



Agent Guide

Iowa/Nebraska/South Dakota 3.0



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INTRODUCTION

Congratulations on becoming appointed to sell *CoventryOne* – the individual medical product offered by Coventry Health Care! The individual health insurance market continues to grow due to changes in federal legislation, workforce structure, and the rapidly increasing cost of employer-sponsored health care.

To respond to these changes, Coventry Health Care proudly offers *CoventryOne*. *CoventryOne* is offered to individuals and families who reside in our service area, are under the age of 65 and not eligible for Medicare and/or Medicaid.

USING THIS AGENT GUIDE

This guide was developed to assist you in selling and servicing *CoventryOne* products. It provides you with answers to many of your daily questions.

This guide contains guidelines on and information about underwriting, billing, and policy administration for *CoventryOne* individual medical plans.

Please note that this is not an all-inclusive list of our guidelines and policies. If there are specific questions that are not answered here, please contact either your General Agent, your *CoventryOne* Account Executive or your *CoventryOne* Specialist. Coventry retains the right to deviate from these guidelines based on the specifics of the individual case and situation.

GENERAL INFORMATION

Coventry Health Care, Inc.

Coventry Health Care of Iowa, Coventry Health Care of Nebraska, and Coventry Health and Life Insurance Company (South Dakota) are backed by the financial strength and stability of our parent company, Coventry Health Care, Inc. based in Bethesda, Maryland. Coventry Health Care, Inc., operates health plans, insurance companies, network rental service companies, and worker's compensation services companies in all 50 states, as well as the District of Columbia and Puerto Rico.

- Coventry Health Care is a recognized leader in health care and is the only company to be ranked in the top 40 of every Barron's 500 list from 2002 through 2007.
- Coventry Health Care has been listed in the Business Week 50 for 2006 and 2007, which lists "only the best performers" from each of the ten sectors that make up the S&P 500.
- The Forbes Platinum 400 identifies "The Best Big Companies in America" has listed Coventry Health Care every year from 2002 through 2007.
- Wall Street Journal 1000 – Coventry was ranked #2 based on five-year performance among all health plans nationally, and #1 in this category in 2004 and 2005.
- Coventry Health Care also owns one of the nation's largest PPO networks, *Coventry National Network*, which includes over 4,500 hospitals and 450,000 physicians across all 50 states, the District of Columbia, and Puerto Rico.

Our customers include a broad cross section of individuals, employers, governments, and self-funded groups. Enrollment in our company's traditional group health plans and insurance companies exceeds 4.6 million members.

Using a *CoventryOne* Participating Provider

When a *CoventryOne* member chooses a participating provider in the Coventry Health Care network, the member:

- Saves on health care costs
- Does not need to complete and submit claim forms
- Can have confidence in their doctor – we carefully screen each doctor before he or she is allowed

to join our network. We also conduct ongoing reviews of the doctor to make sure they provide quality care.

Using a Non-Participating Provider

When a CoventryOne member chooses a nonparticipating provider, medical care is covered, but at a lower level. This means that:

- Significant out-of-pocket costs will be incurred when not using a network provider
- Claim forms must be filed by the member
- If a member seeks care from a participating provider, it is the responsibility of the provider to request prior authorization from the plan. However, if a member seeks care from a nonparticipating provider, it is the member's responsibility to request prior authorization from the plan.

Finding a CoventryOne Participating Provider

To find a CoventryOne participating provider, visit our website at www.coventryone.com and follow these instructions:

- Select the state *in which the member lives* from the drop-down box on the right hand side of the page.
 - Click **What we offer** (left side of page)
 - Click **Locate a Provider** (lower right of page)
 - Select which provider you want to search for (Doctor, Hospital, etc)
 - Select Product from drop-down menu
 - For Iowa and Nebraska residents, select "Open Access" (our POS network)
 - For South Dakota residents, select "HealthAssurance PPO" (our PPO network)
 - Enter your home address, city, state, Zip Code
 - **Search by Distance** from your location – You will be able to view results on your computer.
- OR**
- **Search by County** – Results may only be obtained by email to your email address.
 - With each entry you will have access to a mapping program for obtaining directions to the provider
 - You also have the ability to **Save the Search, Create a Directory, and/or Print** your results. Simply use the links at the top of the search page.

ENROLLMENT GUIDELINES

Eligibility

- **All subscribers**
 - must maintain a permanent/primary residence in the Service Area
 - must be under the age of 65 and not covered by or eligible for Medicare
 - must not have been involuntary terminated for fraud or misrepresentation
 - must not be expectant parents (mother or father)
 - must be a U.S. Citizen; applicants who are not U.S. Citizens must:
 - § Have a permanent Visa or Green Card status. The Visa or Green Card number must be provided on the application and a photocopy must be attached to the application.
 - AND**
 - § Have an established physician in this country from whom medical records can be obtained.
- **Dependents include**
 - a common law spouse of the Insured (domestic partners are eligible in Iowa only)
 - an unmarried child under the age of 19 (see Student Eligibility below)
 - birth child(ren) of Insured's spouse or domestic partner's children under age 19 (see Student Eligibility below)

- children legally adopted by or placed for adoption by the Insured
- children for whom the Insured, the Insured's spouse, or the Insured's domestic partner is the court-appointed legal guardian
- **Ineligible persons include**
 - those residing outside of the Plan Service Area
 - male or female expectant parents; this includes pregnancy, the process of adoption, or surrogacy.
 - a male applicant if he may become legally responsible, by court order, for a child yet to be born

Student Eligibility

Student dependents residing temporarily in an out-of-area Zip Code (out-of-network) will have access only to the out-of-network benefits during that time. There is in-network coverage only for Emergency and Urgent Care Services. The following details state-specific dependent mandates:

- **Iowa (revised 7/1/2009 by HF2539)**
 - Unmarried dependents are eligible up to age 25 regardless of student status.
 - Once an unmarried child turns 25, gets married, or ceases to be a resident of Iowa, that child's coverage will end at the first renewal date following the event.
 - If a child is unmarried, an Iowa resident, and a full-time student when they turn 25, they may continue their coverage for so long as that student remains a full-time student, a resident of Iowa, and unmarried. If the child ceases to meet these eligibility requirements, coverage will end at the first renewal date following that event, even if eligibility is subsequently regained.
 - If an unmarried child is not currently covered, but under age 25 and otherwise eligible, that child may enroll at the renewal date of the policy or following a qualified event, subject to medical underwriting. This change in eligibility will not apply retroactively.
 - If an unmarried child has reached the age of 25 and is not currently covered, that child is no longer eligible to enroll even if they are a full-time student. In addition, if an unmarried child takes a semester off school or at any point loses full-time student status, that child may not re-enroll and is no longer eligible for dependent coverage.
- **Nebraska (through 12/31/2009)**
 - Dependents are eligible up to age 23 if they are a full-time student at an accredited school, college, or university.
 - Once an unmarried child turns 23, gets married, ceases to be a resident of Nebraska, or ceases to maintain full-time student status, that child's coverage will end at the first renewal date following the event
- **Nebraska (effective 1/1/2010 by NE HB 551)**
 - Dependents who lose eligibility due to attainment of limiting age, loss of full-time student status, or who cease to be a dependent, are eligible to continue coverage until the end of the month in which the adult child:
 - § marries
 - § ceases to be a resident of Nebraska
 - § receives coverage (not just becomes eligible) under another health plan
 - § attains 30 years of age
 - The adult child will be moved to their own policy and family discount will not apply
 - If a child lost eligibility status and disenrolled prior to 1/1/2010, they cannot re-enroll
- **South Dakota**
 - Dependents are eligible up to age 30 if they are a full-time student at an accredited school, college, or university.
 - Once an unmarried child turns 30, gets married, ceases to be a resident of South Dakota, or ceases to maintain full-time student status, that child's coverage will end at the first renewal date following the event.

ENROLLMENT PROCESS

Applying for New Enrollment

Your client may apply for coverage at any time by completing an application. Applications may be done on paper or online via the Agent Portal (see Agent Portal Guide).

- If you are appointed through a General Agency, you **MUST** submit completed paper applications through your General Agency.
- If you are appointed directly with Coventry, applications should be faxed to 866-533-1960.

Please ensure that you are using the most current application. If you are unsure, please contact your Account Executive or CoventryOne Specialist to confirm. Remember that if you are using the online app, it is always the most current, so confirmation is not necessary.

Effective Dates and Submission Dates

The cut-off date for submission of new applications for a 1st of the month effective date is 4:00 P.M. (Central Time) on the 25th of the month preceding the desired effective date.

- If the 25th of the month falls on a Saturday, the cut-off date will be the 24th;
- If the 25th of the month falls on a Sunday, the cut-off date will be the 26th;
- If the 25th of the month falls on a holiday, the cut-off date will be the next business day

If the application is received after the cut-off date, the effective date will be the 1st of the following month.

Example: If the application is received June 25th, the effective date will be July 1st. If the application is received on June 26th, the effective date will be August 1st.

NOTE: the application **MUST BE** complete in order to be accepted; incomplete applications will be returned and the effective date will be adjusted to reflect the re-submission date.

Obtaining a Quote

In general, you will need certain information in order to calculate an accurate rate:

- Name
- City, State, County of residence
- Requested effective date
- Gender of all persons to be covered
- Age of all persons to be covered
- Tobacco use status

Several options are available to you to assist in quoting CoventryOne to your clients. Online quoting via the Agent Portal, manual rate sheets, and BRETs (Broker Rating Estimation Tool) are all used to estimate rates for your client. Remember that each applicant's health may affect the final rate and only Underwriting can make a formal offer.

Family Discount

CoventryOne offers a 10% family discount when two or more family members are insured on the same policy. To be eligible for the family discount, there must be two or more applicants listed on the application. No family discount is available in situations where family members are on different plans or family members are submitted on separate applications (split contracts). Should the number of members on a policy fall to one (1), then the 10% family discount will be removed for the remaining member.

Non-Tobacco Use Discount

To qualify for a non-tobacco use discount each eligible person must attest on the application that he/she has not smoked cigarettes or used tobacco **IN ANY FORM** within the past 12 consecutive months.

CoventryOne Applications

The applicant must complete the application. The applicant, and all dependents over the age of 18, must sign and attest that all statements and disclosures are true and factual. CoventryOne does not accept applications that are not signed by the applicant(s) and agent, or those which are submitted by an unlicensed or non-appointed agent.

Underwriting will not accept incomplete applications. The Agent will be informed by email that an incomplete application was received and must be re-submitted.

Applications are only valid for **60 days** from the date of the applicant(s) signature. Make sure all applicable sections are completed, signed and dated appropriately.

Please use black or blue ink when completing the application – pencil is not acceptable. As Underwriting accepts faxed applications it is imperative that the application be readable. If an application is unreadable or illegible it will be considered incomplete and will not be processed.

If any information on the application is crossed out or covered with correction fluid, the applicant must initial AND DATE the corrections made.

Additional Application Information

Underwriting will suspend an application up to the 60-day signature limitation for missing information requested by Underwriting. If the requested information is received after the underwriting period for the requested effective date, the application will be underwritten for the next available effective date. If the requested information is not received within that 60-day timeframe, the application will be denied and the applicant will need to complete a new application if coverage is desired.

If additional medical information is needed, Medical Underwriting may contact the applicant directly, or request additional information, or request medical records in writing from the applicant's physician.

AGENTS ARE NOT AUTHORIZED TO GUARANTEE EFFECTIVE DATES OR ACCEPTANCE BY COVENTRY HEALTH CARE.

Applicants should not cancel their current insurance until they receive written confirmation from CoventryOne that their application is approved.

Rescissions and Fraudulent Representation

Coventry may initiate action (rescission) at any time because of false, misrepresented, omitted health history information or failure to disclose pertinent health information. All claims submitted are audited to ensure that pre-existing conditions not listed on the application were not diagnosed, evaluated or treated prior to enrollment.

If a pre-existing condition is discovered that should have been disclosed, the policy may be retroactively cancelled and premiums will be refunded. Any claims paid will become the responsibility of the member.

Broker commission may be adversely affected by any rescission or cancellation. Any commissions paid on a policy that is rescinded will be charged back and collected from the broker.

CHANGING AN EXISTING POLICY

Adding a Dependent

A spouse or other dependent may apply for coverage at any point in time. Adding a dependent to an existing policy begins with the submission of a Change Form application for the dependent(s) and is subject to medical underwriting. If accepted, coverage will be effective on the 1st of the month **following the approval** of medical underwriting. Such dependent(s) will undergo full underwriting. There are conditional exceptions for birth, adoption, placement for adoption, and in the event of marriage (see below).

Adding a Spouse by Marriage

A spouse may enroll at the time of marriage to a covered Insured. A Special Enrollment occurs provided an enrollment form is received within thirty-one (31) days from the date of the event and coverage shall

become effective on the date of marriage. The spouse will be subject to medical underwriting. Please indicate the date of marriage on the application. A spouse may also enroll upon the birth, legal adoption or legal placement for adoption of his or her child.

A spouse being added because of marriage is subject to medical underwriting.

Adding a Dependent Child due to Marriage

A child who becomes a dependent of a covered Insured as a result of marriage may enroll at that time with coverage becoming effective on the date of the marriage provided an enrollment form is received no later than thirty-one (31) days from the date of the marriage (please indicate the date of marriage). Special Enrollment also is granted in the case of a grandchild through a legal custody order.

Dependent children added because of marriage are subject to medical underwriting.

Change Form applications for dependent children being added to a policy held by a non-custodial parent must include signatures from both the non-custodial parent and the custodial parent so as to validate all health questions, answers, and disclosures.

Adding (a) Newborn Child(ren)

When a baby is born, a Special Enrollment period begins in which the newborn is not subject to medical underwriting, provided the application is submitted within a certain timeframe. Each state has different notification requirements, so please continue reading to determine when an application must be submitted in order to waive the medical underwriting requirement.

- **Iowa**
 - The newborn is automatically covered on the parent's plan for the first 60 days from birth (beginning on the date of birth), without underwriting and is not subject to any pre-existing limitation period, provided a Change Form application is submitted within 60 days of the birth. However, if no Change Form application is received adding the newborn during the first 60 days, the newborn is subject to medical underwriting and pre-existing condition waiting periods will apply.
- **Nebraska & South Dakota**
 - The newborn is automatically covered on the parent's plan for the first 31 days from birth (beginning on the date of birth), without underwriting and is not subject to any pre-existing limitation period, provided a Change Form application is submitted within 31 days of the birth. However, if no Change Form application is received adding the newborn during the first 31 days, the newborn is subject to medical underwriting and pre-existing condition waiting periods will apply.

Child(ren) Only Policies

Applicants under the age of 18 must have a custodial parent, legal guardian or guarantor, over the age of 18, who has knowledge of the health of the minor dependent, has the capacity to legally contract on behalf of the minor dependent, is legally responsible for providing premium payment and is able to provide approval for the release of any requested medical records, sign the application.

A parent or legal guardian who completes an application for a child(ren) under the age of 18 must sign the application and accurately describe his or her relationship to the applicant (i.e., parent, legal guardian). If a Child(ren) Only application is being submitted by a non-custodial parent, the application must include signatures from both the non-custodial parent and the custodial parent so as to validate all health questions, answers, and disclosures.

When two or more children are to be covered, any of the children may be named the primary insured.

An infant must have had his/her first Well Baby examination to be considered for eligibility on a Child Only policy. The results of this Well Baby examination must accompany an application for coverage.

Completing the Change Form Application when Adding Dependent(s)

- Write, boldly, at the top of the first page of the application, “Adding Dependent, ID # _____”. (Use the ID number of primary Insured and name dependent)
- Section A – Applicant and Dependent Information: Complete entire section and list all members to be covered including the dependent(s) being added.
- Section B – Plan Selection: Circle the plan you currently have; **you may not change benefits and add a dependent on the same application.**
- Section C – HSA Selection: Check the box if you wish to OPT-OUT of the HealthEquity HSA.
- Section D – Other Health Insurance Information: Complete only as it applies to the dependent(s) being added.
- Section E – Creditable Coverage: Complete only as it applies to the dependent(s) being added.
- Section F – Lifestyle and Health History: Complete as it applies to the dependent(s) being added, if necessary (refer to section on adding a dependent to determine if underwriting is required).
- Section G – Prescription Medications and Injection Therapy: If underwriting is required, then this section must also be completed.
- Section H – Additional Information: Complete for any “Yes” answers to the health history.
- Section I – Conditions of Enrollment: The primary Insured, spouse (if covered), and any dependent over the age of 18 (if covered) must sign.
 - Change Form applications for dependent children being deleted from a policy held by a non-custodial parent must include signatures from both the non-custodial parent and the custodial parent.
 - Change Form applications deleting a spouse must include signatures from both the primary Member and the spouse.
 - Change Form applications deleting dependent children from a family policy must include signatures from both the primary Member and the spouse.
- Section J – Premium Payment: Complete information is required even if banking information is not changing.
- Section K – Producer Information: Complete section and sign the application.
- Section L – Authorization of Release of Information: The primary Insured, spouse (if covered), and any dependent over the age of 18 (if covered) must sign if underwriting is necessary

Completing the Change Form Application when Deleting Dependent(s)

- Write, boldly, at the top of the first page of the application, “Deleting Dependent, ID # _____”. (Use the ID Number for the primary Insured and name dependent)
- Section A – Applicant and Dependent Information: Complete entire section and list all members (**do not list the dependent being deleted**).
- Section B – Plan Selection: Circle the plan you currently have; **you may not change benefits and delete a dependent on the same application.**
- Section C – HSA Selection: Check the box if you wish to OPT-OUT of the HealthEquity HSA.
- Section I – Conditions of Enrollment: The primary Insured, spouse (if covered), and any dependent over the age of 18 (if covered) must sign.
 - Change Form applications for dependent children being deleted from a policy held by a non-custodial parent must include signatures from both the non-custodial parent and the custodial parent.
 - Change Form applications deleting a spouse must include signatures from both the primary Member and the spouse.
 - Change Form applications deleting dependent children from a family policy must include signatures from both the primary Member and the spouse.
- Section J – Premium Payment: Complete information is required even if banking information is not changing.
- Section K – Producer Information: Complete section and sign the application.

Benefit Plan Changes

- **Increasing Benefits** – Requests for a plan change that results in an increase in benefits (such as, moving to a lower deductible) may only be done at the renewal date of the current coverage, with certain exceptions*. All such requests are subject to medical underwriting approval.

*Changes from one risk pool to another **may** be allowed off-renewal. Please contact your Agency, Account Executive, Customer Service, or your CoventryOne Specialist if you are unsure.

- **Decreasing Benefits** – Requests for a plan change that results in an decrease in benefits (such as, moving to a higher deductible) may be done at any time. Please contact your Agency, Account Executive, Customer Service, or your CoventryOne Specialist if you are unsure of whether a change qualifies as a decrease.

Completing the Change Form Application when Increasing Benefits

Write, boldly, at the top of the first page of the application, "Benefit Increase, ID # _____". (Use ID number of primary Insured and name dependent)

- Section A – Applicant and Dependent Information: Complete entire section and list all members to be covered.
- Section B – Plan Selection: Indicate which plan you wish to change to.
- Section C – HSA Selection: Check the box if you wish to OPT-OUT of the HealthEquity HSA.
- Section D – Other Health Insurance Information: Complete for all covered members.
- Section E – Creditable Coverage: Complete for all covered members.
- Section F – Lifestyle and Health History: Complete for all covered members.
- Section G – Prescription Medications and Injection Therapy: Complete for all covered members.
- Section H – Additional Information: Complete for any "Yes" answers to the health history.
- Section I – Conditions of Enrollment: The primary Insured, spouse (if covered), and any dependent over the age of 18 (if covered) must sign.
- Section J – Premium Payment: Complete information is required even if banking information is not changing.
- Section K – Producer Information: Complete section and sign the application.
- Section L – Authorization of Release of Information: The primary Insured, spouse (if covered), and any dependent over the age of 18 (if covered) must sign.

Completing the Change Form Application when Decreasing Benefits

Write, boldly, at the top of the first page of the application, "Benefit Decrease, ID # _____". (Use ID number of primary Insured and name dependent)

- Section A – Applicant and Dependent Information: Complete entire section and list all members to be covered.
- Section B – Plan Selection: Indicate which plan you wish to change to.
- Section C – HSA Selection: Check the box if you wish to OPT-OUT of the HealthEquity HSA.
- Section F – Lifestyle and Health History: Draw a diagonal line through each page of this section.
- Section G – Prescription Medications and Injection Therapy: Draw a diagonal line through this section.
- Section H – Additional Information: Draw a diagonal line through this section.
- Section I – Conditions of Enrollment: The primary Insured, spouse (if covered), and any dependent over the age of 18 (if covered) must sign.
- Section J – Premium Payment: Complete information is required even if banking information is not changing.
- Section K – Producer Information: Complete section and sign the application.
- Section L – Authorization of Release of Information: The primary Insured, spouse (if covered), and any dependent over the age of 18 (if covered) must sign.

MEDICAL UNDERWRITING

The Underwriting Process

Coventry strives for thoroughness and consistency in the underwriting process. Doing so accomplishes the following:

- The assessment of risk and/or premium will match the actual risk assumed by Coventry. This is important because if these don't correlate closely there will be an adverse effect on overall rates for all Coventry *One* members;
- If there is consistency in the underwriting process confidence is established with the Agent community as to what Coventry will and will not do. This is a great assistance in the sales process and enhances the stability and viability of everyone's interests.

The single, most important thing that fosters a thorough and consistent underwriting process is the completeness of information provided on an application. The old saying, "More is Better!" speaks to this issue. The more complete the information an underwriter has about an applicant's medical history (conditions, dates, diagnosis, treatments, meds, etc.) the more accurate the underwriting becomes. Good underwriting makes everyone happy . . . the approved applicant, the agent, and Coventry.

Medical Underwriting

Each enrolling individual will be medically underwritten. Final rates will be based on information submitted or obtained via:

- Answers to medical questions on the application,
- Telephone interviews (if applicable), and
- Medical records (if applicable).
- Other requests for medical information including
 - medical questionnaires
 - medical and prescription Database search

Producer's Guide to Medical Underwriting

The *Producer's Guide to Medical Underwriting* is a comprehensive guide to assist you in evaluating probable underwriting outcomes for applicants who are considering Coventry *One* health insurance. In it you will find general underwriting information, an auto-decline list of conditions that will not be offered coverage, a drug listing of auto-decline medications, and an extensive list of conditions, probable outcomes, and required information.

Co-Morbidity

Multiple conditions may be a factor in a final underwriting decision. Sometimes when two or more impairments occur together the risk is more significant than the sum of the impairments (e.g., hypertension and overweight, or back problems and overweight).

Additional Information MUW Telephone Calls

If the review of an application identifies the need for additional information or clarification of information on the application underwriting may call the applicant directly. This call will not be used to collect missing information. The process used will be as follows:

- Medical underwriting will make a telephone call directly to the applicant for information
- If the applicant can not be reached, underwriting will leave a voice message for the applicant with the following information:
 - Name of applicant underwriting is attempting to contact;
 - Name of Coventry employee the applicant is to contact; and
 - Directions describing how and when the applicant is to return the call. **No mention of the requested medical information and/or condition in question will be left in the message.**
- If the applicant can not be reached underwriting will send an e-mail message to the applicant with the same information as was provided in the voice message.
- Medical underwriting will not proceed until the telephone interview is completed

If no response is received after 60 days from the application signature date, the application will be closed as expired.

Physical Examinations of Applicant(s)

Under certain circumstances the medical underwriter may require a physical examination and review of systems of the applicant(s). The applicant(s) will be responsible for all expenses related to a request for a physical examination and review of systems. Physical examinations must be completed by a physician or certified physician's assistant. The following criteria may be used in determining if a physical examination is required:

- Under the minimum or over the maximum weight criteria and medical records are not available;
- The medical history on the application is incomplete or vague;
- The medical underwriter is not able to satisfactorily evaluate the risk based on the information provided on the application.

Assumed Acceptance

Applications receiving no underwriting rate up or exclusion rider are assumed to be accepted and will be sent directly to the Enrollment Department for processing and generation of cards and certificates.

If an applicant does not desire to have coverage for which there has been an Assumptive Approval, the General Agent is responsible for notifying Medical Underwriting, within the normal time parameters used for accepting offers, that the applicant has chosen to decline the coverage.

Underwriting Offers

Once the underwriter has reviewed the medical information, the underwriter will communicate the offer to the agent or the agent's General Agency. The General Agency (if applicable) is responsible for notifying the writing agent and/or applicant for response.

Applications receiving a rate increase or exclusion rider on any applicant will receive a written offer, via email, with the new rate and effective date. The General Agency (if applicable) is responsible for communicating the offer to the writing agent and getting the acceptance or decline message back to the underwriter.

If the applicant wishes to change to a different plan, (for example – the member applied for a Plus 1500 but wants to switch to a Plus 2500 due to the underwriting rate up) notice of the new plan selection must be provided to the underwriter prior to or at the same time as accepting the underwriter's offer as a revised offer will be required. This revised offer will require a subsequent acceptance from the applicant.

Once the underwriter has “signed off” on an application and it is sent to Enrollment, neither the benefit plan selection nor the effective date can be changed.

There is a twelve (12) month rate guarantee for all newly issued CoventryOne policies.

Medical underwriting offers must be accepted within two (2) days of when they are given, and no later than the end of the underwriting period. Should pending business not be completed or the medical underwriter's offer is not accepted by then, the offer may be changed to the 1st of the next following month with receipt of a written request to do so (unless the effective date for the pended application would be over the 60-day signature date limit, in which case the file would be closed).

Rate-up

The medical underwriting process will sometimes indicate the need to increase the premium to cover a specific applicant. The specific details of the amount of the rate-up are communicated in the offer made by Medical Underwriting.

Medical Exclusion Riders

The medical underwriting process will sometimes indicate the need to exclude a specific medical condition on a specific applicant. The details of the exclusion are communicated in the offer made by Medical Underwriting, as well as information regarding the eligibility for the State's High Risk Pool and how to obtain additional information.

Decline to Cover

The medical underwriting process will sometimes result in a Decline to Cover a specific applicant. In such circumstances a letter will automatically be generated and sent to that applicant indicating that underwriting cannot approve the application for that applicant. These letters are sent out weekly. Additionally, the letter includes:

- How an applicant can obtain information regarding the underwriting decision, and
- An applicant's possible eligibility for the State's High Risk Pool and how to obtain additional information regarding this.

Pre-Existing Conditions

Unless otherwise accounted for in the underwriting process, coverage for pre-existing medical conditions are excluded for a period not to exceed twelve months following the effective date.

- **Iowa**
 - Coverage for Pre-Existing Conditions may be excluded for up to twelve (12) months. This period may be reduced by the time period for which the member had Creditable Coverage. A "Pre-existing Condition(s)" are those conditions that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the twelve (12) months immediately preceding the effective date.
- **Nebraska**
 - Coverage for Pre-Existing Conditions may be excluded for up to twelve (12) months. This period may be reduced by the time period for which the member had Creditable Coverage. A "Pre-existing Condition(s)" are those conditions that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the six (6) months immediately preceding the effective date.
- **South Dakota**
 - Coverage for Pre-Existing Conditions may be excluded for up to twelve (12) months. This period may be reduced by the time period for which the member had Creditable Coverage. A "Pre-existing Condition(s)" are those conditions that would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the twelve (12) months immediately preceding the effective date.

Note: Coventry will not impose a pre-existing condition exclusion period for a newborn or a child under eighteen (18) years of age who is adopted or legally placed for adoption, provided the child is covered under the policy within sixty (60) days of birth, adoption, or placement for adoption. Health conditions disclosed by the applicant at the time of medical underwriting review will be evaluated and may result in an offer being made with a rate increase or a medical exclusion rider. If the offer is accepted by the applicant, coverage for such disclosed health conditions will commence on the effective date of the policy.

Confidentiality and Release of Protected Health Information (PHI)

All medical and personal information will be treated as outlined in HIPAA guidelines to assure that appropriate administrative, technical, and physical safeguards to protect the privacy of Protected Health Information are maintained.

(continued on next page)

If an applicant requests the reason for an adverse underwriting decision, the applicant must submit a written request directly to Coventry's Underwriting Department at:

CoventryOne
Individual Underwriting Department
PO Box 61440
3721 TecPort Drive
Harrisburg, PA 17106-9912

Note: Applicant specific underwriting information will not be released to General Agencies or to agents unless there is a signed, Business Associate Addendum on file.

PREMIUM PAYMENT

Initial Premium Payment

No premium payment is required at the time of application. The section of the application authorizing premium payment to be withdrawn from the member's bank account **MUST** be completed before the application can be underwritten.

A policy will only go into effect once the offer has been presented and accepted, medical underwriting has been completed and approved, and the premium has been received and applied to the applicant's account.

If, for an administrative reason, CoventryOne is unable to conduct the initial premium withdrawal to account for the initial policy month, an amount equaling the total premium due to date will be withdrawn the following month.

Recurring Premium Payment

Premiums due for CoventryOne coverage may only be paid from funds deducted directly from either a checking or savings account. This automatic withdrawal is conducted upon the authorization and approval of the Policyholder on the application. No direct billing mode is available.

Premiums will be withdrawn from a member's checking or savings account on the 10th day of the effective month. If this day falls on a Saturday, Sunday or holiday, the funds will be drafted on the following business day.

If funds are not available at the time of automatic deduction, the Insured will receive a notice to remit payment in full, including a fee for the returned draft, no later than the end of the Grace Period. If this occurs, an Insured will be asked to provide authorization (written/verbal) for a 2nd ACH draft.

Note: If funds are not available at time of 2nd withdrawal, coverage will automatically be terminated back to date of last payment.

Changing Banking Information

Changing the account or the bank from which premiums are deducted may be done by completing an Individual ACH form and submitting it to the Accounts Receivable Department. The Individual ACH form must be received no later than the 1st of the month in order to change the withdrawal to be taken on the 10th of that same month. If a change request is received after the 1st of the month, the change will not go in to effect until the following month. You can obtain Individual ACH forms from your General Agent, if applicable, or by contacting Customer Service.

Voluntary Termination by Member

The Member may terminate his or her policy for any reason upon 30 days prior written notice to Coventry. Such terminations will be effective at 11:59 p.m. on the last day of the month after the 30 days written

notice.

A Notice to Terminate coverage should contain the following:

- The request
- The name of the primary member and spouse (if covered)
- The ID number of the primary member and spouse (if covered)
- The signature of the primary member and spouse (if covered)
- The date of the signature(s)

The Notice of Termination should be mailed or faxed (preferred) to:

Coventry Health Care of Iowa
CoventryOne
Attn: Enrollment Department
POBox 12167
Wilmington, DE 19850-2167

Fax # - 1-866-294-4301

A voluntary termination of a policy should only be used when the entire policy is to be cancelled.

A non-custodial parent of dependent children (either on the non-custodial parent's policy, or, on a child(ren) only policy) cannot terminate coverage for the dependent child(ren) without signature approval from the custodial parent.

If the primary Member desires to terminate coverage and yet retain coverage for dependents, the termination notice should also contain the dependents who are to retain coverage along with their ID numbers.

If a dependent is to be terminated a Change Form application is required. A termination notice to delete a dependent will not be accepted.

Termination for Non-Payment of Premium

If an Insured is terminated for non-payment of premium such person will not be permitted to re-apply for coverage before 120 days have passed from the date of termination.

CONTACT INFORMATION

Member Customer Service

For *Member* questions including, but not limited to: Benefits, Claims, Ordering ID Cards

CoventryOne Member Customer Service:

Toll-free 1-800-470-6352

Hours of Operation:

*Monday – Friday
8:00 a.m. – 5:00 p.m. CT*

CoventryOne Broker Customer Service:

Toll-free 1-866-841-8558

Locate Provider Outside of Service Area:

Toll-free 1-800-639-9154

Claims Address:

CoventryOne Claims
Coventry Health Care of Iowa
Attn: Claims
P.O. Box 7709
London, KY 40742

Underwriting Appeals:

CoventryOne
Attn: Inquiries and Appeal
Individual Underwriting Department
POBox 61440
Harrisburg, PA 17106-9912

Voluntary Termination of Coverage:

Please mail your termination of coverage letters to:

Coventry Health Care of Iowa
CoventryOne
Attn: Enrollments
P.O. Box 12167,
Wilmington, DE 19850-2167

Or fax letters to: 1-866-294-4301

Annual Renewal Alternate Plan Selection:

Mail your alternate plan selection sheet to

Coventry Health Care of Iowa
CoventryOne
Renewals Department
211 Lake Drive
Newark, DE 19702

Or fax alternate to: 1-866-294-4301

Duplicate ID Cards:

Call Customer Service at 866-841-8558.

Website:

www.chciowa.com

AGENT CODE OF ETHICS

Any agent appointed to sell CoventryOne products shall:

1. Seek to represent CoventryOne products in the most truthful and accurate manner.
2. Follow HIPAA guidelines when working with individuals, and commit to using customer information with professional integrity.
3. Follow all regulatory guidelines set forth by the state of Iowa.
4. Use only authorized CoventryOne promotional materials.
5. Treat any and all customers with respect and courtesy compliant with standards of professional ethics and legal business practices.