



\$45 Copay POS Plans

	\$1,000	\$2,500	\$3,500	\$5,000
In-Network Benefits >> Member Responsibility				
<i>Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.</i>				
Maximum Lifetime Benefit (per member)	Unlimited			
Deductible (per benefit year; maximum two per family combined)	\$1,000	\$2,500	\$3,500	\$5,000
Coinsurance	Coventry pays 70%; Member pays 30%			
Out-of-Pocket Maximum (after deductible) (per benefit year; maximum two per family combined)	\$5,000			
Primary Care Physician (PCP) Office Services (General Physician, Family Practitioner, Pediatrician or Internist) • Office Visits • Immunizations	\$45			
Specialty Physician Office Services • Allergy testing and treatment	First 2 Visits: \$75 3+ Visits: Deductible, then \$75			
X-ray (in or outside of PCP/Specialist office)	Coventry pays 70%; Member pays 30%			
Lab in PCP/Specialist office or at Quest Diagnostics facility*	Coventry pays 70%; Member pays 30%			
Preventive Services - PCP and Specialist • Pap smears • Mammograms • Chlamydia testing • PSA testing • Colorectal cancer screening • Routine child well-care exams	\$45 Mammograms: \$0 (preventive or diagnostic)			
Convenience Care Clinic	\$45			
Urgent Care Facility Services	\$75			
Emergency Room Services (waived if admitted to hospital)	\$500			
Ambulance	\$500			
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 70%; Member pays 30%			
Short Term Therapies (per benefit year) • Physical and Occupational (24 visits combined) • Cardiac and Pulmonary Rehabilitation (30 visits) • Speech (24 visits)	Coventry pays 70%; Member pays 30%			
Maternity Services	Not Covered			
Vision Exam* (every 12 months)	\$15			
Chiropractic Services* (24 visits per benefit year)	\$10			
Mental Health*	<i>An optional rider is available for an additional per member monthly fee. If purchased, it must be taken by all members applying for coverage on the same application.</i>			

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	Retail: \$15; Mail Order: \$30			
Rx Deductible - Tiers 2, 3 and 4 only	\$1,000			
Tier 2 - Formulary Brand	Retail: Rx Deductible, then \$40; Mail Order: Rx Deductible, then \$100			
Tier 3 - Non-formulary	Retail: Rx Deductible, then \$60; Mail Order: Rx Deductible, then \$180			
Tier 4 - Self-Administered Injectable Drugs and some Specialty Medications	Retail: Rx Deductible, then Coventry pays 70%; Member pays 30% Mail Order: N/A Out-of-Pocket Maximum: \$3,000 (per benefit year)			

Out-of-Network Benefits

	Member Responsibility			
Deductible (per benefit year; maximum two per family combined)	\$2,000	\$5,000	\$7,000	\$10,000
Coinsurance	Coventry pays 50%; Member pays 50%			
Out-of-Pocket Maximum (after deductible)	None			
Convenience Care Clinic Services • Urgent Care Facility Services • Emergency Room Services • Ambulance	Same as in-network copays listed above.			

*Benefit limitations are a combination of in-network and out-of-network benefits. Premiums, deductibles and copays 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 agent for details.*