Coventry*One*® Qualified High Deductible 100%/60% POS Plans

		$1,250/$2,500		$3,000/$5,500		$5,000/$10,000	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Max (per Member)		$6,000,000		$6,000,000		$6,000,000	
Deductible (per benefit year)	**Individual**	$1,250	$2,500	$3,000	$6,000	$5,000	$10,000
	Family	$2,500	$5,000	$5,500	$11,000	$10,000	$20,000
Coinsurance	**Plan Pays**	100%	60%	100%	60%	100%	60%
Out-of-Pocket Max (per benefit year)	**Individual**	$1,250	$2,500	$3,000	$6,000	$5,000	$10,000
• Includes deductible	**Family**	$2,500	$5,000	$5,500	$11,000	$10,000	$20,000
Medical benefits shown with copays are not subject to the deductible. Coinsurance percentages are effective after the deductible has been met unless specifically noted.							
PCP and Specialist Visits • Office Visits • X-ray and Lab when performed in office • Immunizations • Allergy Testing and Treatment		100%	60%	100%	60%	100%	60%
Preventive Screenings for Adults & Children - PCP & Specialist • Not subject to deductible		$20	Not Covered	$20	Not Covered	$20	Not Covered
Mammograms (No deductible when received in-network)		100%	60%	100%	60%	100%	60%
Emergency Services		100%	60%	100%	60%	100%	60%
Urgent Care		100%	60%	100%	60%	100%	60%
Ambulance		100%	60%	100%	60%	100%	60%
Inpatient Hospital		100%	60%	100%	60%	100%	60%
Outpatient Hospital / Facility • X-Ray, Lab, Diagnostic Services • MRI, CAT & PET Scans, Other Nuclear Med • Surgery, Anesthesia • Chemotherapy, Radiation Treatment		100%	60%	100%	60%	100%	60%
Maternity		Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Short Term Therapies (No visit limit) • Physical, Speech, Occupational and Respiratory Therapies • Cardiac and Pulmonary Rehabilitation		100%	60%	100%	60%	100%	60%
Chiropractic Services		Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
DME, Prosthetics, Orthoses ($2,500 Max per benefit year)		100%	Not Covered	100%	Not Covered	100%	Not Covered
Transplants		100%	Not Covered	100%	Not Covered	100%	Not Covered
Home Health Care (30 Days per benefit year)		100%	60%	100%	60%	100%	60%
Skilled Nursing Facility (30 Days per benefit year)		100%	60%	100%	60%	100%	60%
Hospice		100%	60%	100%	60%	100%	60%
RX		RETAIL:	MAIL ORDER*:	RETAIL:	MAIL ORDER*:	RETAIL:	MAIL ORDER*:
• Tier 1 - Preferred Generic		100%	100%	100%	100%	100%	100%
• Tier 2 - Preferred Formulary Brand		100%	100%	100%	100%	100%	100%
• Tier 3 - Non Preferred Brand and a few Non Preferred Generic		100%	100%	100%	100%	100%	100%
• Tier 4 - Self-Administered Injectable Drugs		100%	Not Covered	100%	Not Covered	100%	Not Covered
• Once Deductible is met, No RX copay required							
• Retail must be obtained from Participating Pharmacies only (except for Emergency), and Mail Order must be obtained from Caremark			*93-DAY SUPPLY		*93-DAY SUPPLY		*93-DAY SUPPLY
Dental • Not subject to deductible							
• One preventive cleaning every six months		$20	Not Covered	$20	Not Covered	$20	Not Covered
• Diagnostic & restorative services, orthodontic & emergency care		Various Copays	Not Covered	Various Copays	Not Covered	Various Copays	Not Covered
• All care must be received as an established patient of a DeltaCare provider							
Vision Exam (every 12 months) • Not subject to deductible • Exam must be received from Avesis provider		$15	Not Covered	$15	Not Covered	$15	Not Covered
Mental Health							
• Outpatient Visits (48 per Benefit Year)		100%	Not Covered	100%	Not Covered	100%	Not Covered
• Inpatient Admission & Partial Hospitalization (per admission) (30 Inpatient Days per Benefit Year)		100%	Not Covered	100%	Not Covered	100%	Not Covered
• Prior Authorized required for all covered services							

All medical benefits subject to benefit year deductible unless specifically noted. Benefit limitations are a combination of in-network and out-of-network benefits. Deductibles, coinsurance, and copays apply to out-of-pocket maximums.

All plans are subject to a twelve (12) month waiting period for pre-existing conditions except when a condition is disclosed on the application at the time of medical underwriting and the policy is approved. Preexisting condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received from a provider of health care services, within 12 months preceding the effective date of coverage of the insured.

Qualified High Deductible Plans shown on this page have Mental Health Rider coverage built into the rates. All care must be coordinated through American Psych Systems. Refer to your broker or the Rider for details.

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. Ask your broker for a DeltaCare dental provider list created specifically for the Coventry*One* product.