



Underwritten by WellPath Select, Inc.

CoventryOne Plan Benefit Grid
In-Network Benefits unless otherwise Noted

| Plan Design | QHDHP | QHDHP | QHDHP | Plan 1 | Plan 2 | Plan 6 | Plan 7 | Plan 8 | Plan 9 | Plan 10 | Plan 11 | Plan 12 | Plan 13 | Plan 14 | Plan 15 | Plan 20 | Plan 21 | Plan 22 | Plan 23 | Plan 24 | Plan 25 | Plan 32 | Plan 33 | Plan 34 | Plan 35 | |
|---------------------------------|-------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------------------------|-------------|-------------|-------------|-----------|
| | Plan 1 | Plan 2 | Plan 3 | Plan 1 | Plan 2 | Plan 6 | Plan 7 | Plan 8 | Plan 9 | Plan 10 | Plan 11 | Plan 12 | Plan 13 | Plan 14 | Plan 15 | Plan 20 | Plan 21 | Plan 22 | Plan 23 | Plan 24 | Plan 25 | Plan 32 | Plan 33 | Plan 34 | Plan 35 | |
| Deductible | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual | \$1,500 | \$3,000 | \$5,000 | \$500 | \$1,000 | \$500 | \$1,000 | \$1,500 | \$3,000 | \$5,000 | \$500 | \$1,000 | \$1,500 | \$3,000 | \$5,000 | \$1,500 | \$2,500 | \$3,500 | \$5,000 | \$1,500 | \$2,500 | \$1,000 | \$1,500 | \$1,000 | \$1,500 | |
| Family | \$3,000 | \$6,000 | \$10,000 | \$1,500 | \$3,000 | \$1,500 | \$3,000 | \$4,500 | \$9,000 | \$15,000 | \$1,500 | \$3,000 | \$4,500 | \$9,000 | \$15,000 | \$4,500 | \$7,500 | \$10,500 | \$15,000 | \$4,500 | \$7,500 | \$3,000 | \$4,500 | \$3,000 | \$4,500 | |
| Physician Office Visit | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Care | Deductible | Deductible | Deductible | \$20 | \$20 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$30 | \$30 | \$30 | \$30 | \$30 | |
| Specialist | Deductible | Deductible | Deductible | \$40 | \$40 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$60 | \$60 | \$60 | \$60 | \$60 | |
| Co-Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100% | 100% | 100% | 90% | 90% | 80% | 80% | 80% | 80% | 80% | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 80% | 80% | 70% | 70% | |
| Coinsurance Maximum | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual | \$1,500 | \$3,000 | \$5,000 | \$1,500 | \$1,500 | \$2,500 | \$2,500 | \$2,500 | \$2,500 | \$2,500 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$2,500 | \$2,500 | \$3,000 | \$3,000 | |
| Family | \$3,000 | \$6,000 | \$10,000 | \$3,000 | \$3,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$6,000 | \$6,000 | \$6,000 | \$6,000 | \$6,000 | \$6,000 | \$6,000 | \$6,000 | \$6,000 | \$6,000 | \$6,000 | \$5,000 | \$5,000 | \$6,000 | \$6,000 | |
| Prescription Drugs | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deductible | Subject to medical deductible | | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | \$200 | \$200 | \$200 | \$200 | \$500 | \$500 | Subject to medical plan deductible | | | | |
| Generic Brand | Deductible | Deductible | Deductible | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | \$10 | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins |
| Non Formulary | Deductible | Deductible | Deductible | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$35 | \$35 | \$35 | \$35 | \$50 | \$50 | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | |
| | Deductible | Deductible | Deductible | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$75 | \$75 | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | |
| Outpatient Facility | Deductible | Deductible | Deductible | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | |
| Inpatient Hospital | Deductible | Deductible | Deductible | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | |
| Emergency Room | Deductible | Deductible | Deductible | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 | \$500 | \$500 | \$500 | \$500 | \$500 | \$500 | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | |
| *waived if admitted | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent Care Center | Deductible | Deductible | Deductible | \$40 | \$40 | \$50 | \$50 | \$50 | \$50 | \$50 | \$60 | \$60 | \$60 | \$60 | \$60 | \$50 | \$50 | \$50 | \$50 | \$60 | \$60 | Ded/Coins | Ded/Coins | Ded/Coins | Ded/Coins | |
| Routine Eye Exam | N/A | N/A | N/A | \$20 | \$20 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$30 | \$30 | \$30 | \$30 | \$30 | \$30 | |
| *once every 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lifetime Maximum Benefit | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | \$2 million | |

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 Insurance, the Schedule of Payments and any Riders, Amendments or Endorsements.

Benefit Notes

Coinsurance is the percentage of the allowed amount for the Covered Service that 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.