

IOWA DEPARTMENT OF HUMAN SERVICES  
IOWA MEDICAID ENTERPRISE – MEMBER SERVICES  
PO BOX 36510  
DES MOINES IA 50315-0314

470-4204

# Sample Outer Mailing Envelope

Iowa Department of Human Services  
Marketplace Choice  
READ THIS LETTER CAREFULLY !!!

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Notice Date: 00/00/00

County Number: 77 POLK  
Worker #: 0000  
Case Number: x000000000

Member Name  
Address 1  
Address 2  
City state Zip

Welcome to the Iowa Marketplace Choice Plan. Enclosed you will find information about each health plan available to you, to help you understand your health plan options. If you have questions about health plan benefits or details, please contact the appropriate health plan.

The members listed below will need to select one of the following health care plans:

CoOpportunity Health  
Coventry Health Care of Iowa

Please contact Iowa Medicaid Member Services to choose a plan. You may contact Member Services in one of the following ways:

- Phone: Call 1-800-338-8366. In the Des Moines area call 515-256-4606
- Mail: Members may mail in the enclosed enrollment form with a selection
- Fax: Fax completed enrollment form to 515-725-1351
- Email: Scan and email completed enrollment form to  
ImeMemberServices@dhs.state.ia.us

Please include each member ID number, plan choice, and telephone number. We may contact you if we have any questions.

It is IMPORTANT that you contact Member Services with your plan choice by:

**00/00/00**

You will be enrolled in the plan below if you do not contact Member Services with a plan choice by this date.

You may change your plan for any reason within 90 days of this letter. After that you will be required to stay with the same plan until your re-enrollment period. For more information on your right to disenroll for a good cause, please call Member Services.

Your health plan will send a member ID card and coverage information. You can expect this in the weeks right before your effective date.

EM 8-M Enrollment  
IAC 441-88.3, 88.23, 88.46

Provider Name : HEALTH PLAN NAME  
Provider Address : HEALTH PLAN ADDRESS

Provider Telephone : HEALTH PLAN TELEPHONE

Person ID Number    Member Name  
-----  
1111111A            Member Name



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

Date

«Name»

«Address\_Line\_1»

«Address\_Line\_2»

«City\_State\_Zip»

Name: \_\_\_\_\_ (Auto Entry) \_\_\_\_\_ Medicaid Member ID # \_\_\_\_\_ (Auto Entry) \_\_\_\_\_

## **Important: Please Answer the Following Questions and Return**

You may have already been notified that you have been assigned to a Medicaid health plan. However, by answering the questions on the other side of this form you will help us ensure you are enrolled in the plan that best fits your medical needs.

Please answer **all** of the questions on the other side in pencil or blue or black ink and return the form.

### **Three ways to return this form:**

1. Use the enclosed postage paid envelope OR
2. Fax it to the Iowa Medicaid Enterprise at: 515-725-1351, OR
3. Call Iowa Medicaid Member Services at at **1-800-338-8366** or locally at 515-256-4606. to complete the survey over the phone.

### **Need help?**

If you have any questions, please call Iowa Medicaid Member Services at **1-800-338-8366** or locally at 515-256-4606.

Si necesita informacion en espanol porfavor llamenos al servicio de miembros  
1-800-338-8366.

**Turn Page Over: Questions on the Back Page**

Name: \_\_\_\_\_ (Auto Entry) \_\_\_\_\_ Medicaid Member ID # \_\_\_\_\_ (Auto Entry) \_\_\_\_\_

**Important: Please Answer the Following Questions and Return**

1. Compared to other people your age, how would you rate your physical health?

Excellent      Good      Fair      Poor

2. Compared to other people your age, how would you rate your mental health?

Excellent      Good      Fair      Poor

3. How often do you need help from another person in doing activities like: bathing, walking, eating, managing your medications?

Never      1-2 times a week      3-4 times a week      Every day

4. Other than for pregnancy, in the last six months, how many times have you stayed overnight as a patient in a hospital?

None      1 time      2 time      3 or more times

5. In the last six months, how many times have you used an emergency room?

None      1 time      2 times      3 or more times

6. In the last six months, how many times have you been seen by a doctor/nurse practitioner/physician assistant (count office/clinic visits and home visits; do not count emergency room or hospital visits)?

None      1-2 times      3-5 times      More than 5 times

7. If you use drugs or alcohol, how often does it keep you from doing your daily activities?

Never      Sometimes      Often      Always

8. If you experience sadness, depression or nervousness, how often does it keep you from doing your daily activities?

Never      Sometimes      Often      Always

9. Do you receive Social Security disability benefits?

Yes      No

**Questions? Call Iowa Medicaid Member Services at 1-800-338-8366 or locally at 515-256-4606.**



## Iowa Marketplace Choice Plan Enrollment Form

Welcome to the Iowa Marketplace Choice Plan. Please review the enclosed information about each plan available to you, both provides health plan details. You must select which health care plan to enroll with. If you do not select a plan, one will be selected for you. After you complete this form. Fold the form so that the BUSINESS REPLY MAIL shows on the outside. Wet along the side of the form to seal. You do not need a stamp to return this form by mail.

Complete this form with blue or black ink.

Name of Person to Enroll	Date of Birth of Person to Enroll	ID Number of Person to Enroll	Check One Marketplace Choice Plan	Address of Person to Enroll	Phone of Person to Enroll
			<input type="checkbox"/> CoOpportunity Health <input type="checkbox"/> Coventry Health Care of Iowa		
			<input type="checkbox"/> CoOpportunity Health <input type="checkbox"/> Coventry Health Care of Iowa		
			<input type="checkbox"/> CoOpportunity Health <input type="checkbox"/> Coventry Health Care of Iowa		
			<input type="checkbox"/> CoOpportunity Health <input type="checkbox"/> Coventry Health Care of Iowa		
			<input type="checkbox"/> CoOpportunity Health <input type="checkbox"/> Coventry Health Care of Iowa		
			<input type="checkbox"/> CoOpportunity Health <input type="checkbox"/> Coventry Health Care of Iowa		

**Sign Here:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

If you have questions about how to complete this form, call Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8:00am – 5:00pm.

# Iowa Marketplace Choice Plan

## Enrollment Guide

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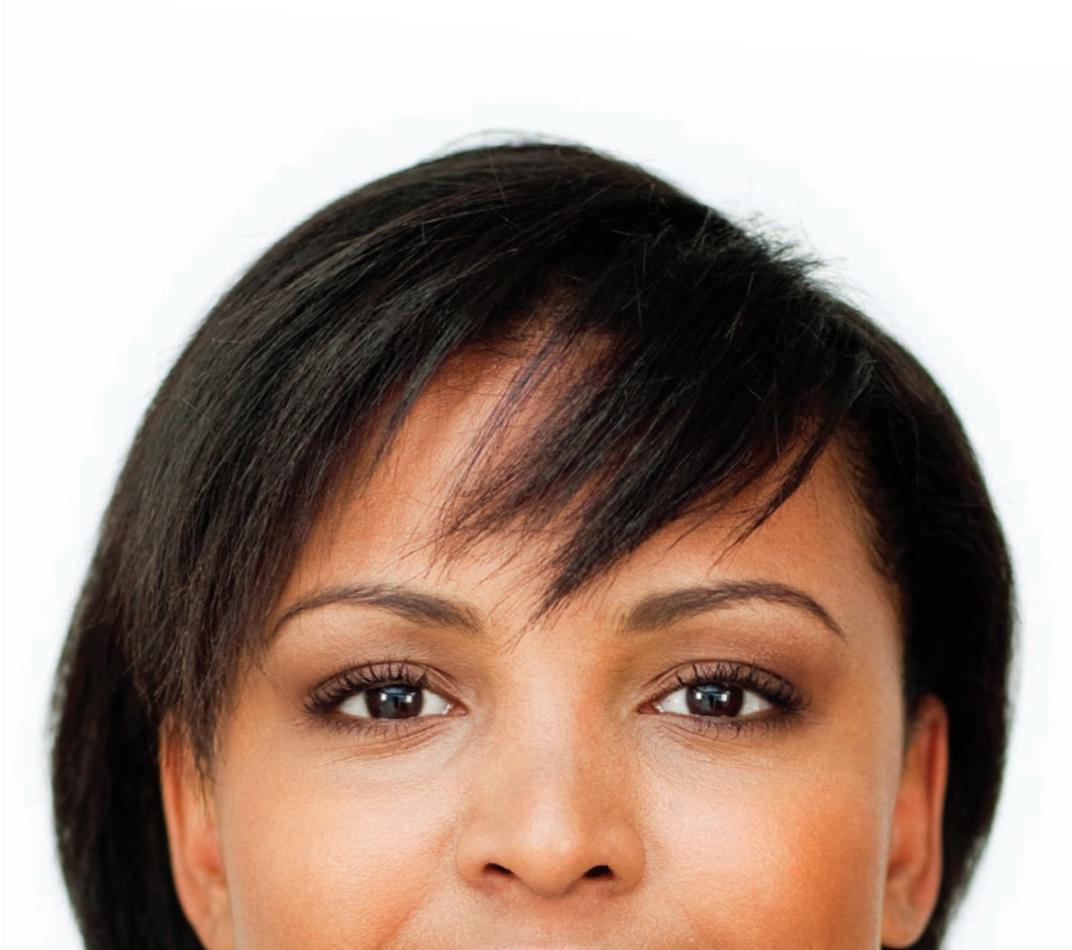
Qualified Health Plans for Individuals in Iowa  
For coverage beginning on or after January 1, 2014

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CoOpportunity Health  
is proud to participate  
in the Iowa Marketplace  
Choice Plan



# Welcome to CoOpportunity Health

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## Proud Partner in Iowa Marketplace Choice Plan

CoOpportunity Health has been selected by the State of Iowa to provide health insurance coverage to individuals eligible for the new *Iowa Marketplace Choice Plan*. You are receiving this Enrollment Guide from the Iowa Medicaid Enterprise because you are eligible and qualify for insurance benefits beginning on or after January 1, 2014. Note that family coverage is not available; more than one member of your family may qualify for the Plan, but each person that qualifies will be enrolled as individuals.

CoOpportunity Health is a new nonprofit health insurance company in Iowa. In fact, we're the only nonprofit insurer which means that we aren't focused on making profits. Instead, we exist to serve our members with great health insurance benefits. We hope that you will strongly consider enrolling in CoOpportunity Health's Iowa Marketplace Choice Plan. We look forward to serving you with quality insurance coverage that gives you peace of mind and access to a statewide network of doctors and hospitals.

### What's in this Guide?



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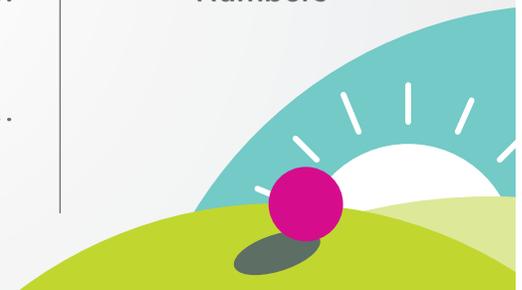
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# We Invite You to Enroll in Our Plan

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## Join Us. Call Today to Enroll.

To sign up for CoOpportunity Health's Iowa Marketplace Choice Plan, just follow these easy steps:

- 1 Call Iowa Medicaid Enterprise for Medicaid assistance at 1.800.338.8366 (in Des Moines 515.256.4605).
- 2 Let them know you want to enroll in CoOpportunity Health's Iowa Marketplace Choice Plan.
- 3 Once you are enrolled, you will receive a membership packet that includes your ID card.

## Do I Qualify?

If you have not yet completed the necessary application process to determine if you are eligible, you will need to do that by going to [healthcare.gov/iowa](http://healthcare.gov/iowa) or call 1.800.338.8366. In general, you will qualify for this Plan if you are a resident of Iowa, are between the ages of 19 and 64, and your income is between 101-138% of the federal poverty level. For a household of one, that's an annual income of \$11,490 up to \$15,282.\*

\*Federal Register, January 2013

## Using This Enrollment Guide

This Enrollment Guide gives you general information about CoOpportunity Health and a brief summary of the healthcare coverage and benefits included in the Iowa Marketplace Choice Plan. We've provided this information so you can make a decision about which health insurance company you want to select for enrollment in the Iowa Marketplace Choice Plan. Please take a few minutes to read through this guide to understand what's covered and what's not covered.

It's also important that you learn about the provider network of doctors and hospitals that participate in CoOpportunity Health's plan. You will want to receive healthcare services from these in-network providers because they have agreed to accept our payment as payment in full for the care that you receive. If you go to a doctor or hospital that does not participate (out-of-network) with CoOpportunity Health, you may receive a bill in the mail for the difference between what we will pay that provider, and what they want to bill you for the care you received. Staying in network saves the health plan money and protects you from balance billing.

Also be sure to read the Summary of Benefits and Coverage that is included with this Enrollment Guide, and what's covered (page 11) and not covered (page 15) by this plan.

When you have made a decision and want to select CoOpportunity Health, please contact the Iowa Medicaid Enterprise at 1.800.338.8366 (in Des Moines 515.256.4605) to enroll. If you do not make a selection, the IME will automatically enroll you with one of the health insurance companies that has been selected for the Iowa Marketplace Choice Plan.

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**We hope you choose CoOpportunity Health.**  
**We look forward to serving you.** ● ● ● ●

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# New Member Checklist

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## Become a Member with Benefits

**1 Join us today.** You are receiving this information packet because you qualify for the Iowa Marketplace Choice Plan for individuals who are between the ages of 19-64. We hope you will choose CoOpportunity Health as your health insurance company so that you can take advantage of the great coverage and benefits we provide. Follow the enrollment instructions provided by the Iowa Medicaid Enterprise (IME) to join us today.

**2 Check your mail.** Once you are enrolled as a member of the Iowa Marketplace Choice Plan, you will receive your membership packet in the mail including your health insurance ID card. Make sure that all of the information on the card is correct. It's important that you show your ID card to your healthcare providers every time you receive care so they know that you are a member of CoOpportunity Health covered under the Iowa Marketplace Choice Plan. Keep the card in your wallet so you have it with you when you go to the doctor or get a prescription filled.

**3 Read SBC, Individual Policy & Benefits Chart.** This Enrollment Guide provides you with a brief description of the Iowa Marketplace Choice Plan features and coverage. Included with this guide is an SBC: Summary of Benefits and Coverage. Once you are enrolled, you will receive a member ID card in the mail and information about how to access the Individual Policy and Benefits Chart online. It is important that you review these important insurance documents and keep them in a safe place so you can reference them when you need care.

## 4 Enjoy Rewards for Healthy Living.

Included as a bonus to your health insurance benefits are rewards for taking good care of yourself. It starts with a program called Healthy Rewards. You will receive a one-time \$100 Healthy Rewards gift card when you complete two simple steps:

**1 | Get a Physical Exam:** Make an appointment with your personal physician and complete a physical exam. If you don't have a doctor that you go to regularly, we recommend that you find a doctor that participates in CoOpportunity Health's network. There are many primary care physicians in the network; go to [coOpportunityhealth.com](http://coOpportunityhealth.com) and search the directory, or call 1.888.324.2064 and we can help you find a good fit for you. It is good to have regular wellness visits. That's why we reward new members for getting an exam.

**2 | Complete Health Assessment:** When you get your membership packet in the mail, there will be information about how to sign up for access to the CoOpportunity Health secure member website at [coOpportunityhealth.com/member](http://coOpportunityhealth.com/member). Once you're registered, you simply log on and complete an online health assessment. Knowing your numbers for blood pressure, body mass index (BMI), and cholesterol (LDL and HDL) are helpful to complete the assessment. Call Member Services at 1.888.324.2064 if you don't have internet access and need a paper health assessment; we'll mail it to you and you can send it back when you're done.

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ONE

Join us!

TWO



THREE



FOUR



# Using the Healthcare System Wisely

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## Finding a Personal Physician

Finding a personal physician is an important step in taking responsibility for your health and ensuring that you get the care you need. Some people call this a “medical home.” It’s pretty simple--find a doctor you trust and then always go to this doctor when you need medical care. Using one doctor (one medical home) makes it easier and faster for you to get consistent care. If you need help from a specialist, or need to go to the hospital, your personal physician is the best person to coordinate that care for you.

Once you are enrolled, Member Services can assist you in finding an in-network physician or clinic to establish your medical home, if you don’t already have one. Or, you can search our online provider directory to find a primary care physician who participates in the CoOpportunity Health network. Just follow these simple steps:

- 1 Go to [coOpportunityhealth.com](https://coOpportunityhealth.com)
- 2 Choose “*Help Me Find a Doctor or Hospital*” from the homepage
- 3 Choose “Iowa Marketplace Choice Plan”
- 4 Search for doctors alphabetically, by location, or by specialty

Using in-network providers saves you time and money. In-network providers file claims on your behalf and handle all paperwork and notifications for you. **In-network providers accept payment for covered services and cannot balance bill you for the difference between what is billed and the covered amount. Out-of-network providers can balance bill you the difference between the allowed amount and their charge.**

## In-Network Providers

You have access to a broad choice of in-network providers with CoOpportunity’s Iowa

Marketplace Choice Plan. You may access care for covered benefits from any network provider, but we strongly encourage you to use a Tier 1 network provider when possible. This will save the State of Iowa resources that can be used to ensure Iowans will continue to have access to coverage in health plans like this one.

## Tier 1 In-Network Providers

You can choose from a statewide network of more than 70 hospitals and nearly 6,000 physicians and other practitioners that are considered Tier 1. This network includes the members of the University of Iowa Health Alliance:

- Genesis Health System: four hospitals in Iowa and the Genesis Health Group with more than 160 physicians.
- Mercy-Cedar Rapids: includes Mercy Medical Center and a network of 13 family practice and four specialty clinics.
- Mercy Health Network: a statewide system of 41 hospitals and 142 clinics with 625 physicians
- University of Iowa Health Care: the state’s largest multi-specialty physician group of more than 1,400 physicians, plus the state’s academic medical center

In addition to these providers, more than 20 other hospitals and 3,000 practitioners across the state of Iowa are Tier 1 in-network providers. When you use Tier 1 providers, the State of Iowa saves expenses on care, and that’s a good thing for all Iowans.

## Tier 2 In-Network Providers

Tier 2 providers include additional providers in all 99 counties in Iowa that participate in the Midlands Choice Premier network. This broad network includes more than 20,000 physicians and other healthcare professionals, 320 hospitals and 1,500 healthcare facilities in Iowa,

# Using the Healthcare System Wisely

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Nebraska and bordering states. In Iowa, 100 percent of the hospitals and 97 percent of the clinicians contract with Midlands Choice.

Be sure to show your ID card when you receive care. Tier 1 and Tier 2 network providers are shown on the front of the card; that helps providers know how to bill for services.

## When You Are Away From Home

When traveling in the United States, you can receive care from an in-network provider through two national provider networks that CoOpportunity Health has selected—the PHCS network and the MultiPlan network. PHCS is the largest independent primary PPO network in the country with providers in all 50 states, and it includes more than 4,200 hospitals, 68,000 ancillary care facilities, and 590,000 healthcare professionals. MultiPlan is a nationwide provider network that complements the PHCS Network by giving access to an additional choice of providers at discounted rates, including more than 4,600 hospitals, 93,000 ancillary care facilities and 620,000 healthcare providers.

To receive in-network benefits when traveling, show your ID card if you need to access care. The PHCS and MultiPlan logos are printed on the back of your ID card. Providers will know if they participate in the networks, they will file the claims paperwork for you, and you will not receive a balance bill. You can search from PHCS and MultiPlan providers on [coOpportunityhealth.com](https://www.coopportunityhealth.com) like you search for other providers; just select national providers.

## Out-of-Network Providers

If you need care from a provider or facility that is not in our network, you will need to work with your personal physician or doctor to get an okay before care is received. This is called prior authorization.

## Emergency and Non-Emergency Care

It is important to understand **when** it is appropriate to seek emergency care, and when it's not. The care delivered in a hospital emergency room is the most expensive care a person can receive because it requires special equipment and specially-trained nurses and doctors available around the clock. A **medical emergency** is medical care needed immediately because of serious injury or sudden illness. Examples may include: broken bones, serious breathing problems or bleeding, severe burns, convulsions or loss of consciousness. Illness that does not put life in danger or need immediate care is considered **non-emergency** and should be dealt with by your regular doctor (medical home), not in the emergency room. Examples of non-emergencies include: colds, headaches, earaches, sore throats, minor cuts or burns, or sprains.

## When Your Doctor's Office Is Closed

You may need care when your doctor's office is closed, but it's not an emergency. This is called urgent care. Your doctor's office has an answering service that's available 24 hours a day, 7 days a week. You will be connected to a health professional who can advise you on your options. They may tell you to:

- Go to an after-hours clinic or urgent care center, or
- Go to the office in the morning, or
- Go to the Emergency Room (ER) or call 911 if it is an emergency, or
- Get medicine from your pharmacy

## No Coverage Outside the United States

Any healthcare services that you receive outside of the U.S. will not be covered by CoOpportunity Health. The Iowa Marketplace Choice Plan does not include health insurance benefits for medical services outside the U.S.

# Getting the Care You Need

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## Preventive Tests and Screenings

By choosing the Iowa Marketplace Choice Plan, you are taking an important step in taking responsibility for your health. As a Plan member, you have free coverage for preventive healthcare services when you use **in-network** providers:

- Routine exams and periodic health assessments
- Appropriate immunizations
- Routine screening for colorectal, breast and cervical cancer
- Routine prenatal and postnatal services, exams, screenings, tests and counseling
- Routine and appropriate screenings for adults
- Routine eye and hearing exams
- Obesity screening and nutrition counseling
- Screenings and cessation interventions for tobacco users

## Pharmacy Benefits

Prescription drug coverage is included in the Iowa Marketplace Choice Plan. MedImpact is the pharmacy benefits manager (PBM) with more than 66,000 participating retail pharmacies across the U.S. Using MedImpact saves time and money:

- No paperwork is required because the pharmacist files the claims electronically for you.
- The pharmacist can also check for drug interactions for prescriptions filled at other network pharmacies and can see if prior authorization is needed or if there are quantity limits.
- Choosing generic drugs over brand-name drugs is one of the easiest ways to save on pharmacy costs. Always ask your doctor or pharmacist if a generic drug is available and appropriate for your situation. You can check the list of covered drugs at [coOpportunityhealth.com/druglist](http://coOpportunityhealth.com/druglist).



## Mail Order Service

The CoOpportunity Health mail order service is another easy way to save time and money, especially for prescription drugs you may take on an ongoing basis such as cholesterol drugs or high blood pressure drugs. By using the mail order service, you can receive a 93-day supply of medication every three months for generic drugs, brand-name formulary drugs and non-formulary drugs.

## Specialty Pharmacy

CVS Caremark Specialty Pharmacy is the CoOpportunity Health specialty drug vendor. Specialty drugs are high-cost drugs used to treat complex or rare conditions. Specialty drugs must be obtained through CVS Caremark Specialty Pharmacy.

# Getting the Care You Need

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## Managing Your Health

If you have an ongoing health condition such as asthma or heart disease, CoOpportunity Health's care management programs can ensure you receive the best coordination and support between visits to your doctor. Personal nurse support is available from registered nurses who will follow your treatment plan and assist you in managing your condition. You may be identified as someone who would benefit from these services. If so, you will receive a special mailing, or a nurse will call you directly.

## Substance Abuse Treatment

Alcohol and drug abuse can damage your health. Our Personalized Assistance Line (PAL) is available at 1.888.324.2064 to assist in finding mental health or substance abuse counselors.

## Mental Health Counseling

Our Personalized Assistance Line (PAL) is available at 1.888.324.2064 to assist in finding mental health counselors.

## Case Management

Case and utilization management services are available to any member with complex health issues. Specially trained nurses work to ensure healthcare services are not underused, overused or misused. Some of the programs include inpatient care coordination to support timely care and ensure safe transition from the hospital.

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CoOpportunity Health's care management programs can ensure you receive the best care coordination and support between visits to your doctor.

## Protecting Your Privacy and Personal Health Information

CoOpportunity Health complies with federal and state laws regarding the confidentiality of medical records and personal information about our members. Our policies and procedures help ensure that the collection, use and disclosure of information complies with the law. When needed, we get consent and authorization from our members (or an approved member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable laws and standards. Our policies and practices support appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, while being sensitive to privacy. For a copy of our Notice of Privacy Practices, please visit [coOpportunityhealth.com](http://coOpportunityhealth.com) or call Member Services toll-free at 1.888.324.2064. (TTY: 1.888.850.4762)



# One Number. Many Services.

## Personal Health Support At Your Service.

Health insurance is sometimes difficult to understand. CoOpportunity Health is dedicated to serving our members and providing information to help you make healthy decisions. Every member has access to personal health support to ensure that you receive extra assistance when you need it. One toll-free number—the Member Services number 1.888.324.2064—puts you in touch with personalized services to fit your needs. (TTY: 1.888.850.4762)

### CareLine 24/7

Registered nurses are available to advise you about home treatments, medicines or other healthcare questions you may have. CareLine 24/7 services are available anytime of the day, 365 days a year.

### Disease Support

Personal Nurse Support is available if you have an ongoing health condition like asthma, diabetes, heart disease or depression. Registered nurses will follow your treatment plan and assist you in managing your condition.

### Member Services

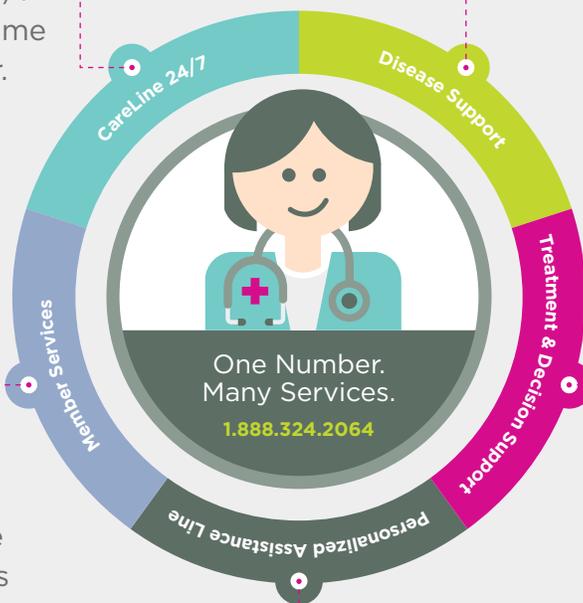
Member Services representatives are available to answer benefits questions Monday through Friday, 7 a.m. to 6 p.m. Central Time. These expert benefit specialists can help you with just about anything—from finding a doctor or hospital, to coverage questions. Member Services can also provide translation and interpretation services for non-English speaking members.

### Treatment & Decision Support

Nurse navigators are ready to assist you with decision support and coordination of care questions for medical or pharmacy issues.

### PAL: Personalized Assistance Line

If you need assistance in finding mental health or substance abuse counselors, or help with questions about this type of coverage, specialists are ready to help.



# Get Important Information Online

## Personalized Member Website

By registering on the [coOpportunityhealth.com](http://coOpportunityhealth.com) Member website, you have access to personalized, real-time account information with these key features:

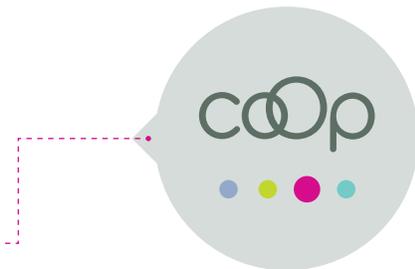
- Find a doctor or hospital
- Save your personal providers to your homepage
- Look up your medical and pharmacy benefits
- Access your ID card
- Sign up for online delivery of health plan documents
- Access your individual policy, benefits chart and member rights and responsibilities
- View claims history
- LiveChat with Member Services representatives
- Read and respond to secure email messages from CoOpportunity Health
- Complete your health assessment (Step 2 in completing requirements for Healthy Rewards \$100 gift card)



## Resources from Your Mobile Phone

You can also access online tools from your smartphone. Simply go to [coOpportunityhealth.com](http://coOpportunityhealth.com) from your smartphone browser. Bookmark to your phone's homepage for easy return access.

- “Help Me Find” tools: Doctors and Hospitals, Pharmacies, Drug List
- Secure account tools: Claims lookup
- View and use your “virtual” ID card
- Call: Member Services or CareLine 24/7
- Symptom Checker and Health A-Z Library



## Registration is Easy

Once you have your member ID card, you can register for the secure member website. Just go to [coOpportunityhealth.com/member](http://coOpportunityhealth.com/member) and click on the “eTools” icon. Follow the steps for registering. You’ll get immediate access to most information right away.

# Covered Benefits — No Cost to You.

CoOpportunity Health’s Iowa Marketplace Choice Plan outlined here is designed to provide benefits for covered medical expenses incurred as a result of a covered illness or injury. Unless otherwise indicated, this Plan meets the requirements of the Patient Protection and Affordable Care Act (PPACA) for coverage. This includes coverage for essential health benefits such as hospitalization, outpatient services, emergency services, mental health services, and prescription drugs. The table below provides a brief summary of covered benefits. Refer to the Individual Policy and Benefits Chart for a complete description of covered benefits. You pay nothing for covered benefits when you are enrolled in the Iowa Marketplace Choice Plan and use in-network providers.

Covered Benefit	Services Included
<p><b>Inpatient Hospital Services</b></p> <p>Coverage is provided for medically necessary services and supplies related to the treatment of illness or injury in an inpatient facility.</p>	<p>Benefits are available for, but not limited to, the following covered services:</p> <ul style="list-style-type: none"> <li>• Anesthesia</li> <li>• Intensive care facilities</li> <li>• General nursing care</li> <li>• Laboratory and diagnostic imaging services</li> <li>• Other diagnostic or treatment-related hospital services</li> <li>• Physician and other professional medical and surgical services provided while in the hospital</li> <li>• Physical therapy</li> <li>• Prescription drugs or other medications administered during treatment</li> <li>• Radiation therapy</li> <li>• Room and board</li> <li>• Use of operating or maternity* delivery rooms</li> <li>• Rehabilitative and habilitative services</li> </ul>
<p><b>Outpatient, Ambulatory or Surgical Facility Services</b></p> <p>Coverage includes the use of operating rooms, maternity delivery rooms or other outpatient departments, rooms or facilities.</p>	<p>Other covered services include:</p> <ul style="list-style-type: none"> <li>• Anesthesia</li> <li>• Blood and blood products (unless replaced), and blood derivatives</li> <li>• Drugs administered during treatment</li> <li>• General nursing care</li> <li>• Laboratory and diagnostic imaging services</li> <li>• Other diagnostic or treatment related outpatient services</li> <li>• Physician and other professional medical and surgical services provided while an outpatient</li> <li>• Physical therapy</li> <li>• Radiation therapy</li> <li>• Rehabilitative and habilitative services</li> </ul>

**\*Note about maternity benefits:** Enrolled members that become pregnant or deliver a baby are encouraged to notify Iowa Medicaid Enterprise at 1.800.338.8366 so the child can be enrolled under an appropriate program once it is delivered.

Covered Benefit	Services Included
<b>Healthcare Provider Office or Clinic Visit</b>	<p>In addition to the office visit, benefits are available for (but not limited to) the following covered services when medically necessary:</p> <ul style="list-style-type: none"> <li>• Allergy testing (based on established medical policies) and treatment, including injections</li> <li>• Blood and blood products (unless replaced) and blood derivatives</li> <li>• Diagnosis and treatment of illness or injury to the eyes (initial evaluation, lenses and fitting for contact or eyeglass lenses when prescribed as medically necessary for the post-operative treatment of cataracts or for the treatment of aphakia or keratoconous)</li> <li>• Professional medical and surgical services and related supplies from physicians and other health care providers</li> <li>• All other injections</li> </ul>
<b>Preventive and Wellness Services</b>	<ul style="list-style-type: none"> <li>• Routine health exams and periodic health assessments. A physician or healthcare provider will counsel you as to how often health assessments are needed based on your age, gender and health status.</li> <li>• Routine prenatal services and exams to include visits, specific screening tests, education and counseling.</li> <li>• Routine postnatal services and exams to include health exams, assessments, education and counseling relating to the period immediately after childbirth.</li> <li>• Routine screening procedures for cancer, including colorectal cancer, breast cancer and cervical cancer.</li> <li>• Routine eye and hearing exams for enrolled members under age 22.</li> <li>• Professional voluntary family planning services.</li> <li>• Adult immunizations.</li> <li>• Women's preventive health services (see complete list on page 16).</li> <li>• Obesity screening, counseling and management for all ages during a routine preventive care exam. If you are an adult age 18 or older and have a body mass index (BMI) of 30 or more, we also cover intensive obesity management to help you lose weight. Your primary care doctor can coordinate these services.</li> </ul>
<b>Behavioral Health Services</b>	<p>Benefits are available for medically necessary professional mental health services for evaluation, crisis intervention and treatment of mental health disorders for individuals, groups and families. A diagnostic assessment by a mental health professional will include recommendations regarding appropriate inpatient or outpatient treatment and services.</p> <p>Coverage also includes medically necessary services for assessments for the diagnosis and treatment of chemical dependency. Chemical dependency treatment services must be provided by a program licensed by the appropriate state agency.</p>
<b>Transplant Services</b>	<p>Benefits are available for services associated with medically-necessary organ and tissue transplant, including, but not limited to, kidney, cornea, heart, lung, heart-lung, pancreas and pancreas-kidney. Benefits also are available for bone marrow transplants, including allogeneic and autologous stem cell transplants. Charges for transplant services must be incurred at a designated transplant center to receive in-network benefits. Donor medical and hospital expenses are covered only when the recipient is covered under the Policy and the transplant and directly-related donor expenses have received prior authorization for coverage. Medical complications experienced by the donor are not covered if they are not a member on the Policy.</p>

Covered Benefit	Services Included
<b>Home Health Services</b>	<p>Benefits are available for skilled nursing services, physical therapy, occupational therapy, speech therapy, respiratory therapy and other therapeutic services, prenatal and postnatal services, child health supervision services, phototherapy services for newborns (including supplies and equipment), home health aide services and other eligible home health services when provided in your home, if you are homebound (i.e., unable to leave home without considerable effort due to a medical condition; lack of transportation does not constitute homebound status). We cover private duty nursing when provided by an approved home health agency and pre-certified as medically necessary.</p> <p>We cover palliative care benefits, including symptom management, education and establishing goals of care. The requirement that you be homebound for a limited number of home visits for palliative care (as shown in the schedule of payments) is waived if you have a life-threatening, non-curable condition that has a prognosis of survival of two years or less. Additional palliative care visits are eligible under the home health services benefit if you are homebound and meet all other requirements defined in this section. Total parental nutrition/intravenous (“TPN/IV”) therapy, equipment, supplies and drugs in connection with IV therapy also are covered. IV line care kits are covered under Durable Medical Equipment. You do not need to be homebound to receive TPN/IV therapy.</p>
<b>Hospice Services</b>	<p>Coverage is provided to terminally ill patients with a life expectancy of six months or less. Covered hospice services include in-patient services (through a hospice facility), home health services (part-time or continuous care, as medically necessary) from an interdisciplinary hospice team (physician, nurse, social worker and/or spiritual counselor), as well as respite care. Medically necessary medications for pain and symptom management, semi-electric hospital beds and other durable medical equipment, and emergency and non-emergency care may also be covered.</p>
<b>Emergency Services</b>	<p>Coverage is provided for emergency care to treat the sudden, unexpected onset of illness or injury which, if left untreated or unattended until the next available clinic or office hours, would result in hospitalization; or a condition requiring professional health services immediately necessary to preserve life or stabilize health.</p>
<b>Urgently Needed Care Services</b>	<p>Urgently needed care are services to treat an unforeseen illness or injury, which are required in order to prevent a serious deterioration of your health, and which cannot be delayed until the next available clinic or office hours.</p>
<b>Other Covered Services</b> Refer to the Individual Individual Policy and Benefits Chart for a complete description of other covered services.	<p>A brief summary includes:</p> <ul style="list-style-type: none"> <li>• Ambulance and medical transportation services</li> <li>• Durable medical equipment, prosthetics, orthotics and supplies</li> <li>• Bariatric surgery</li> <li>• Health education for preventive services and education for the management of chronic health problems</li> <li>• Laboratory services when ordered by a provider</li> <li>• Mastectomy reconstruction including treatment of lymphedemas</li> <li>• Non-surgical musculoskeletal treatment of ailments to the musculoskeletal system such as manipulations or related procedures</li> <li>• Physical therapy, occupational therapy and speech therapy services when medically necessary to correct effects of illness or injury, or rehabilitative care rendered for congenital, developmental or medical conditions</li> <li>• Temporomandibular Disorder (TMD)</li> </ul>

# Preventive Services

The Patient Protection and Affordable Care Act (PPACA) requires that private insurers cover certain preventive services. This listing of selected preventive services are covered in full by CoOpportunity Health’s Iowa Marketplace Choice Plan at no cost to the member. This applies only when preventive services are delivered by an in-network provider. For a complete description of preventive services, refer to the Individual Policy and/or Benefits Chart provided in your membership packet once you enroll.

Covered Preventive Services for Adults	Covered Preventive Services for Women, Including Pregnant Women
<ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm: one-time screening for men of specified ages who have ever smoked</li> <li>• Alcohol Misuse: screening and counseling</li> <li>• Aspirin: use for men and women of certain ages</li> <li>• Blood Pressure: screening for all adults</li> <li>• Cholesterol: screening for adults of certain ages or at higher risk</li> <li>• Colorectal Cancer: screening for adults over 50</li> <li>• Depression: screening for adults</li> <li>• Type 2 Diabetes: screening for adults with high blood pressure</li> <li>• Diet: counseling for adults at higher risk for chronic disease</li> <li>• HIV: screening for all adults at higher risk</li> <li>• Immunization: vaccines for adults--doses, recommended ages, and recommended populations vary; an immunizations and vaccine schedule is provided upon request.</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Human Papillomavirus</li> <li>• Influenza (Flu Shot)</li> <li>• Meningococcal</li> <li>• Pneumococcal</li> <li>• Varicella</li> <li>• Herpes Zoster</li> <li>• Tetanus, Diphtheria, Pertussis</li> <li>• Measles, Mumps, Rubella</li> <li>• Obesity: screening and counseling for all adults</li> <li>• Sexually Transmitted Infection (STI): prevention counseling for adults at higher risk</li> <li>• Tobacco Use: screening for all adults and cessation interventions for tobacco users</li> <li>• Syphilis: screening for all adults at higher risk</li> </ul>	<ul style="list-style-type: none"> <li>• Anemia: screening on a routine basis for pregnant women</li> <li>• Bacteriuria: urinary tract or other infection screening for pregnant women</li> <li>• BRCA: counseling about genetic testing for women at higher risk</li> <li>• Breast Cancer Mammography: screenings every 1 to 2 years for women over 40</li> <li>• Breast Cancer Chemoprevention: counseling for women at higher risk</li> <li>• Breastfeeding: comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women</li> <li>• Cervical Cancer: screening for sexually active women</li> <li>• Chlamydia Infection: screening for younger women and other women at higher risk</li> <li>• Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs</li> <li>• Domestic and interpersonal violence: screening and counseling for all women</li> <li>• Folic Acid: supplements for women who may become pregnant</li> <li>• Gestational diabetes: screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes</li> <li>• Gonorrhea: screening for all women at higher risk</li> <li>• Hepatitis B: screening for pregnant women at their first prenatal visit</li> <li>• Human Immunodeficiency Virus (HIV): screening and counseling for sexually active women</li> <li>• Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older</li> <li>• Osteoporosis: screening for women over age 60 depending on risk factors</li> <li>• Rh Incompatibility: screening for all pregnant women and follow-up testing for women at higher risk</li> <li>• Tobacco Use: screening and interventions for all women, and expanded counseling for pregnant tobacco users</li> <li>• Sexually Transmitted Infections (STI): counseling for sexually active women</li> <li>• Syphilis: screening for all pregnant women or other women at increased risk</li> <li>• Well-woman visits: to obtain recommended preventive services</li> </ul>

# Limitations & Exclusions

The Iowa Marketplace Choice Plan **will not** cover charges for any of the following services listed on pages 15-18. That means that if you receive services, you will be responsible for the charges.

Limitations & Exclusions	Description of services <u>NOT COVERED</u>
Services that are not medically necessary	Treatment, procedures or services or drugs that are not medically necessary and/or which are primarily educational in nature or for your vocation, comfort, convenience, appearance, or recreation, including skills training.
Experimental or investigative procedures	Procedures, technologies, treatments, facilities, equipment, drugs and devices that are considered investigative, or otherwise not clinically accepted medical services. We consider vagus nerve stimulator treatment for the treatment of depression and Quantitative Electroencephalogram treatment for the treatment of behavioral health conditions to be investigative and do not cover these services. We also consider the following transplants to be investigative and do not cover them: surgical implantation of mechanical devices functioning as a permanent substitute for a human organ, non-human organ implants and/or transplants and other transplants not specifically listed in your Policy. While complications related to an excluded transplant are covered, services which would not be performed but for the transplant, are not covered.
Respite services	Rest and respite services and custodial care, except as respite services are specifically described in the Benefits Chart under the subsection “Hospice Services.” This includes all services, medical equipment and drugs provided for such care.
Substance abuse treatment	<ul style="list-style-type: none"> <li>• Halfway houses, extended care facilities, or comparable facilities, residential treatment services, except as specifically described in the Individual Policy and Benefits Chart.</li> <li>• Professional services associated with substance abuse interventions. A “substance abuse intervention” is a gathering of family and/or friends to encourage a person covered under this Policy to seek substance abuse treatment.</li> </ul>
Foster care	Foster care, adult foster care and any type of family child care provided or arranged by the local state or county.
Services associated with non-covered services	<p>Services associated with non-covered services, including, but not limited to, diagnostic tests, monitoring, laboratory services, drugs and supplies. This exclusion does not apply to medically necessary complications related to an excluded service if they would otherwise be covered under your Policy.</p> <ul style="list-style-type: none"> <li>• Treatment, procedures, or services or drugs which are provided when you are not covered under your Policy.</li> </ul>
Services associated with non-medically licensed facilities	Services from non-medically licensed facilities or providers and services outside the scope of practice or license of the individual or facility providing the service.
Cosmetic surgery	Cosmetic surgery, cosmetic services and treatments primarily for the improvement of your appearance or self-esteem, including, but not limited to, augmentation procedures, reduction procedures and scar revision. This exclusion does not apply to services for reconstructive surgery.

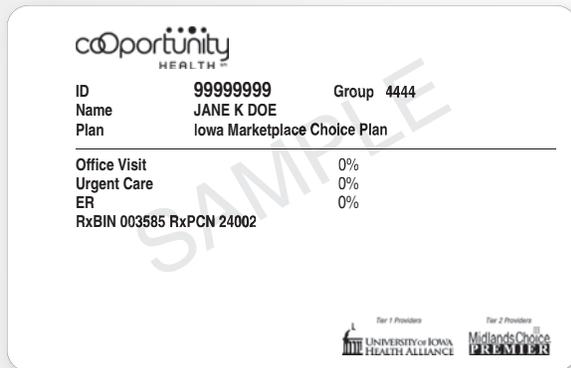
Limitations & Exclusions	Description of services <u>NOT COVERED</u>
<b>Dental treatment</b>	<ul style="list-style-type: none"> <li>• Dental treatment, procedures or services not listed in your Individual Policy and Benefits Chart.</li> <li>• Accident related dental services if treatment is (1) provided to teeth which are not sound and natural, (2) to teeth which have been restored, (3) initiated beyond 12 months from the date of the injury, (4) received beyond the initial treatment or restoration, or (5) received beyond 24 months from the date of injury.</li> <li>• Oral surgery to remove wisdom teeth.</li> </ul>
<b>Vocational or recreational therapies</b>	<p>Vocational rehabilitation and recreational or educational therapy. Recreation therapy is therapy provided solely for the purpose of recreation, including but not limited to: (a) requests for physical therapy or occupational therapy to improve athletic ability, and (b) braces or guards to prevent sports injuries.</p>
<b>Certifications</b>	<p>Health services and certifications when required by third parties, including for purposes of insurance, legal proceedings, licensure and employment, and when such services are not preventive care or otherwise medically necessary, such as custody evaluations, vocational assessments, reports to the court, parenting assessments, risk assessments for sexual offenses, education classes for Driving Under the Influence (DUI)/Driving While Intoxicated (DWI) competency evaluations, and adoption studies.</p>
<b>Court-ordered treatment</b>	<p>Court ordered treatment.</p>
<b>Assisted reproduction services</b>	<ul style="list-style-type: none"> <li>• Reversal of sterilization, assisted reproduction, including, but not limited to gamete intrafallopian tube transfer (GIFT), zygote intrafallopian tube transfer (ZIFT) intracytoplasmic sperm injection (ICSI), and/or in-vitro fertilization (IVF), and all charges associated with such procedures; treatment of infertility, including but not limited to, office visits, laboratory and diagnostic imaging services; surrogate pregnancy and related obstetric/maternity benefits; and sperm, ova or embryo acquisition, retrieval or storage; however, we do cover office visits and consultations to diagnose infertility.</li> <li>• Elective abortions, except in situations where the life of the mother would be endangered if the fetus is carried to full term or if the pregnancy is a result of rape or incest.</li> <li>• All drugs used for sexual dysfunction.</li> <li>• All drugs used for the treatment of infertility.</li> </ul>
<b>Gender reassignment</b>	<p>Services and/or surgery for gender reassignment, unless determined medically necessary.</p>
<b>Routine foot care</b>	<p>Routine foot care, unless the services meet our criteria for medically necessary care.</p>
<b>Vision or hearing aids</b>	<ul style="list-style-type: none"> <li>• Keratotomy and keratorefractive surgeries, eyeglasses, contact lenses and their fitting, measurement and adjustment, and hearing aids (implantable and external, including osseointegrated or bone anchored) and their fitting, except as specifically described in this Policy. This exclusion does not apply to pediatric eyewear or cochlear implants, which are covered as described in the medical coverage criteria. Medical coverage criteria are available by calling Member Services, or logging on to <a href="http://coOpportunityhealth.com">coOpportunityhealth.com</a>.</li> <li>• Routine eye exams for adults age 22 and older.</li> <li>• Routine hearing exams for adults age 22 and older.</li> </ul>

Limitations & Exclusions	Description of services <u>NOT COVERED</u>
Medical food	Enteral feedings, unless they are the sole source of nutrition used to treat a life threatening condition, nutritional supplements, over-the-counter electrolyte supplements and infant formula. This exclusion does not apply to oral amino acid based elemental formula if it meets our medical coverage criteria.
Genetic counseling	Genetic counseling and genetics studies except when the results would influence a treatment or management of a condition or family planning decision. Our medical policies (medical coverage criteria) are available by calling Member Services, or logging on to <a href="http://coOpportunityhealth.com">coOpportunityhealth.com</a> .
Services by family member	Services provided by a family member of the enrollee, or a resident in the enrollee's home.
Counseling services	Religious counseling; marital/relationship counseling and sex therapy.
Secondary insurance services	Services that are provided to you, if you also have other primary insurance coverage for those services and you do not provide us the necessary information to pursue Coordination of Benefits, as required under your Policy.
Non-network balance billing	<ul style="list-style-type: none"> <li>• For non-network benefits, the portion of a billed charge for an otherwise covered service by a provider, which is in excess of the allowed amount. We also do not cover charges or a portion of a charge that is either a duplicate charge for a service or charges for a duplicate service.</li> <li>• Charges for services (a) for which a charge would not have been made in the absence of insurance or health plan coverage, or (b) which you are not obligated to pay, and (c) from providers who waive copayment, deductible and coinsurance payments by the insured, except in cases of undue financial hardship.</li> </ul>
Travel	Provider and/or insured travel and lodging incidental to travel, regardless if it is recommended by a physician.
Health club memberships	Health club memberships.
Massage therapy	Massage therapy.
Replacement prescriptions	Replacement of prescription drugs, medications, equipment and supplies due to loss, damage or theft.
Autopsies	Autopsies.
Nonprescription drugs	Nonprescription (over the counter) drugs or medications, unless listed on the formulary drug list and prescribed by a physician or legally authorized health care provider under applicable state law, including, but not limited to, vitamins, supplements, homeopathic remedies, and non-FDA approved drugs. We cover off-label use of drugs to treat HIV/ AIDS and cancer as specified in the "Prescription Drug Services" section of this Policy. The formulary drug list is a current list, which may be revised from time to time, of prescription drugs, medications, equipment and supplies. The formulary drug list is available by calling Member Services, or logging on to <a href="http://coOpportunityhealth.com">coOpportunityhealth.com</a> This exclusion does not include over-the-counter contraceptives for women as allowed under the Affordable Care Act when the Insured obtains a prescription for the item.

Limitations & Exclusions	Description of services <u>NOT COVERED</u>
Non-medical fees	<ul style="list-style-type: none"> <li>• Non-medical administrative fees and charges including but not limited to medical record preparation charges, appointment cancellation fees, after hours appointment charges and interest charges.</li> <li>• Charges for sales tax.</li> </ul>
Alternative therapies	<ul style="list-style-type: none"> <li>• Services provided by naturopathic providers.</li> <li>• Acupuncture.</li> <li>• Commercial weight loss programs and exercise programs.</li> <li>• Intensive behavioral therapy treatment programs for the treatment of autism spectrum disorders, including ABA, IEIBT and Lovaas.</li> </ul>
Jaw surgery	<ul style="list-style-type: none"> <li>• Orthognathic treatment or procedures and all related services.</li> </ul>

# Common Questions

## What will my CoOpportunity Health ID card look like?



### What do I need to know about my ID card?

You must be enrolled before you are covered. It's very important that you have your ID card before you receive care. Your ID card does not guarantee coverage as eligibility can change often. Even though you have a card, your coverage may have stopped. Always remember to:

- Show the card to your provider when you get medical services and medications. The provider will use the information on the card to check on your coverage and see if you are eligible.
- The provider should also be able to tell you if you have coverage for a certain service. Your provider can also check with Member Services to find out if your Plan will cover certain services.

### I don't have a family physician?

Member Services can assist you in finding an in-network provider you can go to each time you need medical care and advice. Call 1.888.324.2064. Or go online to search the provider directory at [coOpportunityhealth.com/providers](http://coOpportunityhealth.com/providers).

### My family physician is not an in-network provider?

Member Services can assist you in finding a Tier 1 or Tier 2 in-network provider that participates in the Midlands Choice Premier network—the provider network that participates with CoOpportunity Health and the Iowa Marketplace Choice Plan.

You must be enrolled before you are covered. It's very important that you have your ID card before you receive care. Your ID card does not guarantee coverage as eligibility can change often.

# Common Questions

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## **I need care and my doctor's office is closed?**

Call your doctor's office first. The office may have an after-hours call service that will direct you to another clinic or care center.

## **I need care when I am away from home?**

If you need emergency care when you are away from home call 911, or go to the nearest emergency room. If you need routine care, contact Member Services for a referral to an in-network provider in the area where you are traveling.

## **I need help with depression?**

The Iowa Marketplace Choice Plan includes several behavioral health services to help you with personal issues you may be experiencing. The Personalized Assistance Line (PAL) offers assistance in locating mental health and substance abuse counselors by calling 1.888.324.2064. We also offer a disease management program for depression. You can receive personal nurse support from registered nurses in treating ongoing health conditions such as depression.

## **I go to the emergency room, and it's not really an emergency?**

You may be charged for part of the cost of emergency room use, if you misuse or overuse the service for non-emergency or routine care. Use the emergency room only for sudden illness or severe conditions such as broken bones, bleeding, or suspected heart attack or stroke.

## **I receive a bill from a healthcare provider I used?**

The Iowa Marketplace Choice Plan will pay for covered services by in-network providers as described in this Enrollment Guide and in your Individual Policy and Benefits Chart. If you receive a medical bill, contact Member Services so a representative can help you resolve the issue. It may be that you received care from an out-of-network provider; if so, you will be responsible for the difference between what CoOpportunity Health has paid for this care and what the out-of-network provider charged.

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The Iowa Marketplace Choice Plan will pay for covered services by in-network providers as described in this Enrollment Guide and in your Individual Policy and Benefits Chart.

# Notification Requirements

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The following are requirements you or your health provider must follow to receive maximum benefits from CoOpportunity Health's Iowa Marketplace Choice Plan.

## **In-Network Inpatient Hospital Admissions**

CoOpportunity Health must be notified of all nonmaternity inpatient hospital admissions. This helps to coordinate discharge planning and disease management services with our patient providers. If you are hospitalized in a Tier 1 or Tier 2 in-network hospital in Iowa, notification will be provided by the hospital. If you are hospitalized in a non-network hospital in Iowa, or admitted to an inpatient facility in another state, CoOpportunity Health must be notified by you or your provider.

Your Policy provides coverage for services from a network of participating providers and facilities (physicians, dentists, mental and chemical health or other health care providers, facilities and pharmacies). To obtain network benefits for covered services, you must receive services from network providers. You can view a provider directory at any time by logging on to **coOpportunityhealth.com** and clicking on *"Help Me Find A Doctor or Hospital"* from the home page. Or call Member Services for assistance.

## **Out-of-Network Services**

CareCheck® is CoOpportunity Health's utilization review program. CareCheck must pre-certify all inpatient confinement and same day surgery, new, experimental or reconstructive outpatient technologies or procedures, durable medical equipment or prosthetics costing over \$3,000, home health services after your visits exceed 30, and skilled nursing facility stays received from out-of-network providers. You must call CareCheck® at 1.800.316.9807 to receive maximum benefits. We will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive.

## **Prior Authorizations**

Your physician may be required to obtain prior authorization for certain services. Your physician will coordinate this authorization process with CoOpportunity Health. A listing of services that require prior authorizations may be obtained by contacting Member Services at 1.888.324.2064 (TTY: 1.888.850.4762) or on **coOpportunityhealth.com**.



# Glossary of Common Terms

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## Allowed Amount

For covered services delivered by participating network providers, payment is based on the provider's discounted charge (allowed amount). For covered services delivered by non-network providers, the allowed amount is based on the usual and customary amount. You are responsible for any charges above the allowed amount for services provided by a non-contracting provider. This is called balance billing.

## Brand Drug

A prescription drug that is manufactured and sold by the pharmaceutical company that originally researched and developed the drug. Brand drugs have the same active-ingredient formula as the generic version of the drug. However, generic drugs are manufactured and sold by other drug manufacturers and are generally not available until after the patent on the brand drug has expired. A few brand drugs may be covered at the generic benefit level if it is indicated on the formulary.

## Drug Formulary

This is a current list, which may be revised from time to time, of prescription drugs, medications, equipment and supplies covered by us as indicated in the Benefits Chart which are covered at the highest benefit level. Some drugs on the formulary may require authorization to be covered as formulary drugs. To review the drug formulary, go to [coOpportunityhealth.com](http://coOpportunityhealth.com) and click on "Help Me Find a Drug on Drug List."

## Generic Drug

A prescription drug that is approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand drug. Generally, generic drugs cost less than brand drugs. A few brand drugs may be covered at the generic benefit level if it is indicated on the formulary.

## Network Provider

This is any one of the participating licensed physicians, dentists, mental and chemical health or other healthcare providers, facilities and pharmacies listed in the network directory, that has entered into an agreement with Midlands Choice to provide healthcare services to CoOpportunity Health members. This plan is an open-access plan which means you can access any network provider without a referral from a primary care provider or the health plan.

## Non-Formulary Drug

This is a medically necessary prescription drug which is not on the formulary and is not investigative or otherwise excluded under the Policy.

## Primary Care Providers

These are providers in the following categories: Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Adolescent Medicine, Adult Medicine and Geriatrics. Members of this Plan have access to these providers without a referral or authorization from the plan.

## Qualified Health Plan

CoOpportunity Health's Iowa Marketplace Choice Plan has been certified by the Iowa Health Insurance Marketplace (Exchange) and provides essential health benefits, follows established limits on cost-sharing and meets other requirements defined in the Affordable Care Act.

## Specialty Drug List

This is a current list, which may be revised from time to time, of prescription drugs, medications, equipment and supplies, which are typically bio-pharmaceuticals. The purpose of a specialty drug list is to facilitate enhanced monitoring of complex therapies used to treat specific conditions. Specialty drugs are covered by us as indicated in the Prescription Drug Services section. The specialty drug list is available by calling Member Services, or logging on to your account at [coOpportunityhealth.com](http://coOpportunityhealth.com).

## Specialty Care Providers

These providers practice in the specialty and subspecialty categories including, but are not limited to: Allergy/Immunology, Behavioral Medicine, Cardiology, Chiropractic, Gastroenterology, Neurology, Oncology, Orthopedics, Pulmonology, Surgery. Members of this plan have access to these providers without a referral or authorization from the plan.



# Important Phone Numbers

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CoOpportunity Health is ready to serve our members with the answers, support and advice from caring benefits specialists, nurses and other healthcare professionals. We expect you to have many questions as you transition to this new health insurance plan, and we've made it easy for you with only one number to remember to call: **1.888.324.2064**. Once you are enrolled, keep this number handy because it's a one-stop phone number for all your needs.

<b>Member Services</b>	<b>1.888.324.2064</b>
Monday-Friday, 7 a.m. – 6 p.m. Central Representatives are available to help with benefits and coverage questions, including translation services for more than 150 languages.	
<b>CareLine 24/7</b>	<b>1.888.324.2064</b>
Available 24 hours a day, 7 days a week Registered nurses are ready to assist with questions about home treatments, medicines or other health-related questions.	
<b>Personalized Assistance Line (PAL)</b>	<b>1.888.324.2064</b>
Monday-Friday, 7 a.m. – 6 p.m. Central The PAL line offers assistance in locating mental health and substance abuse counselors.	
<b>Medical &amp; Pharmacy Navigators</b>	<b>1.888.324.2064</b>
Monday-Friday, 7 a.m. – 6 p.m. Central Nurse navigators are available to assist with decision support including help with medical and pharmacy benefits questions.	
<b>TTY (for hearing impaired)</b>	<b>1.888.850.4762</b>
Monday-Friday, 7 a.m. – 6 p.m. Central Services listed above are available for members that need hearing assistance through text telephone services.	
<b>Live Chat</b>	<b>coOpportunityhealth.com/members</b>
Monday-Friday, 8 a.m. - 5 p.m. Central Member services representatives are also available for registered users of our website at coOpportunityhealth.com.	
<b>Website: coOpportunityhealth.com</b>	
Visit <b>coOpportunityhealth.com</b> to select a health provider from the Iowa Marketplace Choice Plan provider network.	
<ul style="list-style-type: none"><li>• From the home page, choose <i>"Help Me Find a Provider."</i></li><li>• Then, select the "Iowa's Marketplace Choice Plan."</li><li>• You can search for doctors and hospitals by name, by area of specialty, or by location.</li><li>• Or call Member Services at 1.888.324.2064. We can help you choose a provider based on your needs and location.</li></ul>	



## Join Us. Call Today to Enroll.

To sign up for CoOpportunity Health's Iowa Marketplace Choice Plan, just follow these easy steps:

- 1 Call Iowa Medicaid Enterprise (IME) at **1.800.338.8366** (in Des Moines **515.256.4605**)
- 2 Let them know you want to enroll in CoOpportunity Health's Iowa Marketplace Choice Plan.
- 3 Once you are enrolled, you will receive a membership packet that includes your ID card and other important insurance documents in the mail.



For more information: [coOpportunityhealth.com](http://coOpportunityhealth.com)

Connect with us    

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## COportunity Iowa Marketplace Choice Plan

Coverage Period: 01/01/2014 – 12/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.coOpportunityhealth.com](http://www.coOpportunityhealth.com) or by calling 1-888-324-2064.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1 <sup>st</sup> ). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	No.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premium, balance-billed charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of <u>in-network providers</u> , see <a href="http://www.coOpportunityhealth.com">www.coOpportunityhealth.com</a> or call 1-888-324-2064.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.

Questions: Call 1-888-324-2064 or visit us at [www.coOpportunityhealth.com](http://www.coOpportunityhealth.com).

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If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-888-324-2064 to request a copy.

Important Questions	Answers	Why this Matters:
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

-  **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
If you visit a health care <b>provider's office</b> or clinic	Primary care visit to treat an injury or illness	No charge	No charge	
	Specialist visit	No charge	No charge	
	Other practitioner office visit	No charge	No charge	—————none—————
	Preventive care/screening/immunization	No charge	No charge	—————none—————
If you have a test	Diagnostic test (x-ray, blood work)	No charge	No charge	—————none—————
	Imaging (CT/PET scans, MRIs)	No charge	No charge	—————none—————
If you need drugs to treat your illness or condition	Generic drugs	No charge at retail; No charge at mail	No charge at retail, mail not covered	31 day supply retail / 93 day supply mail order

# CoOpportunity Iowa Marketplace Choice Plan

Coverage Period: 01/01/2014 – 12/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
More information about <b>prescription drug coverage</b> is available at <a href="http://www.coOpportunityhealth.com">www.coOpportunityhealth.com</a>	Preferred brand drugs	No charge at retail; No charge at mail	No charge at retail, mail not covered	
	Non-preferred brand drugs	No charge at retail; No charge at mail	No charge at retail; mail not covered	
	Specialty drugs	No charge	No charge at retail	Specialty drugs are not available through the mail order service.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	No charge	_____none_____
	Physician/surgeon fees	No charge	No charge	_____none_____
<b>If you need immediate medical attention</b>	Emergency room services	No charge	No charge	_____none_____
	Emergency medical transportation	No charge	No charge	_____none_____
	Urgent care	No charge	No charge	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	No charge	_____none_____
	Physician/surgeon fee	No charge	No charge	_____none_____
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	No charge	No charge	
	Mental/Behavioral health inpatient services	No charge	No charge	_____none_____
	Substance use disorder outpatient services	No charge	No charge	
	Substance use disorder inpatient services	No charge	No charge	_____none_____
<b>If you are pregnant</b>	Prenatal and postnatal care	No charge	No charge	_____none_____
	Delivery and all inpatient services	No charge	No charge	_____none_____
<b>If you need help recovering or have</b>	Home health care	No charge	No charge	_____none_____
	Rehabilitation services	No charge	No charge	

# CoOpportunity Iowa Marketplace Choice Plan

Coverage Period: 01/01/2014 – 12/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-Network Provider	Out-Of-Network Provider	
<b>other special health needs</b>	Habilitation services	No charge	No charge	
	Skilled nursing care	No charge	No charge	Limited to 90 days per confinement
	Durable medical equipment	No charge	No charge	—————none—————
	Hospice service	No charge	No charge	5 days for respite/15 combined for respite and continuous
<b>If your child needs dental or eye care</b>	Eye exam	No charge	No charge	—————none—————
	Glasses	No charge	No charge	Limited to one pair of eyeglasses per year
	Dental check-up	Not Covered	Not Covered	—————none—————

## Excluded Services & Other Covered Services:

### Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other **excluded services**.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Routine eye care (Adult)
- Weight loss programs

### Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery
- Chiropractic care

## Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at **1-888-324-2064**. You may also contact your state insurance department at the following: Iowa Insurance Division at **515-281-6348**.

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact your state insurance department at the following: Iowa Insurance Division at **515-281-6348**. Additionally, a consumer assistance program can help you file your appeal. Contact the following: Iowa Insurance Division at **515-281-6348**.

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al **1-888-324-2064**.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **1-888-324-2064**.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 **1-888-324-2064**.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' **1-888-324-2064**.

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—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different. Cost sharing or "Patient pays" amounts are based on self-only coverage.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$7,390
- Patient pays \$150

**Sample care costs:**

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

**Patient pays:**

Deductibles	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$150</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$5,320
- Patient pays \$80

**Sample care costs:**

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

**Patient pays:**

Deductibles	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$80
<b>Total</b>	<b>\$80</b>

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different

depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-888-324-2064 or visit us at [www.coOpportunityhealth.com](http://www.coOpportunityhealth.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary

at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-888-324-2064 to request a copy.

CoOpportunity Iowa Marketplace Choice Plan--140101-01



# Marketplace Choice

from Coventry Health Care

A part of the Iowa Health and Wellness Plan

## NO COST WITH COVENTRY

Your Marketplace Choice plan through Coventry will pay 100% of your covered health care services. Learn more about us at [www.chciowa.com](http://www.chciowa.com).

## DOCTORS YOU TRUST

You can see the doctors you trust with our statewide provider network. You do not need a referral to see a specialist.

Go to [www.chciowa.com](http://www.chciowa.com) to find a doctor or a hospital. You can choose from over 7,400 primary care locations, 12,700 specialist locations and 262 hospitals.

## CARE WHEN YOU NEED IT

Your benefits include:

- ▣ Doctor visits
- ▣ Pregnancy care and care after your baby is born
- ▣ Prescription drugs
- ▣ Emergency room visits
- ▣ Hospital care
- ▣ Mental health and substance use disorder services
- ▣ Lab tests
- ▣ Preventive services including:
  - Immunizations
  - Well woman exams
  - Annual physicals
  - Disease prevention screenings
  - Routine blood and urine screenings
  - STD and HIV screenings



# Call 1-800-338-8366 to enroll. Just ask for Coventry!

Llame a 1-800-338-8366 para inscribirse. Solo pregunta por Coventry!

**Call 1-800-338-8366 to enroll.** Just ask for Coventry!

## PROGRAMS TO HELP YOU STAY HEALTHY

Helping you maintain your health is important at Coventry Health Care. That's why we offer Coventry Complete Care health management programs:

- ▣ Discounts on these services
  - Health clubs
  - Massage therapy
  - Day spa
  - Skin care
  - Acupuncture
  - LASIK eye surgery
  - Hearing aids
  - Health and safety products
  - Eye exams, eyewear and contact lenses
- ▣ Extra help from a Coventry nurse if you have a serious condition
- ▣ Help with Diabetes
  - Free LifeScan OneTouch blood glucose meters
  - Diabetic education classes
  - Yearly dilated retinal eye exam screening for diabetic retinopathy
- ▣ Coventry WellBeing<sup>SM</sup> Program
  - Health evaluation to help you understand your personal health
  - Help with making healthy eating choices
  - Help with setting and reaching exercise goals
  - Help with keeping your kids healthy

## ONLINE TOOLS FOR EASY ACCESS

You can get information about your benefits and health care information by phone, website or mobile phone app:

- ▣ Find a doctor online
- ▣ Coventry<sup>®</sup> Mobile App
  - ID card
  - Doctor and pharmacy search
  - Benefit information
  - Allergy and immunization details
  - Surgery and procedure history
  - Check symptoms and learn about common health conditions
  - Current medications, possible drug interactions, lower-cost alternatives for maintenance medications

## CUSTOMER SERVICE

If you have questions, our Customer Service is available Monday through Friday, 8:00 a.m. - 6:00 p.m. CST at 1-866-364-5663 (TTY: 711 or TDD: 1-800-877-8973)

Su plan a través de Coventry pagará el 100% de sus servicios médicos cubiertos. Aprender más sobre nosotros en [www.chciowa.com](http://www.chciowa.com).

Usted puede ver a los médicos de su confianza con nuestro grupo de proveedores en todo el estado. Usted no necesita una referencia para ver a un especialista.

Sus beneficios incluyen: Visitas al médico, atención del embarazo y la atención después de que nazca su bebé, prescripciones, visitas a urgencias, hospitalización y más.

**Llame a 1-800-338-8366 para inscribirse. Solo pregunta por Coventry!**



**Llame a 1-800-338-8366 para inscribirse.** Solo pregunta por Coventry!

# Your Coventry Plan

## Silver POS Iowa Health and Wellness Plan (Medicaid Eligible)

Benefits	Member pays	
	In-network	Out-of-network
<b>Annual Deductible</b>	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
<b>Coinsurance</b>	0%	0%
<b>Out-of-Pocket Maximum</b>	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0

### AMBULATORY SERVICES

<b>Office Visit</b>		
Primary Care Physician	\$0	\$0* + Amount above out-of-network rate
Specialist	\$0	\$0* + Amount above out-of-network rate
<b>Surgery</b>		
Primary Care Physician's Office	\$0	\$0* + Amount above out-of-network rate
Specialist's Office	\$0	\$0* + Amount above out-of-network rate
Free-Standing Facility	\$0	\$0* + Amount above out-of-network rate
Outpatient	\$0	\$0* + Amount above out-of-network rate
<b>Outpatient Facility and Physician Services</b>	\$0	\$0* + Amount above out-of-network rate
<b>Home Health Care</b>	\$0	\$0* + Amount above out-of-network rate
<b>Hospice</b> (Respite Care 15 days inpatient and 15 days outpatient per lifetime)	\$0	\$0* + Amount above out-of-network rate
<b>Diabetes Education Services</b> (Outpatient self-management training 10 sessions within a 12-month period and 2 sessions annually thereafter)	\$0	\$0* + Amount above out-of-network rate

### EMERGENCY CARE

<b>Convenience Care</b>	\$0	\$0* + Amount above out-of-network rate
<b>Urgent Care Facility</b>	\$0	\$0* + Amount above out-of-network rate
<b>Emergency Room Care</b>	\$0	\$0
<b>Emergency Advanced Imaging / High Tech Radiology</b>	\$0	\$0
<b>Emergency Transportation / Ambulance</b>	\$0	\$0

### HOSPITALIZATION

<b>Inpatient Facility Services</b>	\$0	\$0* + Amount above out-of-network rate
<b>Inpatient Physician and Surgical Services</b>	\$0	\$0* + Amount above out-of-network rate
<b>Skilled Nursing Facility 90 days/year</b>	\$0	\$0* + Amount above out-of-network rate

### MATERNITY AND NEWBORN CARE

<b>Prenatal Office Visit</b>	\$0	\$0* + Amount above out-of-network rate
<b>Physician Charges, Prenatal, Postnatal, Ultrasound, Delivery</b>	\$0	\$0* + Amount above out-of-network rate
<b>Outpatient Ultrasound</b>	\$0	\$0* + Amount above out-of-network rate
<b>All Inpatient Services / Facility Charges</b>	\$0	\$0* + Amount above out-of-network rate

**\*When getting care out-of-network**

The billed charges may be more than the allowable out-of-network rate. Coventry's payment is limited to the out-of-network rate. You are responsible for the amount of the bill above the out-of-network rate.

# Your Coventry Plan *(continued)*

## Silver POS Iowa Health and Wellness Plan (Medicaid Eligible)

### Benefits

### Member pays

#### In-network

#### Out-of-network

### MENTAL HEALTH / SUBSTANCE ABUSE DISORDER SERVICES INCLUDING BEHAVIORAL HEALTH MANAGEMENT

*MHNet network must be used for In-network benefits*

<b>Office</b>	\$0	\$0* + Amount above out-of-network rate
<b>Outpatient / Partial Hospitalization</b>	\$0	\$0* + Amount above out-of-network rate
<b>Inpatient</b>	\$0	\$0* + Amount above out-of-network rate

### REHABILITATIVE AND HABILITATIVE SERVICES AND DEVICES

#### Outpatient Rehabilitation and Habilitation Services

Physical, Speech and Occupational Therapy	\$0	\$0* + Amount above out-of-network rate
Cardiac and Pulmonary Therapy	\$0	\$0* + Amount above out-of-network rate
Spinal and Manipulative Therapy	\$0	\$0* + Amount above out-of-network rate

<b>Durable Medical Equipment</b>	\$0	\$0* + Amount above out-of-network rate
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<b>Prosthetic Devices</b>	\$0	\$0* + Amount above out-of-network rate
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### LAB SERVICES

<b>Lab / Radiology</b>	\$0	\$0* + Amount above out-of-network rate
<b>Diagnostic Mammogram</b>	\$0	\$0* + Amount above out-of-network rate
<b>Advanced Imaging / High Tech Radiology</b>	\$0	\$0* + Amount above out-of-network rate

### PREVENTION / WELLNESS

<b>Preventive Care / Screening / Immunization</b>	\$0	\$0* + Amount above out-of-network rate
<b>Preventive / Screening Mammogram</b>	\$0	\$0* + Amount above out-of-network rate

### PRESCRIPTION DRUGS

#### Pharmacy

#### Preferred Pharmacy

#### Non-Preferred Pharmacy

#### Mail Order

<b>Tier 1A - Lower Cost Preferred Generic Drugs</b>	\$0	\$0	\$0
<b>Tier 1 - Preferred Generic Drugs</b>	\$0	\$0	\$0
<b>Tier 2 - Preferred Brand Drugs</b>	\$0	\$0	\$0
<b>Tier 3 - Non-Preferred Brand / Generic Drugs</b>	\$0	\$0	\$0
<b>Tier 4 - Preferred Specialty Drugs</b>	\$0	no coverage	no coverage
<b>Tier 5 - Non-Preferred Specialty Drugs</b>	\$0	no coverage	no coverage
<b>Oral Chemotherapy Drugs with IV Equivalents</b>	\$0	no coverage	no coverage
<b>Out-of-Network coverage: \$0</b>	\$0	no coverage	no coverage

Visit [www.chciowa.com](http://www.chciowa.com). Choose "Members" and then click "Learn more today!" From the members screen, click the "Other Important Information" link, located on the left, to learn more about the following: submitting a claim form for covered services, finding a network health care professional and information about him or her, benefits restrictions and obtaining care when outside the system or service area, obtaining care after normal office hours or emergency care, receiving primary care, including points of access and pharmacy procedures, reviewing the prescription drug formulary, filing a complaint or appeal including your right to an independent review of an appeal, information about our chronic disease and case management programs.

# Coventry Health Care of Iowa: Silver POS Iowa Health and Wellness Plan (Medicaid

## Eligible)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period : Beginning on or after 01/01/2014

Coverage for: Individual; Family

| Plan Type: POS



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.chcia.com](http://www.chcia.com) or by calling 1-866-364-5663.

Important Questions	Answers	Why This Matters:
What is the overall <b>deductible</b> ?	In-network: \$0 Individual \$0 Family Out-of-network: \$0 Individual \$0 Family	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <b>deductibles</b> for specific services?	No	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <b>out-of-pocket limit</b> on my expenses?	In-network: Yes \$0 Individual \$0 Family Out-of-network: Yes \$0 Individual \$0 Family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?	Premiums, balance-billed charges, health care this plan does not cover	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <b>network</b> of <b>providers</b> ?	Yes For a list of in-network providers, see <a href="http://www.chcia.com">www.chcia.com</a> or call 1-866-364-5663	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a <b>specialist</b> ?	No	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

SNO: 1175708 SBC Name: 021\_73501

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**Questions:** Call 1-866-364-5663 or visit us at [www.chcia.com](http://www.chcia.com). If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-866-364-5663 to request a copy.



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance payment** of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge	No Charge	-----none-----
	Specialist visit	No Charge	No Charge	-----none-----
	Other practitioner office visit	No Charge	No Charge	-----none-----
	Preventive care/ Screening/Immunization	No Charge	No Charge	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	No Charge x-ray Same benefit for lab	No Charge x-ray Same benefit for lab	-----none-----
	Imaging (CT/PET scans, MRIs)	No Charge	No Charge	No coverage without preauthorization (preauth)
If you need drugs to treat your illness or condition. More information about <u>prescription drug coverage</u> is available at <a href="http://www.chcia.com">www.chcia.com</a> .	Generic drugs	No Charge	Not Covered	31 day supply retail; 90 day supply mail order; no coverage without preauth if required
	Preferred brand drugs	No Charge	Not Covered	31 day supply retail; 90 day supply mail order; no coverage without preauth if required
	Non-preferred brand drugs	No Charge	Not Covered	31 day supply retail; 90 day supply mail order; no coverage without preauth if required
	Specialty drugs	No Charge	Not Covered	30 day supply at Specialty Pharmacy; no coverage without preauth if required

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	No Charge	No coverage without preauth
	Physician/surgeon fees	No Charge	No Charge	No coverage without preauth
If you need immediate medical attention	Emergency room services	No Charge	No Charge	-----none-----
	Emergency medical transportation	No Charge	No Charge	-----none-----
	Urgent care	No Charge	No Charge	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	No Charge	No coverage without preauth
	Physician/surgeon fee	No Charge	No Charge	No coverage without preauth
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No Charge	No Charge	MHNet network must be used for in-network benefit
	Mental/Behavioral health inpatient services	No Charge	No Charge	No coverage without preauth; MHNet network must be used for in-network benefit
	Substance use disorder outpatient services	No Charge	No Charge	MHNet network must be used for in-network benefit
	Substance use disorder inpatient services	No Charge	No Charge	No coverage without preauth; MHNet network must be used for in-network benefit
If you are pregnant	Prenatal and postnatal care	No Charge	No Charge	-----none-----
	Delivery and all inpatient services	No Charge	No Charge	-----none-----
If you need help recovering or have other special health needs	Home health care	No Charge	No Charge	No coverage without preauth
	Rehabilitation services	Inpatient No Charge Outpatient No Charge	Inpatient No Charge Outpatient No Charge	No inpatient coverage without preauth
	Habilitation services	Same as Rehabilitation	Same as Rehabilitation	Same as Rehabilitation
	Skilled nursing care (facility)	No Charge	No Charge	90 days/yr; no coverage without preauth
	Durable medical equipment (including supplies)	No Charge	No Charge	No coverage without preauth

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you need help recovering or have other special health needs	Hospice Services	No Charge	No Charge	Respite Care 15 days inpatient and 15 days outpatient per lifetime. No coverage without preauth
If your child needs dental or eye care	Eye exam	No Charge	No Charge	One eye exam/yr; EyeMed network must be used for in-network benefit
	Glasses	No Charge	No Charge	One standard pair of provider designated glasses/yr; EyeMed network must be used for in-network benefit
	Dental check-up	Not Covered	Not Covered	Excluded Service

### Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy for others.)		
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Dental Care (Adult)</li> <li>Long-Term Care</li> <li>Routine Eye Care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>Child/Dental Check-up</li> <li>Hearing Aids</li> <li>Non-Emergency Care when Traveling Outside the U.S.</li> <li>Routine Foot Care</li> </ul>	<ul style="list-style-type: none"> <li>Cosmetic Surgery</li> <li>Infertility Treatment</li> <li>Private-Duty Nursing</li> <li>Weight Loss Programs</li> </ul>
Other Covered Services (This isn't a complete list. Check your policy for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> <li>Bariatric Surgery</li> </ul>	<ul style="list-style-type: none"> <li>Chiropractic Care</li> </ul>	

### Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1-866-364-5663. You may also contact your state insurance department at Iowa Department of Insurance Two Ruan Center 601 Locust 4th Floor Des Moines, IA 50309-3738 515-281-6348 South Dakota Division of Insurance

SNO: 1175708 SBC Name: 021\_73501

**Questions:** Call 1-866-364-5663 or visit us at [www.chcia.com](http://www.chcia.com). If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-866-364-5663 to request a copy.

445 East Capitol Avenue Pierre, SD 57501 605-773-3563.

### **Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Iowa Department of Insurance Two Ruan Center 601 Locust 4th Floor Des Moines, IA 50309-3738 515-281-6348 South Dakota Division of Insurance 445 East Capitol Avenue Pierre, SD 57501 605-773-3563

### **Does this Coverage Provide Minimum Essential Coverage?**

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

### **Does this Coverage Meet the Minimum Value Standard?**

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-364-5663.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-364-5663.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-364-5663.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-866-364-5663.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

## About these Coverage

### Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much insurance protection you might get from different plans.



#### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby

(normal delivery)

■ **Amount owed to providers:** \$7,540

■ **Plan pays:** \$7,340

■ **You pay:** \$200

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital Charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### You pay:

Deductibles	\$0
Co-pays	\$0
Coinsurance	\$0
Limits or exclusions	\$200
<b>Total</b>	<b>\$200</b>

### Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

■ **Amount owed to providers:** \$5,400

■ **Plan pays:** \$5,360

■ **You pay:** \$40

#### Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccine, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### You pay:

Deductibles	\$0
Co-pays	\$0
Coinsurance	\$0
Limits or exclusions	\$40
<b>Total</b>	<b>\$40</b>

## Questions and answers about the Coverage Examples:

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### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

✘ **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

✘ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

✔ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

✔ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.