



PRISM PLANS – Nevada

Qualified High Deductible Health Plans

PLAN BENEFITS	PRISM 1500		PRISM 2000		PRISM 3000		PRISM 4000		PRISM 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime maximum	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
Deductible (per contract year)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Coinsurance	0%	20%	0%	20%	0%	20%	0%	20%	0%	20%
Out-of-pocket maximum (per contract year) Includes deductible and coinsurance only	\$1,500 Individual \$3,000 Family	\$6,000 Individual \$12,000 Family	\$2,000 Individual \$4,000 Family	\$8,000 Individual \$16,000 Family	\$3,000 Individual \$6,000 Family	\$12,000 Individual \$24,000 Family	\$4,000 Individual \$8,000 Family	\$16,000 Individual \$32,000 Family	\$5,000 Individual \$10,000 Family	\$20,000 Individual \$40,000 Family
Medical benefits shown with copays are not subject to deductibles	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay
PCP office visit	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Specialist office visit	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Preventive/Wellness office visit	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Mammograms	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Urgent Care	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Emergency services	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Inpatient hospital**	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Outpatient hospital / facility** (X-ray, lab, diagnostic services, MRI, CAT & PET scans, surgery, anesthesia, etc.)	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Outpatient Physical, Speech and Occupational Therapy** (\$3000 max per contract year all therapies combined)	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Chiropractic	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Home health care** Limited to 30 visits per contract year	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Skilled nursing facility** Limited to 30 days per contract year	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Prescription drugs										
- Tier 1: Formulary generic drugs and select formulary brand drugs	0% after deductible		0% after deductible		0% after deductible		0% after deductible		0% after deductible	
- Tier 2: Formulary brand name drugs when no generic is available	0% after deductible		0% after deductible		0% after deductible		0% after deductible		0% after deductible	
- Tier 3: Nonformulary drugs; formulary brand name drugs when generic is available	0% after deductible		0% after deductible		0% after deductible		0% after deductible		0% after deductible	

** Prior Authorization Required - your payment responsibility will depend on the deductible and coinsurance that applies to the chosen Prism Plan Benefits.

Maternity Services are not covered except for Complications of Pregnancy – Refer to Certificate of Insurance for Plan Terms and Limitations.

CoventryOne is a health insurance product underwritten by Coventry Health and Life Insurance Company and administered by Coventry Health Care. This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the Individual Policy, Schedule of Payments, and applicable Riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

Benefit limitations are a combination of in-network and out-of-network benefits.

Pre-existing conditions may have benefit limitations. A pre-existing condition is a sickness or injury that was diagnosed or treated during the 12 month period before the covered person's effective date of coverage.