

SERFF Tracking Number: CVKS-127689860 State: Arkansas
Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: HPN/Rx Rider (Individual)
Project Name/Number: /

Filing at a Glance

Company: Coventry Health and Life Insurance Company

Product Name: HPN/Rx Rider (Individual)

SERFF Tr Num: CVKS-127689860 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved- Closed State Tr Num: 49965

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Jennifer Simms, Lisa Foos Disposition Date: 10/31/2011

Date Submitted: 10/06/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 10/31/2011

State Status Changed: 10/31/2011

Deemer Date:

Created By: Jennifer Simms

Submitted By: Jennifer Simms

Corresponding Filing Tracking Number: HPN CovOne Rider

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

High Performance Network "HPN" Rider to educate members on incentives for using Primary Care Physicians.

Company and Contact

Filing Contact Information

SERFF Tracking Number: CVKS-127689860 State: Arkansas
 Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: HPN/Rx Rider (Individual)
 Project Name/Number: /

Jennifer Simms, Regulatory Compliance Analyst
 jesimms@cvty.com
 8320 Ward Parkway
 Kansas City, MO 64114
 866-795-3995 [Phone] 4539 [Ext]
 816-460-4695 [FAX]

Filing Company Information

Coventry Health and Life Insurance Company CoCode: 81973 State of Domicile: Delaware
 8320 Ward Parkway Group Code: 1137 Company Type: LAH
 Kansas City, MO 64114 Group Name: Coventry Health Care State ID Number:
 (866) 795-3995 ext. 4539[Phone] FEIN Number: 75-1296086

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 forms @ \$50 each.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Coventry Health and Life Insurance Company	\$100.00	10/06/2011	52544124

SERFF Tracking Number: CVKS-127689860 State: Arkansas
 Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: HPN/Rx Rider (Individual)
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/31/2011	10/31/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/14/2011	10/14/2011	Jennifer Simms	10/26/2011	10/26/2011

SERFF Tracking Number: CVKS-127689860 State: Arkansas
Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: HPN/Rx Rider (Individual)
Project Name/Number: /

Disposition

Disposition Date: 10/31/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CVKS-127689860 State: Arkansas
 Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
 (PPO)
 Product Name: HPN/Rx Rider (Individual)
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter 2011 10 06	Approved-Closed	Yes
Form	HPN Rider	Approved-Closed	Yes
Form	Pharmacy Rider	Approved-Closed	Yes

SERFF Tracking Number: CVKS-127689860 State: Arkansas
Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: HPN/Rx Rider (Individual)
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/14/2011
Submitted Date 10/14/2011

Respond By Date

Dear Jennifer Simms,

This will acknowledge receipt of the captioned filing.

Objection 1

- HPN Rider, CHL-AR-RID-023-10.11 (Form)

Comment:

This rider states that...."The additional benefits provided by this Rider become effective on the date that You purchased this supplemental Rider....". This indicates to me that you must pay an extra premium for this rider, yet there is no actuarial memorandum or rates on the rider. Please explain.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: CVKS-127689860 State: Arkansas
Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
Company Tracking Number:
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: HPN/Rx Rider (Individual)
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/26/2011
Submitted Date 10/26/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: The Rider is paired with a Schedule of Benefits (previously filed and approved under CVKS-126855093) and is selected on the Application for Coverage (filed and approved under the same SERFF number). The "product" is purchased and falls within the rate filing currently on file (under the same SERFF number). This Rider provides supplemental information to the Policy (now pending in SERFF) about using a primary care physician to coordinate your health care - that is unique to the open access design of a PPO product. There are no referral requirements or penalties for not coordinating your care, however, the Schedule of Benefits would be designed to "incentivize" such behavior.

Related Objection 1

Applies To:

- HPN Rider, CHL-AR-RID-023-10.11 (Form)

Comment:

This rider states that...."The additional benefits provided by this Rider become effective on the date that You purchased this supplemental Rider....". This indicates to me that you must pay an extra premium for this rider, yet there is no actuarial memorandum or rates on the rider. Please explain.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: CVKS-127689860 *State:* Arkansas
Filing Company: Coventry Health and Life Insurance Company *State Tracking Number:* 49965
Company Tracking Number:
TOI: H16I Individual Health - Major Medical *Sub-TOI:* H16I.005A Individual - Preferred Provider
(PPO)
Product Name: HPN/Rx Rider (Individual)
Project Name/Number: /

Sincerely,
Jennifer Simms, Lisa Foos

SERFF Tracking Number: CVKS-127689860 State: Arkansas
 Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
 Company Tracking Number:
 TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider (PPO)
 Product Name: HPN/Rx Rider (Individual)
 Project Name/Number: /

Form Schedule

Lead Form Number: CHL-AR-COC-001-10.10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/31/2011	CHL-AR-RID-023-10.11	Policy/Cont HPN Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		40.000	CHL-AR-RID-023-10.11.pdf
Approved-Closed 10/31/2011	CHL-AR-RID-002-10.11R	Policy/Cont Pharmacy Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Revised	Replaced Form #: CHL-AR-RID-002-10.10 Previous Filing #: CVKS-126855093	40.000	CHL-AR-RID-002-10.11R.pdf



[PPO SELECT] [CONFIDENT CARE] RIDER

This [PPO Select] [Confident Care] (“Rider”) is underwritten by Coventry Health and Life Insurance company and administered by [Coventry Health Care of Kansas, Inc.] and is made a part of Coventry Health and Life Insurance Company’s Policy. The additional benefits provided by this Rider become effective on the date that You purchased this supplemental Rider (“Effective Date”) and expires when Your Coverage under the Policy terminates. Accordingly, all definitions, provisions, terms, limitations, exclusions, and conditions of the Policy apply to this Rider except to the extent such terms and conditions are explicitly superseded or modified by this Rider.

INTRODUCTION

This product is designed as a new model for delivering quality care health care services to You while keeping Your costs down. This product, provides You with a two-tiered benefit system and network of providers. The Tier One network will include [all of the [PPO Select] [Confident Care] network of providers]. The [PPO Select] [Confident Care] [network] will have in place: a sufficient number of primary care physicians who will assist You in coordinating Your care so that there is less duplication of services; leadership and management structures, including clinical and administrative systems; and processes to promote evidence-based medicine and patient engagement, report on quality and cost measures and coordinate care, such as through the use of telemedicine, remote patient monitoring and other enabling technologies.

This [PPO Select] [Confident Care] product necessitates a variety of changes to Your existing Policy, all as set forth below:

DEFINITIONS

“Primary Care Physician (PCP)”

A Participating [PPO Select] [Confident Care] Provider who practices in the fields of Internal Medicine, Family Practice, General Practice, or Pediatrics who is designated as an [PPO Select] [Confident Care] PCP by the Plan and who is responsible for providing care to You or referring You to other Providers in order to receive care. Note: Female Insureds may also select a Woman’s Principal Health Care Provider (WHPCP) in addition to their PCP. This physician specializes in women’s health care needs and practices in the fields of Family Practice or Obstetrics and Gynecology.

USING YOUR BENEFITS

Your PCP

The role of the PCP is important to the coordination of Your care, and You are encouraged to contact Your PCP when medical care is needed. You and Your PCP will work together to maintain Your health, and Your PCP should be able to provide or coordinate most of Your health care needs. This may include providing preventive Health Services, obtaining Authorization of certain services, consulting with Specialists and other Providers, and Emergency Services.

Selecting Your PCP

You may choose Your PCP from the Provider Directory, a list of Participating family and general practitioners, internists, and pediatricians. When selecting a PCP, You may wish to contact individual Provider offices for additional information, such as specifics of a Physician’s training and experience or office hours and policies. One PCP may be selected for the entire family, or each Dependent may select a different PCP. If You do not choose a PCP within 31 days of enrollment or within 31 days of being notified that Your PCP is no longer Participating with the Plan, one will be assigned to You by the Plan.

Changing Your PCP

Should You wish to change Your PCP, You should contact the Plan’s Customer Service Department or visit the Plan’s website, [chckansas.com].

Referrals and Authorization

In the event You require a Specialist’s services or Hospitalization, Your PCP can assist you in the coordination of Your care. In order to receive coverage at Your Tier One or in-network level of benefits, all care must be obtained from an [PPO Select] [Confident Care] Participating Provider unless specifically Authorized by the Plan in accordance with the Plan’s policies and procedures. Coverage for certain Health Services set forth in the Schedule of Benefits obtained from [PPO Select] [Confident Care] Participating Providers requires prior Authorization through the Plan. Your PCP or the [PPO Select] [Confident Care] Participating Provider who admits You to an inpatient or outpatient facility is responsible for obtaining Authorization from the Plan. You are responsible for verifying that the requested Health Services are Covered under their Plan, and the required prior Authorization has been granted before receiving the Health Services. For all other Covered Services, You may make an appointment directly with the designated Provider to obtain the care.

You are not limited to [PPO Select] [Confident Care] Participating Providers in order to receive Coverage under the plan. If you wish to obtain Covered Services from a Physician or other medical Provider who is not in the [PPO Select] [Confident Care] network of Participating Providers, You may seek those services directly from those Providers, but those services will be covered according to your Tier Two or out-of-network level of benefits. If Your PCP refuses to provide a referral to an [PPO Select] [Confident Care] Participating Provider of Your choice, please call the Customer Services Department for assistance. Additionally, PCPs do not have the authority to independently bind the Plan to Coverage for medical services that are not Covered Services as described in Your Policy or mandated by state law. Questions regarding Coverage for services or Provider participation status should be directed to the Plan, not Your PCP. To verify Coverage of services or Provider participation status, please contact Customer Services at the telephone number listed on Your identification card.

COVERED SERVICES

SERVICE OR SUPPLY	CRITERIA AND COVERAGE PROVIDED	AUTHORIZATION REQUIREMENTS, LIMITATIONS, AND EXCLUSIONS]
[Nutritional & Wellness Coaching]	[Includes visits with a wellness coach to offer advice and guidance on a variety of wellness issues, including: fitness, nutrition, weight management, stress reduction,	[This is a limited benefit.] [Please see Your Schedule of Benefits for details.]

	health risk management and barriers to reaching fitness goals.]	
[E-Visits]	[Includes online medical consultations via e-mail over the internet between Your Physician and You to obtain advice and prescriptions for common conditions such as a cough or cold, diarrhea, urinary infection, sinus problems or pink eye.]	
[Telemedicine]	Telemedicine involves the delivery of health care to You when You are not in the same physical location as Your Provider. With telemedicine, health care is delivered through the use of real time videos or by sending clinical information and/or picture images to Your Provider for consultation, evaluation and/or treatment.]	

[Additional Coverage for Prescription Drugs]

In addition to the coverage outlined in Your existing prescription drug rider, You now also have the following additional prescription drug benefits and Coverage:

[Tier One A and One B Prescription Drug Coverage]

Tier One – Tier One drugs are typically those drugs classified as Generic by the Plan.

Tier One A – Contains a select list of Tier One drugs determined by the Plan be available for a reduced Copayment per prescription for a one-month supply. These drugs are noted by the Plan in the Tier One A drug listing.

[Copayment:
[0-50%] or [\$0 - \$50] Per generic Covered Drug]

Tier One B – Includes the remaining list of drugs from Tier One that are not on Tier One A.

[Copayment:
[0-50%] or [\$0 - \$50] Per generic Covered Drug]

You are entitled to Coverage for Covered Tier One A and/or Tier One B Drugs as listed in the Drug Formulary from a Participating Pharmacy upon payment of the applicable Copayment and/or Deductible as listed above.]

[PRESCRIPTION DRUG COVERAGE]

[Preventive prescription drugs are those that are designed to keep You from developing a health condition. They can help You maintain quality of life and avoid more expensive treatment, which in turn may help You reduce Your health care costs. Examples of preventive prescription drugs include drugs such as cholesterol and blood pressure lowering agents, which reduce risks for heart attack or stroke, or medications for osteoporosis or diabetes.

You are entitled to Coverage for preventive prescription drugs as identified in the Plan's Preventive Drug Formulary from a Participating Pharmacy only upon payment of the applicable Copayment as listed in Your prescription drug rider. In order to encourage You to obtain preventive prescription drugs, the cost of preventive prescription drugs will not be applied to Your medical plan deductible.]

GENERAL PROVISIONS

1. Your Coverage under this Rider will end when Coverage under the Policy ends.
2. Nothing herein shall be held to vary, alter, waive, or extend any of the definitions, terms, conditions, provisions, agreements or limitations of the Policy, other than as stated above.

[Signature of Company Officer]



PRESCRIPTION DRUG RIDER

This Prescription Drug Rider (“Rider”) is made a part of Coventry Health and Life Insurance Company’s Individual Policy. The benefits provided by this Rider become effective on the date Coverage under the Individual Policy is effective.

PRESCRIPTION DRUG BENEFITS

Subject to the terms, conditions and scope of coverage, including all Exclusions, Limitations and defined terms of the Individual Policy unless otherwise provided in this Rider, [and] Your Responsibility [and Ancillary Charges], outpatient Prescription Drugs will be Covered as listed below, when:

- Medically Necessary
- the Your is eligible to receive Covered Services;
- written by a Prescribing Provider;
- [included on the Formulary]; and
- filled at a pharmacy.

[Generically equivalent pharmaceuticals will be dispensed whenever there is an FDA approved Formulary Generic drug. If you choose to receive a brand name Prescription Drug when a Formulary Generic Drug is available, You will be responsible for the] [Ancillary Charge] [and the] [Non-Formulary] [Formulary] [Your Responsibility]. [The Ancillary Charge will be due regardless of whether or not the Prescribing Provider indicates that the pharmacy is to "Dispense as Written."] [Your total Your Responsibility shall not exceed the] [average wholesale price (“AWP”)] [total] [allowable] [cost] [of the Prescription Drug.]

Benefit ^{[2] [3] [4]}	Your Responsibility		
	Participating Pharmacy	Non-Participating Pharmacy	[Mail Order]
[Deductible][and][Coinsurance] ¹ ^{[2] [3]} ([per Calendar Year] [per Contract Year])]	[Individual:] [\$0 - \$15,000] [Family:] [\$0 - \$45,000] [The amount listed under the Schedule of Benefits]	[Individual:] [\$0 - \$30,000] [Family:] [\$0 - \$60,000] [The amount listed under the Schedule of Benefits]	[The amount listed under the Schedule of Benefits] [See applicable Participating or Non-Participating Pharmacy Responsibility]

<p>[Formulary] [Tier 1][A] [Prescription] Drugs [and] [Specialty] Drugs]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-50%] [Coinsurance] [whichever is greater] [AD¹] [up to a \$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-70%] [Coinsurance] [AD¹] [whichever is greater] [up to a \$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[1] [1.5] [2] [2.5] [3] [times the thirty-one (31) day designated Responsibility.] [Not Available] [Not Covered] [Not Available]</p>
<p>[Formulary] [Tier 1][B] [Prescription] Drugs] [and] [Specialty] Drugs]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-50%] [Coinsurance] [AD¹] [whichever is greater] [up to a \$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-70%] [Coinsurance] [AD¹] [whichever is greater] [up to a \$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[1] [1.5] [2] [2.5] [3] [times the thirty-one (31) day designated Responsibility.] [Not Available] [Not Covered] [Not Available]</p>
<p>[Formulary] [Tier 2] [Prescription] Drugs] [and] [Specialty] Drugs]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-50%] [Coinsurance] [AD¹] [whichever is greater] [up to a \$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-70%] [Coinsurance] [AD¹] [whichever is greater] [up to a \$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[1] [1.5] [2] [2.5] [3] [times the thirty-one (31) day designated Responsibility.] [Not Available] [Not Covered] [Not Available]</p>
<p>[Non-Formulary] [Tier 3] [Prescription] Drugs] [and] [Specialty] Drugs]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-50%] [Coinsurance] [AD¹] [whichever is greater] [up to a \$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-70%] [Coinsurance] [AD¹] [whichever is greater] [up to a \$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[1] [1.5] [2] [2.5] [3] [times the thirty-one (31) day designated Responsibility.] [Not Available] [Not Covered] [Not Available]</p>

<p>[Formulary] [Diabetic Prescription Drugs, Supplies and Insulin]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-50%] [Coinsurance] [AD¹] [whichever is greater] [up to a [\$100-1,000] maximum per individual prescription] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-70%] [Coinsurance] [AD¹] [[whichever is greater]up to a [\$100-1,000] maximum per individual prescription] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[1] [1.5] [2] [2.5] [3] [times the thirty-one (31) day designated Responsibility.] [Not Available] [Not Covered] [Not Available]</p>
<p>[Formulary] [Orally Administered Anti-Cancer Medications with an equivalent intravenous (IV) or injectable]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-50%] [Coinsurance] [AD¹] [whichever is greater] [up to a [\$100-1,000] maximum per individual prescription] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[\$0-\$200] [Copayment] [and] [plus] [or] [0%-70%] [Coinsurance] [AD¹] [[whichever is greater]up to a [\$100-1,000] maximum per individual prescription] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[1] [1.5] [2] [2.5] [3] [times the thirty-one (31) day designated Member Responsibility.] [Not Available] [Not Covered]</p>
<p>[Formulary] [and] [Non- Formulary] [Tier 4] [Specialty Drugs]</p>	<p>[\$0-\$500] [Copayment] [and] [plus] [or] [0%-50%] [Coinsurance] [AD¹] [whichever is greater] [up to a [\$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[\$0-\$500] [Copayment] [and] [plus] [or] [0%-70%] [Coinsurance] [AD¹] [whichever is greater] [up to a [\$100-1,000] maximum per individual prescription] [Not Covered] [\$0 - \$30,000][Subject to the] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [amount listed under the Schedule of Benefits]</p>	<p>[1] [1.5] [2] [2.5] [3] [times the thirty-one (31) day designated Responsibility.] [Not Available] [Not Covered] [Not Available]</p>
<p>[Tier] [1][A][B][2][3][4] [Coinsurance] [Out-of-Pocket] ^[2] ^[3] [Maximum (per [Benefit Year]) [includes [Copayments], [Coinsurance], and [Deductible]]</p>	<p>[Individual:] [\$0 - \$30,000] [Family:] [\$0 - \$60,000] [The amount listed under the Schedule of Benefits]</p>	<p>[Individual:] [\$0 - \$30,000] [Family:] [\$0 - \$60,000] [The amount listed under the Schedule of Benefits]]</p>	<p>[The amount listed under the Schedule of Benefits]] [See applicable Participating or Non-Participating Pharmacy Responsibility]</p>

[Benefit Maximums]

<p>[Benefit Year Benefit Maximum] ^[3]</p> <ul style="list-style-type: none"> • [Prescription Drugs] • [Specialty Drugs] 	<p>[Individual:] [\$1,000 - Unlimited] [Family:] [\$1,000 - Unlimited] [The amount listed under the Schedule of Benefits]</p> <p>[Individual:] [\$1,000 - Unlimited] [Family:] [\$1,000 - Unlimited] [The amount listed under the Schedule of Benefits]</p>
---	---

1. [AD means After Deductible. The [coinsurance] [and] [copayment] requirement applies after You have satisfied the [annual] Deductible requirement.]
2. [Copayments] [,] [Deductible] [and] [Ancillary Charges] [do not] apply to the [Out-of-Pocket] [Coinsurance] [Maximum listed on the Schedule of Benefits.]
3. [Copayments] [,] [Deductible] [and] [,] Ancillary Charges [,] [Benefit Maximum] [,] [and] [Lifetime Maximum] [do not] [apply to the] [Lifetime] [and] [Benefit Year] [Maximum listed on the Schedule of Benefits].
4. To find Your Prescription Drug, its applicable Tier and any Pre-Certification requirements, visit Our searchable Formulary on Our website www.chckansas.com, in the Participating Provider's office, or by contacting the Customer Service Department.

The following also apply:

- Your Responsibility is due each time a prescription is filled or refilled, up to a thirty-one (31) day supply for Retail and Specialty Pharmacy, and up to a ninety-three (93) day supply for Mail Order Pharmacy. [Notwithstanding the foregoing, the Plan may provide Coverage for any drug dispensed in the original manufacturer packaging which contains a 90 day or 12 week supply or that has a duration of action of 12 weeks or longer upon payment of \[three \(3\)\] \[Copayments\] \[your cost share\] including but not limited to Depo-provera and Seasonale.](#)
- [Select over-the-counter medications as determined by the Plan in an equivalent prescription dosage strength will be covered under this Rider for the [Tier 1][A][B] [Formulary] [Non-Formulary] [appropriate] Responsibility. Coverage of the selected over-the-counter medications requires a physician prescription.]
- Only one drug and "Rx Unit" will be dispensed per prescription. The Rx Unit quantity is determined by FDA labeling, the dosage required or the Plan Formulary guidelines. Please note: Your Responsibility is required for each Rx Unit, container, or prepackaged item.
- If a Prescription Drug covered is prescribed in a single dosage amount for which the particular prescription drug is not manufactured in such single dosage amount and requires dispensing the particular prescription drug in a combination of different manufactured dosage amounts, Your Responsibility will be the same as if the Prescription Drug was manufactured in such single dose.
- If You are presently taking a prescription drug, You will be notified either electronically, or in writing (upon request), at least thirty (30) days prior to any deletions to the Formulary. Notifications will not be provided for Generic substitutions.
- [\[Drugs included in the Value Program are offered at no Your Responsibility on a temporary basis when You have recently received certain drugs\(s\) and/or receive a new prescription for certain drug\(s\), as designated by the Plan to promote effective and efficient use of the Plan drug benefits. A list of these drugs are available on the our website at \[www.chckansas.com\]\(http://www.chckansas.com\). The list shall also identify the Plan Criteria applicable to the Value Program, and may change from time to time without prior notice.](#) When You appear to meet the Plan criteria for Value Formulary Drugs (as such information is available in Plan's claims records) You will be notified if they qualify for a Value Program, when such drugs are temporarily added. Please note, just because You fill a prescription for a [drug included on](#)

the Value Program list does not qualify You to receive such drug at no Your Responsibility. Rather, only when You meet Plan criteria will You receive the selected drug at no Your Responsibility. If You do not satisfy the Value Program criteria, the drug shall be subject to its applicable Your Responsibility]

DEFINITIONS

Any capitalized terms used in this Rider and not otherwise defined herein shall have the meaning set forth in the Individual Policy. The following definitions apply to this Rider:

[Ancillary Charge]. A charge in addition to Your Responsibility You are required to pay for a Prescription Drug which, through Your request or that of the Prescribing Provider, has been dispensed by the brand name, even though a [Formulary] Generic is available. The Ancillary Charge, if any, shall be the difference between the Plan's contracted price for the Non-Formulary or Formulary brand name drug and the contracted price of the generic drug. The Ancillary charge will be in addition to the appropriate Your Responsibility. You are responsible at the time of service for payment of the Ancillary Charge directly to the Pharmacy. The Ancillary Charge is not a Covered charge and does not apply to an Deductible, Coinsurance, or Out-of-Pocket Maximum.]

[Coinsurance]. The amount in which the Your pays a specified percentage of the cost for a Covered Service.] [You are responsible at the time of service for payment of the Coinsurance directly to the Pharmacy.]

[Copayment]. The amount You will be charged by the Pharmacy to dispense or refill any Prescription.] [You are responsible at the time of service for payment of the Copayment directly to the Pharmacy.]

[Deductible]. The amount, which must be satisfied each Benefit Year, before benefits subject to the Deductible are payable under this Rider. [You are responsible at the time of service for payment of the Prescription directly to the Pharmacy, until your Deductible is met.]

Formulary. A list of specific generic and brand name Prescription [and Specialty] Drugs Authorized by the Plan, and subject to periodic review and modification at least annually by the Plan's Pharmacy and Therapeutics Committee. The Formulary is available for review in the searchable Formulary on Our website, [www.chckansas.com], in the Participating Provider's office, or by contacting the Customer Service Department. Please note: Inclusion of a drug within the Formulary does not guarantee that Your health care Provider will prescribe that drug for a particular medical condition or illness.

Formulary Prescription Drug. A Prescription [and Specialty] Drug that appears on the Plan's Formulary.

Generic Prescription Drug. A Prescription Drug as being prescribed by its generic and chemical name heading according to the principal ingredient(s) and approved by the Food and Drug Administration.

Mail Order Pharmacy. A Pharmacy that dispenses Maintenance Medications pursuant to a 93 day/cycle supply. Prescription Drugs determined by the Plan to be Maintenance Medications on the Formulary and prescribed by a Prescribing Provider can be filled by mail order.

Maintenance Medication(s). A medication that is listed and identified on the Formulary as a maintenance prescription.

Non-Formulary Prescription Drug. A Prescription Drug that is not on the Plan's list of Formulary Prescription Drugs.

[Non-Participating Pharmacy. Any pharmacy that is not a Participating Pharmacy as defined herein.] [A Prescription Order or Refill may be obtained through a Non-Participating Pharmacy, however, You may be required to pay for the cost of the Prescription Drug(s) and file a claim for reimbursement.]

Participating Pharmacy. A pharmacy licensed in the State in which it is located that has entered into a written contract with the Plan to provide services to the Plan's Yours, or on whose behalf a written contract has been made with the Plan which is in effect at the time services are provided.

[Pre-Certification. Some drugs require Pre-Certification in order for them to be Covered Services. Drugs requiring Pre-Certification are identified within the Formulary with "PA" next to the name of the drug.]

Prescribing Provider. Any person holding the degree of Doctor of Medicine, Doctor of Osteopathy, Doctor of Dental Medicine, or Doctor of Dental Surgery or any other provider who is duly licensed in the United States to prescribe medications in the ordinary course of his or her professional practice.

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

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

This definition of Prescription Drug may include some over-the-counter medications or disposable medical supplies (e.g., insulin and diabetic supplies), psychotherapeutic drugs used for treatment of mental illness, other than when administered in a hospital or Provider's office, and a compound substance when it meets the Plan's criteria and the product is not available commercially.

Prescription Order or Refill. The authorization for a legend Prescription Drug issued by a Prescribing Provider who is duly licensed to make such an authorization in the ordinary course of his or her professional practice.

Retail Pharmacy. Prescription Drugs prescribed by a Prescribing Provider and obtained through a Pharmacy.

Specialty Drug. Those drugs listed on the Specialty Drug Formulary and identified with an "SP". Specialty Drugs are typically used to treat rare or complex disease. These drugs frequently require special handling, close clinical monitoring and management and Pre-Certification prior to being dispensed.

Specialty Pharmacy. A pharmacy that is designated as a Specialty Pharmacy by the Plan for Specialty Drug Prescription Orders or Refills.

[Step Therapy. A process where the Plan or its designee determines that a Prescription Order or Refill based upon information provided by the Prescribing Provider, the Prescription Order or Refill satisfies the Pre-Certification requirements for Coverage. Certification must be obtained prior to dispensing.]

Your Responsibility ("Responsibility"). The dollar amount detailed under Prescription Drug Benefits which must be paid by You to a Pharmacy providing a Prescription Drug covered by this Rider.

LIMITATIONS

1. Authorized refills will not be provided after the lesser of:
 - i. twelve (12) months from the original date on the prescription order; or
 - ii. the period of time limited by state or federal law.
2. [Contraceptive diaphragms prescribed by a Prescribing Provider are limited to two (2) per year.]
3. [Coverage of injectable drugs is limited to [Specialty Drugs as determined by the Plan] [and] insulin, [glucagon], [bee sting kits], [Imitrex] [and] [injectable contraceptives] that are commonly and customarily administered by the Your.]
4. Selected products, as defined by the plan, with narrow therapeutic index, potential for misuse and/or abuse, high cost, or a narrow or limited range of Food and Drug Administration approved indications may require Pre-Certification.
5. The Pharmacy shall not dispense a Prescription Drug order which, in the Pharmacist's professional judgment, should not be filled.
6. To promote appropriate utilization, or following manufacturer's recommendations, certain plan approved medications may have a quantity limit on the amount of medication dispensed and pre-certification must be obtained prior to dispensing.
7. We reserve the right to include only one dosage or form of a drug on our Formulary when the same drug (i.e., a drug with the same active ingredient) is available in different dosages or forms (i.e., dissolvable tablets, capsules, etc) from the same or different manufacturers. The product, in the dosage or form, that is listed on the Formulary will be Covered at the applicable Responsibility. The drug, product or products, in different forms or dosages or from the same or different manufactures, not listed on the Formulary will be [excluded from coverage] [subject to Tier 3].
8. Coverage of Prescription Drugs, therapeutic devices or supplies requiring a Prescription Order and prescribed by a Prescribing Provider is limited to Plan approved drugs, devices, supplies, or spacers for metered dose inhalers.
9. [Coverage through the Mail Order Pharmacy is not available on drugs that cannot be shipped by mail due to state or federal laws or regulations, or when the Plan considers shipment through the mail to be unsafe. Examples of these types of drugs include, but are not limited to, narcotics, amphetamines, DEA controlled substances or anticoagulants.]
10. [When You use a Non-Participating Prescribing Provider, it is Your responsibility to contact the Plan before a Prescription Order or Refill is filled to obtain any required Pre-Certification. If the Plan is not contacted for Pre-Certification, You will be required to pay one hundred percent (100%) of the cost for a Prescription Drug.]

EXCLUSIONS

The following are **Excluded** from Coverage under this Rider:

1. Prescription Drugs related to the treatment of a Non-Covered Service (i.e. dental services).

2. Prescription Drugs that are not Medically Necessary. The Plan reserves the right to require medical Pre-Certification for selected drugs before providing Coverage.
3. Prescription Drugs that are Experimental or Investigational, including those labeled “Caution-limited by Federal Law to Investigational Use,” FDA approved drugs used for investigational indications or at investigational doses and drugs found by the FDA to be ineffective or given as a part of a study.
4. Products not approved by the FDA, Prescription Drugs with no FDA approved indications, and DESI Drugs. This exclusion shall not apply to a drug, medicine or medication that is recognized for the treatment of cancer in one of the standard reference compendia or in substantially accepted peer-review medical literature.
5. Any Prescription Drug which is to be administered, in whole or in part, while You are in a hospital, medical office or other health care facility.
6. Compounded prescriptions [are excluded unless all of the following apply:
 - a. there is no suitable commercially-available alternative available;
 - b. the main active ingredient is a Covered Prescription Drug;
 - c. the purpose is solely to prepare a dose form that is Medically Necessary and is documented by the Prescribing Provider; and
 - d. the claim is submitted electronically by the Pharmacy.]
7. Vitamins and minerals (both over-the-counter and legend), except legend prenatal vitamins, and liquid or chewable legend pediatric vitamins as specified on the Formulary.
8. [Injectable medications] [and] [Specialty Drugs], [except those designated by the Plan.]
9. Drugs that do not require a prescription by federal or state law, that is, over-the-counter drugs or over-the-counter products, unless specifically designated for Coverage by the Plan or the Formulary list and obtained from the Pharmacy with a Prescription Order or Refill. Also excluded are Prescription medications that are not for treatment of illness, injury, or have an over-the-counter equivalent, unless otherwise specified on the Formulary.
10. Devices or supplies of any type, even though requiring a Prescription Order, such as but not limited to, therapeutic devices, support garments, corrective appliances, non-disposable hypodermic needles, syringes or other devices, regardless of their intended use, unless otherwise specified as a Covered benefit in this Rider.
11. [Contraceptive implant systems], [and] [prescription] [or] [nonprescription contraceptive devices (e.g., condoms[,] [and] spermicidal agents[, and Norplant]).]
12. [Extemporaneous dosage forms of natural estrogen or progesterone; or any natural hormone replacement product, including but not limited to oral capsules, suppositories, creams and troches.]
13. [Prescription Drugs used for the treatment of impotence.]
14. [Anti-smoking medication or smoking cessation devices.]

15. [Prescription Drugs used to treat chemical dependency and/or substance abuse.]
16. [Drugs used primarily for hair restoration.]
17. [Pharmacological therapy for weight reduction, dietary supplements, appetite suppressants, and other drugs used to treat obesity, morbid obesity or assist in weight reduction.]
18. [Drugs, oral or injectable, used for the primary purpose of, or in connection with, treating infertility, fertilization, and/or artificial insemination.]
19. Medications used for cosmetic purposes or to enhance work or athletic performance (i.e. Nuvigil or Provigil for shift work, anabolic steroids and minoxidil lotion, retin A (tretinoin) for aging skin). Also excluded are drugs, oral or injectable, used to slow or reverse normal aging processes (i.e. growth hormone, testosterone, etc.).
20. Prescription Drugs dispensed in unit doses, when bulk packaging is available, or repackaged Prescription Drugs.
21. Replacement for lost, destroyed or stolen prescriptions.
22. Duplicate drug therapy (i.e. two antihistamine drugs).
23. Oral dental preparations and fluoride rinses, except pediatric fluoride tablets or drops as specified on the Formulary.
24. Prescriptions that You are entitled to receive without charge under any Workers' Compensation law, occupational statute, or any law, or regulation of similar purpose.
25. [Tier 2] [and] [,] [Tier 3] [and] [,] [Tier 4] [and] [Non-Formulary drugs, devices and supplies]; [unless otherwise defined in this Rider.]

CONDITIONS

1. The Plan and its designees shall have the right to release any and all records concerning health care services that are necessary to implement and administer the terms of this Rider or for appropriate medical/pharmaceutical review or quality assessment.
2. The Plan shall not be liable for any claim, injury, demand or judgment based on tort or other grounds (including warranty of drugs) arising out of or in connection with the sale, compounding, dispensing, manufacturing, or use of any Prescription Drug whether or not Covered under this Rider.

GENERAL PROVISIONS

1. Your Coverage under this Rider will end when Coverage under the Individual Policy ends.
2. Nothing herein shall be held to vary, alter, waive, or extend any of the definitions, terms, conditions, provisions, agreements or limitations of the Individual Policy, other than as stated above.
3. Discounts and Rebates. You understands and agree that Health Plan may receive a retrospective discount or rebate from a Network Provider or vendor related to the aggregate volume of services,

supplies, equipment or pharmaceuticals purchased by persons enrolled in health care plans offered or administered by Health Plan and its affiliates. You shall not share in such retrospective volume-based discounts or rebates. However, such rebates will be considered, in the aggregate, in Health Plan's prospective premium calculations.

[Signature of Company Officer]

[Title of Company Officer]

SERFF Tracking Number: CVKS-127689860 State: Arkansas
 Filing Company: Coventry Health and Life Insurance Company State Tracking Number: 49965
 Company Tracking Number:
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: HPN/Rx Rider (Individual)
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/31/2011
Comments:			
Attachment:			
FLESCH.pdf			
Bypassed - Item:	Application	Approved-Closed	10/31/2011
Bypass Reason:	n/a to this filing		
Comments:			
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	10/31/2011
Bypass Reason:	n/a to this filing		
Comments:			
Bypassed - Item:	Outline of Coverage	Approved-Closed	10/31/2011
Bypass Reason:	n/a to this filing		
Comments:			
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/31/2011
Bypass Reason:	n/a to this filing		
Comments:			

