



Qualified High Deductible 100%/60% POS Plans

	\$3,000	\$5,000
In-Network Benefits >> Member Responsibility		
<i>All medical benefits subject to benefit year deductible unless specifically noted.</i>		
Maximum Lifetime Benefit (per member)	\$7 million (in-network and out-of-network combined)	
Deductible (per benefit year) If any family member reaches the individual deductible before the family deductible is met, then the deductible is satisfied for that individual.	\$3,000 Individual \$5,500 Family	\$5,000 Individual \$10,000 Family
Coinsurance	Coventry pays 100%; Member pays 0%	
Out-of-Pocket Maximum (includes deductible, copays and coinsurance) (per benefit year)	\$3,000 Individual \$5,500 Family	\$5,000 Individual \$10,000 Family
Primary Care Physician (PCP) Office Services (General Physician, Family Practitioner, Pediatrician or Internist) • Office Visits • Includes lab and x-ray when performed in office • Immunizations	Coventry pays 100%; Member pays 0%	
Specialty Physician Office Services • Includes lab and x-ray when performed in office • Allergy testing and treatment	Coventry pays 100%; Member pays 0%	
Preventive Services (no deductible) • Pap smears • Mammograms • Chlamydia testing • PSA testing • Colorectal cancer screening • Routine child well-care exams	\$20 (no deductible) Mammograms: \$0 (no deductible)	
Lab at Quest Diagnostics facility* (outside PCP/Specialist office)	Coventry pays 100%; Member pays 0%	
Convenience Care Clinic and Urgent Care Facility Services	Coventry pays 100%; Member pays 0%	
Emergency Room Services (waived if admitted to hospital)	Coventry pays 100%; Member pays 0%	
Ambulance	Coventry pays 100%; Member pays 0%	
Inpatient and Outpatient Hospital Services Outpatient Hospital Services include • X-ray, lab, diagnostic services • MRI, CT and PET scans, other nuclear med • Surgery, anesthesia • Chemotherapy, radiation treatment	Coventry pays 100%; Member pays 0%	
Short Term Therapies (per benefit year) • Physical and Occupational (24 visits combined) • Cardiac and Pulmonary Rehabilitation (30 visits) • Speech Therapy (24 visits)	Coventry pays 100%; Member pays 0%	
Maternity Services	Not Covered	
Dental* (no deductible) • One preventive cleaning every six months • Diagnostic and restorative services; orthodontic and emergency care	Preventive cleaning: \$20 Other services and care: Copay Varies	
Vision Exam* - every 12 months (no deductible)	\$15	
Mental Health* (per benefit year) • Outpatient (48 visits) • Inpatient admission and partial hospitalization (per admission) (30 inpatient days) • Prior authorized required for all covered services	Coventry pays 100%; Member pays 0%	
Prescription Drug Coverage	<i>Retail must be obtained from participating pharmacies (except in an emergency). Mail order* is a 93-day supply; refer to Coventry's formulary (drug list) for details.</i>	
Tier 1 (Preferred Generic) • Tier 2 (Formulary Brand) • Tier 3 (Non-formulary)	Retail and Mail Order: Coventry pays 100%; Member pays 0%	
Tier 4 - Self-Administered Injectable Drugs and some Specialty Medications	Retail: Coventry pays 100%; Member pays 0% Mail Order: N/A	
Out-of-Network Benefits	Member Responsibility	
Deductible (per benefit year) If any family member reaches the individual deductible before the family deductible is met, then the deductible is satisfied for that individual.	\$6,000 Individual \$11,000 Family	\$10,000 Individual \$20,000 Family
Coinsurance	Coventry pays 60%; Member pays 40%	
Out-of-Pocket Maximum (includes deductible, copays and coinsurance) (per benefit year)	\$12,000 Individual \$22,000 Family	\$20,000 Individual \$40,000 Family
Convenience Care Clinic Services • Urgent Care Facility Services • Emergency Room Services • Ambulance	Same as in-network benefit listed above.	

*Benefit limitations are a combination of in-network and out-of-network benefits. Premiums do not apply to out-of-pocket maximum. This summary is a partial description of coverage and does not detail all benefits, limitations and exclusions. Please consult the Member Contract, Schedule of Benefits and applicable Riders to determine the exact terms, conditions and scope of coverage. All plans are subject to a twelve (12) month period for pre-existing conditions except when a condition is disclosed at the time of medical underwriting and the policy is approved. Contact your agent for more information regarding pre-existing conditions. CoventryOne is an individual product underwritten by Coventry Health Care of Georgia, Inc. *Services must be received from specific vendors to be covered in-network; contact plan or agent for details.*