

DEDUCTIBLES AND MAXIMUMS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Annual Plan Year Deductible (Inpatient copays and Infertility deductibles apply separately from annual deductible)			
Individual		\$100	\$500
Family (aggregate)		\$300	\$1,500
Out-of-Pocket Maximum (excludes deductibles and copays)			
Individual		None	\$500
Family (aggregate)		None	\$1,500
OUTPATIENT SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Physician Services (for illness or injury)			
Primary Care Visit (PCP)		\$15 Copay	30% Eligible Charges (after annual deductible)
Specialist Visit (SCP)		\$20 Copay	30% Eligible Charges (after annual deductible)
Preventive Services*			
Gynecological Exam (PCP/SCP)		\$0 Copay	30% Eligible Charges (after annual deductible)
Well Child Visit		\$0 Copay	30% Eligible Charges (after annual deductible)
Adult Physical Visit		\$0 Copay	30% Eligible Charges (after annual deductible)
Routine Pediatric Immunizations		0%	30% Eligible Charges
Hearing Exams (under age 18)		0%	30% Eligible Charges (after annual deductible)
Routine Mammograms		0%	30% Eligible Charges (after annual deductible)
Therapeutic Injections		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Allergy Testing & Allergy Injections		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Allergy Antigen & Allergy Serum		0% (after annual deductible)	Not Covered
Chiropractic Care (x-rays and spinal manipulations are subject to deductible)		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Maximum 24 visits per plan year, combined.			
Outpatient Surgery		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Lab Services			
*Lab services received at Primary Care Physician are not subject to in-network deductible		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Diagnostic X-ray		\$25 Copay then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Radiology (CAT, MRI, Ultrasound, PET)		\$25 Copay then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
HOSPITAL SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Hospital Care			
Semi-private room (private room if medically necessary)		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Physician and Surgeon Fees		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Surgery		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Lab and X-ray services		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
All Medically Necessary Ancillary Services		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Anesthesia		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Administration of Blood		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Blood Products		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Therapy Services (Chemotherapy & Radiation Therapy)		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Transplant Services			
Services must be provided within the Coventry Transplant Network in order to be covered under the Plan.		Donor screening services are limited to \$10,000. Costs over \$10,000 are the responsibility of the participant or donor.	Not Covered
MATERNITY SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Pregnancy Care (PCP/SCP)			
(copay for the first office visit only)		\$20 Copay for first prenatal office visit only	
Diagnostic Testing		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Delivery		\$200 Inpatient care Copay, then 0% (after annual deductible) for each maternity admission	30% Eligible Charges (after annual deductible)
FAMILY PLANNING		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Tubal Ligation		0%	30% Eligible Charges (after annual deductible)
Vasectomy		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Infertility Counseling/Testing/Services		\$300 One Time Deductible Then 0%	Not Covered
		\$2,400 combined Lifetime Benefit Maximum for Family Planning	
PRESCRIPTION DRUGS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
(Includes oral contraceptives & managed formulary. Mandatory generic substitution may apply)		(Quantity Limits Apply) Retail: \$10 Generic/30% Coinsurance Brand/50% Coinsurance Non-Formulary Mail Order: 2X Retail Copayment Out of pocket Maximum is \$1500/Individual per Plan Year COVERED ONLY AT PARTICIPATING PHARMACIES	

EMERGENCY CARE		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Emergency Room Services (not subject to deductible)		0% after \$100 Copay (ER Copay waived if admitted)	
Ambulance Services (non-Emergency transportation must be Preauthorized)		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
REHABILITATION SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Cardiac & Pulmonary Rehabilitation		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Occupational, Speech, Physical Therapy		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
		45 inpatient days per plan year 24 outpatient visits per plan year	
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
General Mental Health: Inpatient		(Mental health services must be preauthorized)	
		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Physician Services (Outpatient)		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Serious Mental Health: Inpatient		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Physician Services (Outpatient)			30% Eligible Charges (after annual deductible);
		0% (after annual deductible)	
Substance Abuse: Inpatient Detoxification		\$200 Inpatient Copay, then 0% (not subject to annual deductible)	30% Eligible Charges (not subject to annual deductible)
Inpatient Rehabilitation		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Transitional Partial Hospitalization		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
OTHER BENEFITS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Claim Forms Required		No	Yes
Durable Medical Equipment (DME) – Limited to once every 2 years for irreparable damage and/or normal wear.		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
Corrective Appliances		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
		\$7,000 Lifetime Benefit Maximum combined.	
Home Health Care Services		0% (after annual deductible) 120 visits per plan year	30% Eligible Charges (after annual deductible) 60 visits per plan year
		120 visits combined per plan year	
Hospice Care		0% (after annual deductible)	30% Eligible Charges (after annual deductible)
		\$30,000 Lifetime Benefit Maximum combined.	
Skilled Nursing Facility Copayment waived if admitted from an acute care Hospital		\$200 Inpatient Copay, then 0% (after annual deductible)	30% Eligible Charges (after annual deductible)
		240 days combined maximum per plan year	
Dental Services Emergency treatment of dental injury Removal of Third Molars		0% (after annual deductible) 0% (after annual deductible)	30% Eligible Charges (after annual deductible) 30% Eligible Charges (after annual deductible)
Vision Services	Vision One Eyecare Program®: Receive immediate savings on all eyecare needs--discounts on frames, lenses, disposable contacts, and even LASIK surgery--at participating providers through the EyeMed Vision Care network.		
Health Education	Members receive reimbursement of the cost of approved wellness programs offered through local hospitals and organizations. Reimbursement for Weight Management programs is limited to \$350 per member per plan year.		
PRECERTIFICATION REQUIREMENT		By Physician	By Patient
When using a nonparticipating provider, the member must obtain precertification of nonemergency hospital and other facility (e.g., skilled nursing facilities, rehabilitation facilities, drug and alcohol treatment facilities) admissions, outpatient surgery and certain other services as stated in the Group Contract. If these services or admissions are not precertified and the service is not medically necessary, the member may be responsible for 100% of the cost of the services.			
LIFETIME MAXIMUM		Unlimited	
Dependent Coverage Age Limit is 26			