network consists of more than 62,000 pharmacies in the United States, Puerto Rico, and the Virgin Islands. The network includes national chains and independent drug stores. You can view a directory of participating pharmacies using the Pharmacy Locator tool on our website, www.wellpathonline.com.

WellPath has contracted with Medco as our pharmacy benefit administrator to offer the prescription drug program. This program offers:

- Coverage for certain over-the-counter (OTC) drugs. WellPath members can obtain Zaditor OTC, Zyrtec OTC, Alaway, Prilosec OTC, Alavert, Miralax, Claritin OTC, Plan B, and Next Choice for a generic copay when a prescription from a physician is submitted.
- Affordable copayments that give you a choice of covered drugs.
- The convenience of mail order.
- The ability to view prescription history, search drug information, locate a retail pharmacy, view mail order prescription status, download refill reminders, access My Rx Choices prescription savings program, and transfer retail prescription to mail order, all online.
- A single sign-on link to the Medco website for password-protected personal services. When you login to WellPath's *My Online Services*SM and have previously registered on the Medco site, you will be able to access your Medco information without logging in again.

Important points to remember when accessing your pharmacy benefits

- You must use your ID card or have your membership information available to fill a prescription. You may only file a claim for reimbursement for a prescription after it was purchased if it is a true emergency. Exceptions may be made if you have not yet received your ID card but need to fill a prescription.
- If PA is listed next to a drug, prior authorization is required.
- Even if your prescription drug has been approved by a previous carrier, it may still need to be prior authorized by WellPath.
- Retail prescriptions must be filled at a participating pharmacy or a nonparticipating pharmacy if it is an out-of-area emergency or urgent care situation. You pay the appropriate copayment or the cost of the medication if it is less than the copayment.
- If you take specific maintenance medications on a regular basis, you may be eligible to get your prescriptions filled through the mail order program. The mail order benefit allows up to a 90-day supply to be delivered directly to your home. WellPath does not cover certain drugs such as controlled substances through the mail order program. To find out about mail order coverage, please call Member Services.



Prescription Drug Program

Our Prescription Drug List (Formulary)

Members enrolled in a plan with a prescription drug benefit have access to medications that are on WellPath's Prescription Drug List, also known as a Formulary. A Prescription Drug List is a list of approved medications covered by WellPath. The Prescription Drug List includes a list of both brand name and generic medications. You also have access at a higher copayment to medically necessary prescription drugs not listed on the Prescription Drug List. The 2010 Prescription Drug List is located on our website at www.wellpathonline.com. A list of drugs with quantity limits, drugs requiring preauthorization, self-administered injectable drugs, drugs with mail order exclusions, and prescription drug quantity limits are on the following pages.

Why Use a Formulary

Formularies have two purposes:

- Ensure that the drugs offered are of the highest quality and efficacy
- Reduce prescription costs

Lower prescription costs enable us to keep our premiums reasonable while offering a high level of benefits. A committee of pharmacists and doctors compares each drug's safety, side effects, and effectiveness. Based on research and discussion, this committee decides which ones are best for the Formulary.

Making It Work for You

Have your physician choose a medication from the Formulary. That will eliminate potential problems. Read these guidelines carefully.

Before your doctor prescribes a medication, ask if the medication is on the WellPath Formulary. Try to have a copy of the Formulary with you when you go to the doctor. Ask your doctor to prescribe a medication from the Formulary.

Prior Authorization*

If PA is listed next to a drug on the Prescription Drug List, prior authorization is required. These medications include those that are 1) not suggested for first-line therapy, 2) may require special tests before starting them, or 3) have very limited approval for use. Your physician must receive prior authorization from WellPath before you fill the prescription. If prior authorization is not received, your medication may not be covered.

Quantity Limits

Some medications on the Prescription Drug List have restrictions on the quantity that WellPath will cover. Examples of these drugs include those that are FDA-approved to be taken once daily and instances where the total dose of a medication is available in one pill. For example, several inhalers for asthma can cause severe side effects if overused. The quantity limit will alert you to seek medical advice rather than another inhaler. This way you can be sure you are not taking too much of the medicine, which could endanger your health. Prior authorization may be required if the dosage of the medication being prescribed varies from the FDA and manufacturer's recommended dose.



Prescription Drug Program

Generic Drugs*

Our benefits cover the generic drug when FDA-approved generics are available. The active ingredients in generic medications are the same as in brand-name products. The FDA regulates the production of generic drugs to assure that they provide the same benefit to patients as the original drug.

If you are on a WellPath Select or WellPath Choice product and you choose to buy a brand-name medicine when a generic is available, you will pay the brand-name copayment plus an ancillary charge. This ancillary charge equals the difference in price between the brand-name drug and its generic equivalent. However, you or your doctor may choose to have a brand-name drug even when a generic is available.

If you are on the Coventry Preferred PPO product and choose to buy a brand-name drug when a generic is available, you will pay the generic copayment plus an ancillary charge.

Mail Order Advantage*

You may have a mail order pharmacy benefit which offers you the convenience of obtaining up to a three-month supply of certain maintenance drugs. Copayments remain the same for drugs purchased through the mail order program. Not all drugs are available through mail order.

To use the mail order pharmacy:

- Confirm that the drug is available through your mail order benefit by calling our Member Services staff or using our website.
- Confirm with your doctor that you tolerate the medication, and that it is working well for you.
- Request a mail order prescription from your doctor. (The prescription should be for up to a 90-day supply.)
- Complete the brief medication history on the mail order envelope. (The history is required for your first order only.)
- Mail the prescription(s) and applicable copay(s) in the mail order envelope to Medco. There is no need to send your ID card.
- You can also order prescription refills online with Medco.com. You should expect delivery within two weeks, although many orders will arrive sooner. Medicines requiring refrigeration will be specially packed and shipped to arrive so they remain potent at no additional cost to you.

Specialty Medications

SP indicates specialty medications. Some plans direct distribution of specialty medications through a participating specialty pharmacy and limit quantities to a 31 days supply. Please call the Member Service number on your ID card for a referral to a participating specialty pharmacy or with questions regarding your pharmacy benefit.

Online Drug List

Our online Formulary will provide you with important information such as generic and preferred drug alternatives, quantity limits, or prior authorization requirements. You also can access the mail order program. To use the online formulary, visit the “Members” section of www.wellpathonline.com and click on the link for **Prescription Formulary** on the right side of the page.

*Pharmacy requirements vary according to your group’s selected plan. Refer to your prescription drug rider for your plan’s requirements.



Standard Prior Authorization Drugs

Some drugs require prior approval (preauthorization) by WellPath before the prescription will be filled at the pharmacy. Your doctor will coordinate this approval for you. If the prescription is approved, WellPath will cover the cost. You will be responsible for the copayment. If the request is not approved, it does not mean your doctor cannot prescribe the medicine for you. It means that you are responsible for paying the prescription in full. Self-administered injectable agents also require prior authorization and can be found on a separate list.

Abilify**
 Accutane*
 Actiq*¹
 Actoplus Met**
 Actos**
 Adcirca
 Adderall XR**
 Afinitor
 Androgel
 Atacand/Atacand HCT
 Avandamet**
 Avandaryl**
 Avandia**
 Avapro/Avalide
 Azor
 Blood Glucose Meters/Strips¹
 (Non-LifeScan)
 Brovana**
 Buphenyl
 Byetta¹
 Coartem
 Copegus*
 Cymbalta
 Daytrana**
 Diovan/Diovan HCT
 Duetact**
 Embeda¹
 Emsam**
 Exforge/Exforge HCT
 Exjade
 Fanapt**
 Fentora¹
 Focalin XR**
 Geodon**
 Gleevec
 Hycamtin

Insulin (*intermediate & long-acting*) Pens (*Novopen, Humulin Pen, etc*)**
 Intuniv
 Invega**
 Iressa
 Isentress
 Janumet**
 Januvia**
 Keppra XR
 Kuvan
 Lamictal ODT
 Lamictal XR
 Lamisil Granules**
 Letairis¹
 Livalo**
 Lovaza**
 Lyrica
 Marinol
 Metadate CD**
 Nexavar
 Noxafil
 Nucynta¹
 Nuvigil¹
 Oforta
 Onglyza**
 Onsolis¹
 Opana IR¹
 OxyContin¹
 Perforomist**
 Promacta
 Provigil¹
 Pulmicort Respules[^]
 Pulmozyme
 Qualaquin
 Ranexa
 Rebetol*
 Regranex

Relistor
 Revatio¹
 Revlimid
 Ritalin LA**
 Sabril¹
 Samsca
 Sancuso
 Saphris**
 Savella
 Selzentry
 Sporanox capsule*, oral solution¹
 Sprycel
 Suboxone
 Subutex
 Sutent
 Symbyax**
 Symlin, Symlin Pen
 Tarceva
 Tassigna
 Tekturna/Tekturna HCT
 Temodar
 Teveten/Teveten HCT
 Thalomid
 TOBI
 Tracleer¹
 Tykerb
 Tyvaso¹
 Valturna
 Ventavis¹
 Vfend
 Vyvanse**
 Xeloda
 Xenazine
 Xyrem¹
 Zavesca
 Zolinza
 Zyprexa**
 Zyvox¹

* indicates generic form available – lowest copay charged
Italics indicate non-formulary agents.

** indicates Prior Auth required over age 18
 ^ indicates Prior Auth required over age 4

Under two tier managed formulary benefits, formulary exception criteria must be met in addition to the prior authorization criteria.

** If your employer purchased the WellPath ChoiceSM product, the drugs listed with ** do not require prior authorization.

¹ If your employer purchased the Coventry Preferred PPO product, only the drugs listed with a ¹ require prior authorization.

This list is subject to change. Please check the website (www.wellpathonline.com) or call Member Services for the most current list.



Standard Stepped Therapy Agents

The following drugs will require prior authorization if the condition is not met when the pharmacist would attempt to transmit a prescription claim.

Drug	Condition
<i>Aciphex (rabeprazole)**</i>	Trial & failure of Prilosec OTC or omeprazole AND Nexium
<i>Ambien CR (zolpidem extended release)</i>	Trial & failure of Ambien* or Sonata*, AND Lunesta
<i>Amitiza (lubiprostone)</i>	Trial & failure of Lactulose* or Miralax*
<i>Celebrex (celecoxib)**</i>	Trial & failure of 2 NSAIDs
<i>Clarinet (desloratadine)**</i>	Trial & failure of Claritin* AND Zyrtec OTC
<i>Coreg CR (carvedilol extended rel)**</i>	Trial of Coreg*
<i>Crestor (rosuvastatin) 5mg only**</i>	Trial & failure of Zocor*
<i>Detrol/Detrol LA (tolterodine extended release)**</i>	Trial & failure of Ditropan* or Sanctura/Sanctura XL
<i>Effexor (venlafaxine)**</i>	Trial & failure of an SSRI
<i>Effexor XR (venlafaxine extended rel)**</i>	Trial & failure of an SSRI
<i>Enablex (darifenacin)**</i>	Trial & failure of Ditropan* or Sanctura/Sanctura XL
<i>Gelnique (oxybutynin topical gel)**</i>	Trial & failure of Ditropan* or Sanctura/Sanctura XL
<i>Kapidex (dexlansoprazole)**</i>	Trial & failure of Prilosec OTC or omeprazole AND Nexium
<i>Lescol/Lescol XL (fluvastatin)**</i>	Trial & failure of Zocor*
<i>Lexapro (escitalopram)**</i>	Trial & failure of a generic SSRI
<i>Lipitor (atorvastatin) 10mg & 20mg**</i>	Trial & failure of Zocor*
<i>Lipitor (atorvastatin) 40mg & 80mg**</i>	Trial & failure of Crestor or Vytorin
<i>Lunesta (eszopiclone)</i>	Trial & failure of Ambien* or Sonata*
<i>Luvox CR (fluvoxamine extended release)**</i>	Trial & failure of an SSRI
<i>Metrogel 1% (metronidazole)**</i>	Trial & failure of Metrogel 0.75%*
<i>Niravam ODT (alprazolam immediate rel)**</i>	Trial of Xanax*
<i>Oxytrol (oxybutynin transdermal)**</i>	Trial & failure of Ditropan* or Sanctura/Sanctura XL
<i>Paxil CR* (paroxetine extended release)**</i>	Trial of Paxil*
<i>Prevacid (lansoprazole)**</i>	Trial & failure of Prilosec OTC or omeprazole AND Nexium
<i>Pristiq (desvenlafaxine)**</i>	Trial & failure of any SSRI AND Effexor
<i>Protonix (pantoprazole)**</i>	Trial & failure of Prilosec OTC or omeprazole AND Nexium
<i>Prozac Weekly (fluoxetine extended rel)**</i>	Trial of Prozac*
<i>Requip XL (ropinirole)**</i>	Trial of Requip*
<i>Rozerem (ramelteon)</i>	Trial & failure of Ambien* or Sonata*, AND Lunesta
<i>Ryzolt (tramadol extended release)**</i>	Trial of Ultram*
<i>Singulair (montelukast)**</i>	Prior prescription for an asthma medication
<i>Toviaz (fesoterodine)**</i>	Trial & failure of Ditropan* or Sanctura/Sanctura XL
<i>Uloric (febuxostat)</i>	Trial & failure of allopurinol
<i>Ultram ER (tramadol extended release)**</i>	Trial of Ultram*
<i>Vancocin (vancomycin) 250mg only</i>	Trial & failure of Vancocin 125mg
<i>Vesicare (solifenacin)**</i>	Trial & failure of Ditropan* or Sanctura/Sanctura XL
<i>Vytorin (simvastatin/ezetimibe) 10/10 only**</i>	Trial & failure of Zocor*
<i>Xyzal (levocetirizine)**</i>	Trial & failure of Claritin* AND Zyrtec OTC
<i>Zelapar ODT (selegeline)**</i>	Trial of Eldepryl*

Italics indicate non-formulary agents ^ indicates agent is not covered * indicates generic form available – lowest copay charged

** If your employer purchased the WellPath ChoiceSM product, the drugs listed with ** do **not** require prior authorization.

Note: If your employer purchased the Coventry Preferred PPO product, stepped therapy is **not** required.

This list is subject to change. Please check the website (www.wellpathonline.com) or call Member Services for the most current list.



Self-administered Injectable Drugs

Drug Name	Preferred List Status
Actimmune	Preferred
Apokyn	Preferred
Aranesp	Non-Preferred
Arcalyst	Preferred
Arixtra ¹	Non-Preferred
Avonex	Preferred
Betaseron	Non-Preferred
Caverject	Not Covered
Cimzia	Non-Preferred
Copaxone	Preferred
D.H.E. 45*	Non-Preferred
Edex	Not Covered
Enbrel	Preferred
Epogen	Non-Preferred
Forteo	Non-Preferred
Fragmin ¹	Preferred
Fuzeon	Preferred
Genotropin	Not Covered
Humatrope	Not Covered
Humira	Preferred
Ilaris	Non-Preferred
Increlex	Non-Preferred
Infergen	Non-Preferred
Innohep ¹	Non-Preferred

Drug Name	Preferred List Status
Intron-A	Preferred
Iplex	Non-Preferred
Kineret	Non-Preferred
Leukine	Preferred
Lovenox ²	Preferred
Miacalcin Injection	Non-Preferred
Neulasta	Non-Preferred
Neupogen	Preferred
Norditropin	Preferred
Nutropin/Nutropin AQ	Not Covered
Pegasys	Preferred
Peg-Intron	Non-Preferred
Procrit	Preferred
Rebif	Non-Preferred
Roferon A	Non-Preferred
Saizen	Not Covered
Sandostatin (LAR is covered under Medical)	Preferred
Serostim	Not Covered
Simponi	Non-Preferred
Somavert	Non-Preferred
Tev-Tropin	Not Covered
Valtropin	Not Covered
Vivaglobulin	Refer to Medical Benefit for IVIG
Zorbtive	Non-Preferred

* Generic available (mandatory substitution when required by WellPath)

¹ Initial therapy of 5 doses will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

² Initial therapy of up to 42 doses will be covered while the prior authorization request is being reviewed.

Note: Insulin, glucagon, bee sting kits, Imitrex, Byetta, Symlin, and injectable contraceptives (where covered) are not considered self-administered injectables and are not restricted to specialty pharmacy distribution. Some limits do apply.

All Self-administered injectables and other specialty medications require prior authorization and must be obtained through WellPath's contracted specialty pharmacy. Orders are limited to one 31-day supply (or appropriate prescribing unit) per prescription filled and are subject to the applicable **coinsurance** and/or deductibles described in your *Schedule of Benefits* or Pharmacy Rider.

For most standard plans, the coinsurance You must pay for each Prescribing Unit of a Self-Administered Injectable Drug is:

- 10% of the cost paid by the Health Plan for each Prescribing Unit, but
- not less than \$25 for each Prescribing Unit, and
- not more than an Out-of-Pocket Maximum of \$250 for each Prescribing Unit

For prior authorization, your doctor will call WellPath Health Services at **800-708-9355**.

This list is subject to change without notice. For more information on WellPath's pharmacy program, please visit our website: **www.wellpathonline.com**.



Mail Order Exclusions

Maintenance medications are available through mail order. Maintenance medications are those drugs that are needed for long-term or chronic conditions such as high blood pressure or diabetes. Some of the drugs that are excluded from mail order are listed below and include non-maintenance medications, all controlled substances, and self-administered injectables. This list is not complete and includes examples only. Please contact the Pharmacy Help Desk at 800.378.7040 for specific questions on medications not included in the list.

Medications Not Covered Through Mail-Order

Plan approved maintenance medications are available through mail order if the member's employer has purchased a mail order benefit. Maintenance medications are those drugs that are needed for long-term or chronic conditions such as high blood pressure or diabetes. Some of the drugs that are excluded are listed below and include non-maintenance medications, all controlled substances, and self administered injectables. Members may call Member Services at to inquire about whether specific medications are covered through mail order.

Antibiotics

Examples include - Amoxil, Augmentin, Biaxin, Ceclor, Ceftin, Duricef, Dynapen, Erythromycin, Keflex, Lorabid, Omnicef, Pediazole, Pen Vee K, Principen, Trimox, Veetids, Zithromax, Zyvox

Antiemetics

Examples include - Anzemet, Emend, Kytril, Zofran

Antifungals

Examples include - Diflucan, Griseofulvin, Lamisil, Nizoral, Nystatin, Sporanox, Vfend

Cancer Drugs (oral)

Examples include – Gleevec, Iressa, Nexavar, Sutent, Sprycel, Tarceva, Temodar, Tykerb, Xeloda, Zolanza (does not include Nolvadex (tamoxifen))

Controlled Substances

All controlled substances are excluded from mail-order. Examples include drugs in the following classes:

- Opioids – Darvocet, MS Contin, Opana, Opana ER, Oxycontin, Percocet, Vicodin,
- Antianxiety – Ativan, Valium, Xanax
- Stimulants – Adderall, Adderall XR, Concerta, Focalin, Focalin XR, Provigil, Ritalin, Ritalin LA, Vyvanse
- Cannabinoids – Marinol
- Anabolic Steroids – Androderm, Androgel, Testim,
- Sleep aids – Ambien, Ambien CR, Lunesta, Restoril, Sonata,
- Miscellaneous – Lyrica

Drugs Dispensed in Limited Quantities

Examples include – Accutane and generic, Clozaril, Elidel, Protopic



Mail Order Exclusions

Drugs Not Approved for Routine Long Term Use (non-maintenance)

Examples include – Amitiza, Cialis, Levitra, Lotronex, Muse, Toradol (and generic), Valcyte, Valtrex, Vesnoid, Viagra, Zelnorm

Drugs with Restricted Distribution

Examples include – Revlimid, Thalomid, Xyrem

High Cost Drugs

Drugs with a total cost over \$1,500 require prior authorization. Examples include – Exjade, Kuvan, Rilutek, Revatio, Tracleer, TOBI, Pulmozyme

Migraine Relief Drugs

Examples include - Amerge, Axert, Cafergot, D.H.E 45, Ergotamine, Frova, Imitrex, Maxalt, Maxalt MLT, Midrin, Migral, Migranal, Relpax, Sansert, Zomig, Zomig ZMT

Self Administered Injectables

Examples include – Actimmune, Apokyn, Arixtra, Avonex, Betaseron, Caverject, Copaxone, D.H.E. 45, Edex, Enbrel, Epogen, Forteo, Fragmin, Fuzeon, Genotripin, Heparin, Humatrope, Humira, Infergen, Innohep, Intron-A, Kineret, Leukine, Lovenox, Methotrexate, Miacalcin, Neupogen, Norditropin, Normiflo, Nutropin, Nutropin Depot, Pegasys, PEG-Intron, Procrit, Protropin, Rebif, Saizen, Sandostatin, Serostim, Somavert, Vivaglobin

Miscellaneous Agents

Ana-Kit, EpiPen, EpiPen Jr, Twinject

Glucagon Emergency Kit

Diaphragms

Spacers for inhalers



Prescription Quantity Limits

Commercially Packaged Products

The following list of products are commercially packaged and require one copayment per unit¹:

- **Inhalers** (Advair, Albuterol, Combivent, Flovent, Intal, Maxair, Metaprel, Serevent, etc.)
- **Tubes** (Retin-A, Zovirax ointment, Hydrocortisone, Protopic 30g, Avita 20g, etc.)
- **Patches** (Ortho-Evra, Duragesic, Estrogen, Nitro-Dur, etc.)
- **Nasal Sprays** (Rhinocort, Flonase, Nasonex, Imitrex spray, Stadol NS, etc.)
- **Vials** (Imitrex vials, Zofran solution, Kytril solution, Tussionex 120ml, etc.)
- **Misc.** (Miralix, Actiq Box, Xopenex carton, Epi-Pen, Ana-Kit, Diastat, etc.)

Note: Insulin vials are excluded from this limitation.

Abilify	1 per day	Atacand, Atacand HCT	1 per day	Cenestin 1.25mg	2 per day
Accutane	2 per day	Atripila	1 per day	Cesamet ¹	2 per day
Aceon 2mg, 4mg	1 per day	Atrovent HFA	2 inh	Cialis ¹	4 tabs per mo
Aceon 8mg	2 per day	Atrovent Nasal Spray	1 bottle	Cipro XR 500mg	3 tabs
Aciphex	1 per day	Augmentin XR	40 tabs	Cipro XR 1000mg	14 tabs
Activella	1 per day	Avalide	1 per day	Clarinet, Clarinet D 24H	1 per day
Actonel 5mg, 30mg	1 per day	Avandamet	2 per day	Clarinet D 12H	2 per day
Actonel 35mg	4 tabs per mo	Avandaryl	1 per day	Claritin, Claritin D 24H	1 per day
Actonel 35mg w/ Calcium	1 pk (28 tabs)	Avandia	1 per day	Claritin D 12H	2 per day
Actonel 75mg	2 tabs per mo	Avapro	1 per day	Climara, Climara Pro	1 box (4 ptch)
Actonel 150mg	1 tab per mo	Avelox	14 tabs	Coartem	24 tabs
Actoplusmet	2 per day	Avinza 30, 45, 60, 75, 90mg	1 per day	Colcrys	9 tabs
Actos	1 per day	Avita cream, gel	45gm	Combunox	28 tabs
Acuvail	1 bottle	Avodart	1 per day	Concerta 18, 27, 54mg	1 per day
Adalat CC 30mg, 90mg	1 per day	Axert ¹	6 tabs	Concerta 36mg	2 per day
Adalat CC 60mg	2 per day	Azilect	1 per day	Contraceptives, oral	1 per day
Adcirca	2 per day	Azmacort	2 inh	Cordran tape	1 unit
Adderall XR	1 per day	Azor	1 per day	Coreg CR	1 per day
Advicor 500-20, 750-20, 1000-40mg	1 per day	Baraclude	1 per day	Cozaar	1 per day
Advicor 1000-20mg	2 per day	Benicar, Benicar HCT	1 per day	Crestor	1 per day
Aerobid/Aerobid M	2 inh	Benzacilin	25gm	Cycloset	6 per day
Aerochamber ¹	1 per year	Bepreve	1 bottle	Cymbalta 20mg	2 per day
Afinitor	1 per day	Biaxin susp	150ml	Cymbalta 30mg, 60mg	1 per day
Aldara cream	12 pkts	Biaxin, Biaxin XL	28 tabs	Daytrana patch	1 per day
Alinia Susp	3 bottles	Blood Glucose Monitor	1 per year	Depo SubQ Provera 104	1 inj/90 days
Alinia tabs	6 tabs	Boniva 2.5mg	1 per day	Depo-Provera 150mg/ml	1 dose
Allegra 180mg	1 per day	Boniva 150mg ¹	1 tab per mo		per 3 mos
Allegra 30mg, 60mg	2 per day	Brovana	60 vl (120ml)	Detrol LA	1 per day
Allegra D 12 hour	2 per day	Byetta ¹	1 pen	Diastat ¹	1 pk (2 doses)
Allegra D 24 hour	1 per day	Bystolic 2.5mg, 5mg	1 per day	Diflucan	1 per day
Alora	1 box (8 ptch)	Bystolic 10mg	1 per day	Dilacor XR 120, 180mg	1 per day
Aloxi caps	1 per fill	Bystolic 20mg	2 per day	Dilacor XR 240mg	2 per day
Altace 1.25, 2.5, 5mg	1 per day	Calan SR 120mg	1 per day	Diovan, Diovan HCT	1 per day
Altace 10mg	2 per day	Campral	6 per day	Ditropan XL 5mg	1 per day
Altoprev	1 per day	Cardizem CD 120, 300, 360mg	1 per day	Ditropan XL 10mg, 15mg	2 per day
Alupent 200 inh can	2 cans	Cardizem CD 240mg	2 per day	Duetact	1 per day
Amaryl 1mg, 2mg	1 per day	Cardizem LA 120, 300, 360, 420mg	1 per day	Duoneb	180vl (540ml)
Amaryl 4mg	2 per day	Cardizem LA 240mg	2 per day	Duragesic 12mcg/hr ¹	10 patches
Ambien	1 per day	Cardura 1mg, 2mg, 4mg	1 per day	Dynacirc CR 5mg	1 per day
Ambien CR	1 per day	Cardura 8mg	2 per day	Dynacirc CR 10mg	2 per day
Amerge ¹	9 tabs	Cardura XL 4mg, 8mg	1 per day	Edex Injection ¹	6 syr
Amitiza	2 per day	Casodex	1 per day	Effexor XR	1 per day
Androgel Packet ¹	1 pkt per day	Catapres Patches	1 box (4 ptch)	Effient	1 per day
Androgel Pump ¹	150gm	Caverject Injection ¹	6 syr	Elidel 1%	60gm
Anzemet ¹	10 tabs	Cefaclor ER 500mg	14 tabs	Embeda ¹	2 per day
Arava	1 per day	Celebrex 50, 100, 200, 400mg	2 per day	Emend ¹	3 caps
Aricept, Aricept ODT	1 per day	Celexa	1.5 per day	Emend Tripack ¹	1 pk (3 caps)
Arimidex	1 per day	Cenestin 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day	Emsam	1 per day
Arixtra	1 syr per day			Emtriva	1 per day
Aromasin	1 per day			Enablex	1 per day
Asacol HD	3 per day			Enjuvia 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day



Prescription Quantity Limits

Enjuvia 1.25mg	2 per day	Keppra 250mg	2 per day	Nexium	1 per day
Epiduo	1 unit	Keppra, Keppra XR 750mg	4 per day	Noroxin	2 per day
Epi-Pen, Epi-Pen Jr. ¹	2 doses	Keppra 1000mg	3 per day	Norvasc	1 per day
Estraderm	1 box (8 ptch)	Keppra, Keppra XR 500mg	6 per day	Nucynta ¹	6 per day
Estrasorb	2 pkt per day	Kwell/Lindane	60ml	Nuvigil	1 per day
Evoxac	3 per day	Kytril 1 mg ¹	10 tabs	Noxafil	105ml
Exelon caps	2 per day	Kytril solution	1 bottle (30ml)	Ofloxacin	28 tabs
Exelon patch	1 per day	Lamictal 5mg	8 per day	Onglyza	1 per day
Exelon solution	1 bottle	Lamictal, Lamictal ODT 25mg	6 per day	Onsolis ¹	4 per day
Exforge, Exforge HCT	1 per day	Lamictal, Lamictal ODT 100mg, 200mg	2 per day	Opana ER ¹	2 per day
Factive	7 tabs	Lamictal 150mg	3 per day	Oracea	1 per day
Famvir	21 tabs	Lamictal ODT 50mg	3 per day	Ortho Evra	3 patches
Fanapt	2 per day	Lamictal XR 25, 50, 100mg	1 per day	Ovide	1 bottle
Femhrt	1 per day	Lamictal XR 200mg	3 per day	Oxycontin ¹	2 per day
Fenoglide	1 per day	Lamisil tabs	1 per day	Oxytrol	1 bx (8 ptchs)
Fentora ¹	4 per day	Lamisil 125mg granules	2 per day	Paxil 10mg, 20mg	1 per day
Flomax	2 per day	Lamisil 187.5mg granules	1 per day	Paxil 30mg	2 per day
Flonase Nasal Spray	2 bottles	Lescol, Lescol XL	1 per day	Paxil 40mg	1.5 per day
Flunisolide	2 bottles	Levaquin	14 tabs	Paxil CR 12.5mg, 37.5mg	1 per day
Focalin	2 per day	Levaquin Susp	280ml	Paxil CR 25mg	2 per day
Focalin XR	1 per day	Levitra ¹	4 tabs per mo	Peak Flow Meter ¹	1 per year
Foradil Aeratorizer	2 caps per day	Lexapro 10mg	1.5 per day	Perforomist	60vl (120ml)
Fosamax + D	4 tabs per mo	Lexapro 5mg, 20mg	1 per day	Pexeva 10mg, 20mg, 40mg	1 per day
Fosamax 35mg, 70mg	4 tabs per mo	Lipitor	1 per day	Pexeva 30mg	2 per day
Fosamax 5mg, 10mg, 40mg	1 per day	Livalo	1 per day	Plan B	1 pk (2 tabs)
Fosamax Solution	4 btl (300ml)	Lotrel 2.5/10, 5/10, 5/20, 10/20, 10/40	1 per day	Plan B One-Step	1 pk (1 tab)
Fragmin	1 dose per day	Lovaza	4 per day	Plavix 75mg	1 per day
Frova ¹	9 tabs	Lovenox ¹	2 syr per day	Plavix 300mg	1 tab
Gabitril 2mg	1 per day	Lumigan	2.5ml/mo	Plendil	1 per day
Gabitril 4mg, 12mg	4 per day	Lunesta	1 per day	Prandimet	2 per day
Gabitril 16mg	3 per day	Luvox 25mg, 50mg	1 per day	Pravachol 10, 20, 80mg	1 per day
Gelnique	1 box (30 pkts)	Luvoc CR	2 per day	Pravachol 40mg	2 per day
Geodon	2 per day	Lyrica 25, 50, 75, 100, 150, 200mg	3 per day	Prefest	1 per day
Glucagen Hypokit ¹	1 kit	Lyrica 225mg, 300mg	2 per day	Premarin 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day
Glucagon Emergency Kit ¹	1 kit	Marinol	2 per day	Premarin 1.25mg	2 per day
Glucophage XR	4 per day	Mavik 1mg, 2mg	1 per day	Premphase	1 per day
Hepsera 10 mg	1 per day	Mavik 4mg	2 per day	Prempro	1 per day
Humapen Memoir	1 pen per yr	Maxair Autohaler	1 inh	Prevacid cap, SoluTab	1 per day
Hytrin 1mg, 5mg	1 per day	Maxalt, Maxalt MLT ¹	9 tabs	Prevacid NapraPac	1 pk per mo
Hytrin 2mg, 10mg	2 per day	Menostar	1 bx (4 ptch)	Prevacid Packet	1 per day
Hyzaar	1 per day	Mepro ¹	1 btl (210ml)	Prezista	2 per day
Imdur 30mg, 60mg	1 per day	Metadate CD	1 per day	Prilosec 10mg	1 per day
Imdur 120mg	2 per day	Metadate ER	3 per day	Prilosec 20mg	2 per day
Imitrex pre-filled Syringe ¹	2 bx (4 doses)	Metaglip	4 per day	Prilosec OTC (20mg)	2 per day
Imitrex Nasal Spray 20mg ¹	1 bx (6 doses)	Mevacor 10mg, 20mg	1 per day	Pristiq	1 per day
Imitrex Nasal Spray 5mg ¹	2 bx (12 doses)	Mevacor 40mg	2 per day	ProAir HFA	2 inh
Imitrex tabs ¹	9 tabs	Miacalcin Nasal Spray	1 bottle	Procardia XL 30mg, 90mg	1 per day
Imitrex vials ¹	1 bx (2.5ml;5vl)	Micardis, Micardis HCT	1 per day	Procardia XL 60mg	2 per day
Inderal LA 60mg	1 per day	Migranal Nasal Spray ¹	1 pkg (8 btls)	Promacta	1 per day
Innopran XL 120mg	1 per day	Mobic 7.5mg	2 per day	Prometrium	2 per day
Innopran XL 80mg	2 per day	Mobic 15mg	1 per day	Proquin XR	3 tabs
Inspra 25mg	1 per day	Monopril 10mg, 20mg	1 per day	Proscar	1 per day
Inspra 50mg	2 per day	Moxatag	10 tabs	Protonix	1 per day
Intal Inhaler	2 inh	Multaq	2 per day	Protopac	60gm
Intelligence	4 per day	Muse ¹	6 pellets	Proventil HFA	2 inh
Intuniv	1 per day	Namenda	2 per day	Provigil	1 per day
Invega 3mg, 9mg	1 per day	Namenda Pak	1 pack	Prozac Weekly ¹	4 caps per mo
Invega 6mg	2 per day	Nasacort AQ	1 inh	Pulmicort Respule	2 per day
Iressa	1 per day	Nasarel Inhaler	1 inh	Pulmicort Turbuhaler	1 inh
Isentress	2 per day	Nasonex Inhaler	1 inh	Pulmozyme ¹	60unt (150ml)
Isoptin SR 120mg	1 per day	Nexavar	4 per day	Ranexa	2 per day
Janumet	2 per day			Rapaflo	1 per day
Januvia	1 per day			Rapiflux	1 per day
Kadian ¹	2 per day			Razadyne ER	1 per day
Kapidex 30mg, 60mg	1 per day				



Prescription Quantity Limits

Rebetol	500ml	Sular 10mg, 20mg, 40mg	1 per day	Verelan 120, 180, 360mg	1 per day
Relafen	4 per day	Sular 8.5, 17, 25.5, 34mg	1 per day	Verelan 240mg	2 per day
Relenza	20 tabs	Sular 30mg	2 per day	Verelan PM 100mg, 300mg	1 per day
Relpax ¹	6 tabs	Sutent	1 per day	Verelan PM 200mg	2 per day
Remeron tab, Soltab	1 per day	Symbyax	1 per day	Vesicare	1 per day
Requip XL 2mg, 4mg, 8mg	1 per day	Symlin ¹	4 vials (20ml)	Viagra ¹	4 tabs per mo
Requip XL 12mg	2 per day	SymlinPen 60,		Vimpat	2 per day
Restasis	2 vials per day	SymlinPen 120	4 pens per fill	Vivelle	1 bx (8 ptchs)
Restoril 7.5mg, 22.5mg	1 per day	Tamiflu	20 tabs	Voltaren Gel	200gm
Retin-A, Retin-A Micro	45gm	Tarceva	1 per day	Vytorin	1 per day
Revatio ¹	3 per day	Tasigna	4 per day	Vyvanse	1 per day
Revlimid	1 per day	Tekturna, Tekturna HCT	1 per day	Wellbutrin XL	1 per day
Reyataz 100mg, 150mg, 200mg	2 per day	Teveten 400mg	2 per day	Xalatan	2.5ml/mo
Reyataz 300mg	1 per day	Teveten 600mg	1 per day	Xanax XR	2 per day
Risperdal, Risperdal ODT		Teveten HCT	1 per day	Xenazine 12.5mg	4 per day
0.25mg, 0.5mg, 1mg, 2mg	2 per day	Theo-24 100mg, 200mg	1 per day	Xenazine 25mg	8 per day
Risperdal, Risperdal ODT 3mg	3 per day	Tiazac	1 per day	Xifaxan	9 tabs
Risperdal, Risperdal ODT 4mg	4 per day	Tindamax 250mg	24 tabs	Xopenex	2 inh
Ritalin LA 10, 20, 40mg	1 per day	Tindamax 500mg	12 tabs	Xyzal	1 per day
Ritalin LA 30mg	2 per day	TOBI	56 vls (280ml)	Zavesca	3 per day
Ritalin SR	3 per day	Topamax 25mg	12 per day	Zebeta 5mg	1 per day
Rozerem	1 per day	Topamax 50mg	6 per day	Zebeta 10mg	4 per day
Rythmol SR	2 per day	Topamax 100mg	3 per day	Zegerid	1 per day
Ryzolt	1 per day	Topamax 200mg	2 per day	Zelapar	2 per day
Sabril ¹	6 per day	Topamax sprinkle	4 per day	Zemplar	1 per day
Samsca 15mg	1 per day	Toprol XL 25mg	1 per day	Zetia	1 per day
Samsca 30mg	2 per day	Toprol XL 50mg, 100mg	1.5 per day	Zirgan gel	1 tube
Sanctura	2 per day	Toprol XL 200mg	2 per day	Zithromax 250mg	8 tabs
Sanctura XR	1 per day	Toradol ¹	20 tabs	Zithromax 500mg	4 tabs
Sancuso	1 patch	Toviaz	1 per day	Zithromax 600mg	8 tabs
Saphris	2 per day	Tranxene SD 11.25mg	1 per day	Zithromax Susp	2 bottles
Sarafem	1 per day	Travatan	2.5ml/mo	Zithromax TriPac	1 pk (3 tabs)
Savella	2 per day	Triglide	1 per day	Zocor	1 per day
Selzentry	2 per day	Trileptal	2 per day	Zofran 24mg ¹	1 tab
Serevent Diskus	1 box	Trilipix	1 per day	Zofran 4mg, 8mg ODT ¹	30 tabs
Seroquel 25mg, 50mg, 100mg, 300mg	3 per day	Tussicaps	20 caps	Zofran Solution ¹	50ml
Seroquel 200mg	4 per day	Tussionex ¹	120 ml	Zolinza	4 per day
Seroquel 400mg	2 per day	Twinject	2 doses	Zolof 25mg	1 per day
Seroquel XR 150, 200mg	1 per day	Tyvaso ¹	1 amp/day	Zolof 50mg	1.5 per day
Seroquel XR 50, 300, 400mg	2 per day	Tyzeka	1 per day	Zolof 100mg	2 per day
Singulair tab, Chw, pkt	1 per day	Tyzeka Solution	1 bottle	Zomig, Zomig ZMT 2.5mg ¹	6 tabs
Sonata	1 per day	Ulesfia	3 bottles	Zomig, Zomig ZMT 5mg ¹	3 tabs
Soriatane Kit (2 kits per mo)	2 tabs per day	Uloric	1 per day	Zomig Nasal Spray ¹	1 bx (6 doses)
Spiriva	1 per day	Ultracet	8 per day	Zonegran 25mg, 50mg	1 per day
Sprycel	2 per day	Ultram ER	1 per day	Zonegran 100mg	6 per day
Stadol NS	2 bottles	Uroxatral	1 per day	Zyprexa, Zyprexa Zydis	1 per day
Strattera	1 per day	Valtrex 1g	21 tabs	Zyrtec	1 per day
Striant	2 per day	Valtrex 500mg	42 tabs	Zyrtec-D	2 per day
Suboxone	3 per day	Valturna	1 per day	Zyvox ¹	28 tabs
		Vancocin 125mg ¹	56 tabs	Zyvox Susp ¹	150ml
		Vancocin 250mg ¹	40 tabs		
		Ventolin HFA	2 inh		

PLEASE NOTE: This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives). This is the most current list at the time of printing and is subject to change, as we periodically review our Drug Formulary listing. Some medications may require prior authorization. Please consult your health plan specific documents or your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Unless otherwise noted in your plan documents, there is a maximum of 100 pills per fill.

Each fill requires an applicable copayment or coinsurance. Viagra, Cialis, and Levitra are limited to 4 pills per 30 days.

¹ Only drugs with a ¹ apply the quantity limit to the Coventry Preferred PPO product.



Online Options

WellPath offers you a wealth of information at your fingertips through our website, www.wellpathonline.com. From personal health issues, information about community events, and condition-specific content such as diabetes, you will find it on our website.

Your Benefits:

Participating providers and pharmacies
Disease management programs
Prior authorization services and drugs
Drug Formulary
Member rights and responsibilities

Health Resources:

Health Education links
Preventive Health guidelines
Men's health section
Women's health section
Children's health section
Wellness reminders

Online Provider Search

Our online provider search has been improved -- giving you greater flexibility in a simpler format. The online search is updated **weekly** and offers the most current provider information. No login is necessary. Just click on the tab marked "Search for Provider" in the top-right corner of the opening page of our website at www.wellpathonline.com.

You can:

- Search by county and receive a report by email of all providers in that county.
- Search for doctors by name, specialty, and location.
- Create a short list of physicians and perform side-by-side comparisons.
- Create a personal provider directory based on search criteria you enter.

Once your search has been completed, you can create your own personalized directory...sorting by distance, name, city, or zip code. You can even e-mail, fax, or print your search results by clicking **Download Results**. You have the option to send your personalized directory wherever you want.

My Online ServicesSM

My Online Services gives members confidential access to personal information about their health coverage – when it is convenient to them. Many visits to our website take place at times other than regular business hours.

As with all our internet-based services, we have continued to improve the features of **My Online Services**, based in large part on feedback from members using the service.

After a simple registration, members can:

- View eligibility, benefit, and policy information



Online Options

- Check claim and referral status (including pharmacy claims)
- View service requests
- Change primary care physicians (if applicable)
- Request ID cards
- Display and print an image of the ID card
- Change personal information such as address or phone number
- Notify WellPath of life events
- Notify WellPath of other information (such as other insurance)
- Find prescription drug costs
- Access Coventry Consumer Choice (C3) to manage your health savings account, health reimbursement arrangement, or flexible spending account information, if offered by your group.
- Access WellBeing Program information including online health management tools.
- Review out-of-pocket expenses and deductible expenses you or your family incurred during the benefit year by clicking on **Benefit Year Utilization**.



To login to **My Online Services**, go to www.wellpathonline.com and click on the Members section. Click on **Login/Register** in the top left side. Follow the instructions to login or register.

Find Prescription Information

Our website provides a searchable drug list, plus additional information such as generic equivalents to preferred and non-preferred brand drugs, prior authorization requirements, the use of lower cost alternatives, and mail order exclusions. When you look up a specific drug, the search results specify, through symbols, the drug's status on the Prescription Drug List, indicates if it requires prior authorization, and points out some common limitations.

To review prescription drug information, click the **Prescription Formulary** link under Prescription Information on the Members page of www.wellpathonline.com.

Coventry Consumer ChoiceSM (C3)

Coventry Consumer Choice (C3) gives you the best in consumer-directed health plan options. C3 gives you choices about how and when to use your health benefits for these types of plan options:



COVENTRY CONSUMER CHOICESM

- **Flexible Spending Accounts (FSAs)** These accounts allow you to set aside part of your income on a pre-tax basis for eligible expenses. You may be able to set up one or two types of FSAs based on plan availability:
 - *Health Care Spending Account* for out-of-pocket medical expenses, like copayments, deductibles, vision and dental care, and more
 - *Dependent Care Spending Account* for day care or other dependent care expenses. These expenses are only reimbursable if the care is needed while you and your spouse are at work.
- **Health Reimbursement Arrangements (HRAs)** With an HRA, your employer puts a set amount of money into an account for you. You can use this money to pay for any employer specified health care expenses. When a claim is submitted for medical expenses, the money is automatically withdrawn from your HRA.
- **Health Savings Accounts (HSAs)** An HSA allows you to set aside funds on a tax-free basis for qualified medical expenses. HSAs roll over from year to year and may earn tax-free interest or investment dollars. They are a great way for you to save money on your health care costs now or in the future. HSAs work with qualified high-deductible health plans, which may give you additional savings opportunities.

C3 gives you all the help you need

With C3, you have all the support and tools you need to understand how these plans work. To get help, you can:

- Go online and use tools that help you estimate costs and manage your health and your C3 account.
- Call customer service at the toll-free number on your ID card.
- Tap into Coventry Consumer Coaches for more complex questions.

Smart Payment makes it easy

With C3's Smart Payment feature, you can choose exactly how you want each claim to be reimbursed. You can spend or save your funds as you like on a claim-by-claim basis. All you need to do is go online and select the options that are right for you. You can pay yourself, pay the provider, or pay expenses out of your pocket and save your funds. Depending on the type of fund that you are using, Smart Payment will have a different setting. Be sure to go online and select the payment method that works for you.

What to pay when you receive health care services

Be sure to have your providers send claims to the address on your ID card first, so we can apply the network discount. At the time of service, you should only pay your copayment, if applicable.



Coventry Consumer ChoiceSM (C3)

Debit card use

If your employer has provided a debit card with C3 account, you can use it at the point of sale at the pharmacy, or you can pay balances due from you on provider bills after the claim has been processed. The card may only be used at certain types of merchants, including doctors' offices, hospitals and pharmacies. If your card is rejected, call the number shown on the back of your ID card.

Reimbursement and substantiation

In some cases, you will have to submit a claim form for reimbursement. You may have to prove that you used your funds for qualified medical expenses. Keep all receipts, as you may be required to present them to the IRS. Receipts should include the date and name of the product purchased or a complete description of services. One of the following items is required for reimbursement and/or substantiation:

- Itemized receipt
- Itemized bill or
- Itemized invoice

To simplify the substantiation process, purchase qualified items separately from unqualified items.

Eligible expenses

The IRS has strict requirements about eligible medical expenses. They are defined as follows: "Medical expenses are the costs of diagnosis, cure, mitigation, treatment or prevention of disease, and the costs for treatments affecting any part or function of the body. They include the costs of equipment, supplies, and diagnostic devices needed for these purposes. They also include dental expenses."

Some examples of eligible medical expenses are eye exams, dental work, prescription drugs, chiropractic care and lab expenses. Vitamins, toiletries, cosmetics and herbs do not qualify as eligible medical expenses. For further detail about eligible medical expenses, visit www.wellpathonline.com or www.irs.gov.

Direct deposit

You must complete a form and send it to Coventry for direct deposit of reimbursements. You can find this form online at www.wellpathonline.com or you can call Member Services at the number on your ID card and ask for a direct deposit form.

Enjoy the tax and saving advantages of a C3 account. To learn more, visit the website or call the member service number shown on your member ID card.



Customer Service Options

Telephone Support

To help take full advantage of the many capabilities of our website, WellPath members can turn to our Net Support Team for help. Representatives have the technology to see what any user sees on our website. Simply call the Net Support Team toll-free at 888.295.4072 weekdays from 8:00 a.m. to 6:00 p.m. (ET) if you need helpful, “real time” guidance. The Net Support Team also can assist you if you forget or misplace your password.

My Voice Services

You have access to your health information by phone, 24 hours a day, 7 days a week through WellPath’s self-service phone feature, *My Voice Services*sm.

*My Voice Services*sm uses state-of-the-art technology to provide you with direct access to information you need. The telephone system is designed to respond to voice commands. You can obtain the most commonly requested information quickly and privately.

You have access to the following information just by calling Member Services. Please have the Member ID number and date of birth available when calling.

- Claim Status – summary and detail regarding paid, denied, and pending claims
- Authorization Status – information regarding authorizations issued by WellPath
- Benefit Information – copay, coinsurance, and deductible information for most common benefits
- ID card – order a replacement ID card for yourself or a family member

Next Steps

Use this convenient checklist to make sure you complete each step of the enrollment process.

- Review the information in the Enrollment Guide, including the benefit summary.
- Complete the Enrollment/Change Form and turn it in to your company’s human resources office. WellPath must receive the Enrollment/Change Form within 31 days of eligibility.
- Contact WellPath Member Services if you have transition of care questions.
- Ask your doctor to obtain necessary prior authorizations for current medications.
- Obtain new prescriptions for mail order prescriptions.
- Notify your doctors of your change in health insurance coverage.
- Place the new member ID card in your wallet once it is received.
- Register for *My Online Services*SM.
- Take advantage of **Coventry WellBeing**.



Important Member Notices

Your Privacy Matters

WellPath 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.wellpathonline.com or call Member Services at **800-935-7284 (NC)** or **888-935-7284 (SC)**.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) is a federal law that requires most insurers, HMOs, or group-sponsored health plans that provide benefits for mastectomies to also cover reconstructive surgery and prostheses after a mastectomy.

Most WellPath plans provide the coverage required by this law. Certain government-sponsored plans, church plans, TRICARE programs, and Medicare-related programs are exempt from the requirements of the WHCRA. Please contact your employer if you have questions about the applicability of this law.

The law requires that if your plan covers mastectomies and if you choose breast reconstruction after the mastectomy, benefits also must be provided for:

- reconstruction of the affected breast
- surgery and reconstruction of the other breast to produce a symmetrical appearance
- prostheses
- treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with you and your doctor. If applicable under your plan, the coverage is subject to the same annual deductibles and coinsurance provisions as those established for other plan benefits.

Coordination of Benefits

When a member is covered by another group health plan in addition to WellPath coverage, Coordination of Benefits (COB) takes place. The COB provision is necessary to avoid duplication of benefits. To ensure that claims are processed properly, information about other coverage of any member must be furnished to WellPath promptly, and WellPath should be notified promptly of any coverage changes.

When WellPath is the primary health plan, then WellPath pays first for all covered services; when secondary, WellPath makes payment, according to provisions and benefit levels of this plan, after the primary health plan has paid according to its contract. Even when WellPath is secondary, some medical services require preauthorization. WellPath requires that members elect Medicare Part B when Medicare is the primary payor.



Important Member Notices

Coordination of Benefits with Medicare for Members 65 and Over

When a member is covered by Medicare and a group plan, and	Then	WellPath 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



Important Member Notices

Note: Applies to North Carolina PPO members only.

NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE NORTH CAROLINA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the North Carolina Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of the insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted *in the box* below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The North Carolina Life and Health Insurance Guaranty association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in North Carolina. You should not rely on coverage by the North Carolina Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The North Carolina Life and Health Insurance Guaranty Association
Post Office Box 10218
Raleigh, North Carolina, 27605

North Carolina Department of Insurance, Consumer Services Division
1201 Mail Service Center
Raleigh, NC 27699-1201

The state law that provides for this safety-net coverage is called the North Carolina Life and Health Insurance Guaranty Association Act. On the back of this page is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.



Important Member Notices

COVERAGE

Generally, individuals will be protected by the life and health insurance guaranty association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed the average rate specified in the law;
- dividends;
- experience or other credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals), unless they fund a government lottery or a benefit plan of an employer, association or union, except that unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay out as follows:

- (1) The guaranty association cannot pay out more than the insurance company would owe under the policy or contract.
- (2) Except as provided in (4) and (5) below, the guaranty association will pay a maximum of \$300,000 per individual, per insolvency, no matter the number of policies or types of policies issued by the insolvent company.
- (3) Except as provided in (4) and (5) below, the guaranty association will pay an aggregate maximum of \$500,000 with respect to any one individual affected by multiple insolvencies.
- (4) The guaranty association will pay a maximum of \$1,000,000 with respect to any one structured settlement annuity contract holder.
- (5) The guaranty association will pay a maximum of \$5,000,000 to any one unallocated annuity contract holder.



WellPath Select, Inc.
Coventry Health and Life Insurance Company, Inc.

2801 Slater Road
Suite 200
Morrisville, NC 27560

One Poston Road
Suite 245
Charleston, SC 29407

2815 Coliseum Centre Drive
Suite 550
Charlotte, NC 28217

140 Stoneridge Drive
Suite 200
Columbia, SC 29210

800-935-7284 (NC)
888-935-7284 (SC)
www.wellpathonline.com