



CoventryOne Medical Plan Benefit Grid

Underwritten by WellPath Select, Inc.

Plan Design	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12	Plan 14	Plan 16	QHDHP Plan 10	QHDHP Plan 13	QHDHP Plan 19	Plan 20	Plan 21	Plan 22	Plan 23	Plan 24	Plan 25	Plan 27	Plan 31
Deductible																									
Individual	\$250	\$500	\$1,000	\$250	\$500	\$1,000	\$2,500	\$500	\$1,000	\$2,500	\$3,500	\$5,000	\$2,500	\$5,000	\$2,700	\$3,000	\$5,000	\$1,500	\$2,500	\$3,500	\$5,000	\$1,500	\$2,500	\$5,000	\$5,000
Family	\$750	\$1,500	\$3,000	\$750	\$1,500	\$3,000	\$7,500	\$1,500	\$3,000	\$7,500	\$10,500	\$15,000	\$7,500	\$15,000	\$5,450	\$6,000	\$10,000	\$4,500	\$7,500	\$10,500	\$15,000	\$4,500	\$7,500	\$15,000	\$15,000
Physician Office Visit																									
Primary Care	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$25	\$25	\$25	\$25	\$25	\$30	\$30	Deductible	Deductible	Deductible	\$25	\$25	\$25	\$25	\$30	\$30	\$30	\$40
Specialist	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$50	\$50	\$50	\$50	\$50	\$60	\$60	Deductible	Deductible	Deductible	\$50	\$50	\$50	\$50	\$60	\$60	\$60	\$80
Co-Insurance																									
In Network	100%	100%	100%	80%	80%	80%	80%	70%	70%	70%	70%	70%	50%	50%	100%	100%	100%	70%	70%	70%	70%	70%	70%	70%	70%
Out of Network	70%	70%	70%	70%	70%	70%	70%	60%	60%	60%	60%	60%	40%	40%	70%	70%	70%	60%	60%	60%	60%	60%	60%	60%	60%
Coinsurance Maximum																									
Individual	N/A	N/A	N/A	\$2,000	\$2,000	\$2,000	\$2,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$2,700	\$3,000	\$5,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Family	N/A	N/A	N/A	\$4,000	\$4,000	\$4,000	\$4,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$5,450	\$6,000	\$10,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Prescription Drugs																									
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200	\$200	\$200	\$200	\$200	\$500	\$500	Medical	Medical	Medical	\$200	\$200	\$200	\$200	\$500	\$500	\$500	\$1,000
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	Deductible	Deductible	Deductible	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Brand	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	Deductible	Deductible	Deductible	\$35	\$35	\$35	\$35	\$50	\$50	\$50	\$70
Non Formulary	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	Deductible	Deductible	Deductible	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$100
Outpatient Facility	Deductible	Deductible	Deductible	80%	80%	80%	80%	70%	70%	70%	70%	70%	50%	50%	Deductible	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Inpatient Hospital	Deductible	Deductible	Deductible	80%	80%	80%	80%	70%	70%	70%	70%	70%	50%	50%	Deductible	Deductible	Deductible	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	Deductible	Deductible	Deductible	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Urgent Care Center	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$50	\$50	\$50	\$50	\$50	\$60	\$60	Deductible	Deductible	Deductible	\$50	\$50	\$50	\$50	\$60	\$60	\$60	\$80
Routine Eye Exam once every 12 months	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$25	\$25	\$25	\$25	\$25	\$30	\$30	N/A	N/A	N/A	\$25	\$25	\$25	\$25	\$30	\$30	\$30	\$40
Annual Maximum Benefit	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$100,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	N/A	N/A	N/A	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million	\$2 million

Benefit Notes

This grid is a partial summary for informational purposes only. The complete terms of Coverage are contained in the official Coverage documents, which include the Certificate of Coverage, the Schedule of Payments and any Riders, Amendments or Endorsements.

Coinsurance is the percentage of the allowed amount for the Covered Service that CoventryOne (the plan) will pay. Coverage is provided for Durable Medical Equipment, Prosthetics, Home Health Care, Home Infusion, Skilled Nursing, Facility Care Physical Therapy, and Speech Therapy. Please refer to the Schedule of Payments for specifics on benefit coverage.