

## CoventryOne Plans

Plan Name	Office Copay PCP	Office Copay Specialist	Emerg. Room	Urgent Care	Annual Ded. (Indiv./Family)	Coins. (after ded.)	Inpatient Hosp. (after ded.)	Outpatient Services (after ded.)	OOP Max (Indiv./Family)	Annual Ded. (Indiv./Family)	Coins. (after ded.)	Office Visit	OOP Max (Indiv./Family)
<b>SPECTRUM In-Network Coverage</b>										<b>Out-of-Network Coverage</b>			
Spectrum 20/1,500/90%	\$20	\$40	\$150	\$40	\$1,500 \$3,000	10%	10%	10%	\$3,500 \$7,000	\$3,000 \$6,000	30%	Ded. + Coins.	\$7,000 \$14,000
Spectrum 20/2,500/90%	\$20	\$40	\$150	\$40	\$2,500 \$5,000	10%	10%	10%	\$4,500 \$9,000	\$5,000 \$10,000	30%	Ded. + Coins.	\$9,000 \$18,000
Spectrum 20/3,500/90%	\$20	\$40	\$150	\$40	\$3,500 \$7,000	10%	10%	10%	\$5,500 \$11,000	\$7,000 \$14,000	30%	Ded. + Coins.	\$11,000 \$22,000
Spectrum 20/5,000/90%	\$20	\$40	\$150	\$40	\$5,000 \$10,000	10%	10%	10%	\$7,000 \$14,000	\$10,000 \$20,000	30%	Ded. + Coins.	\$14,000 \$28,000
<ul style="list-style-type: none"> <li>✓ Rx Benefit</li> <li>✓ Preventive</li> <li>✓ Lifetime Maximum</li> </ul>	Generic \$10, Formulary Brand \$30, Non-formulary \$55 100% to \$500, then deductible and coinsurance \$5 million					<ul style="list-style-type: none"> <li>✓ Chiropractic</li> <li>✓ Maternity</li> <li>✓ Dental</li> <li>✓ Mental Health</li> </ul>	\$20 copayment, 12 visit limit 12 month waiting period, subject to deductible then coinsurance Two oral evaluations, prophylaxis, bitewing x-rays annually In-network only, subject to 50% coinsurance. Inpatient - 30days/calendar year. Outpatient - 20 visits/calendar year						
<b>PRISM (Qualified High Deductible) In-Network Coverage</b>										<b>Out-of-Network Coverage</b>			
Prism 2,000/100%	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	\$2,000 \$4,000	0%	0%	0%	\$2,000 \$4,000	\$4,000 \$8,000	40%	Ded. + Coins.	\$6,000 \$12,000
Prism 2,500/100%	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	\$2,500 \$5,000	0%	0%	0%	\$2,500 \$5,000	\$5,000 \$10,000	40%	Ded. + Coins.	\$7,000 \$14,000
Prism 3,500/100%	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	\$3,500 \$7,000	0%	0%	0%	\$3,500 \$7,000	\$7,000 \$14,000	40%	Ded. + Coins.	\$9,000 \$18,000
Prism 5,000/100%	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	\$5,000 \$10,000	0%	0%	0%	\$5,000 \$10,000	\$10,000 \$20,000	40%	Ded. + Coins.	\$12,000 \$24,000
<ul style="list-style-type: none"> <li>✓ Rx Benefit</li> <li>✓ Preventive</li> <li>✓ Lifetime Maximum</li> </ul>	Subject to deductible and coinsurance 100% to \$500, then deductible and coinsurance per person \$5 million					<ul style="list-style-type: none"> <li>✓ Chiropractic</li> <li>✓ Maternity</li> <li>✓ Dental</li> </ul>	Subject to deductible and coinsurance, 12 visit limit Complications only (additional coverage may be available for Iowa residents) Two oral evaluations, prophylaxis, bitewing x-rays annually						

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<b>TORCH</b>										<b>In-Network Coverage</b>				<b>Out-of Network Coverage</b>			
Torch 30/1,000/80%*	\$30	\$60	\$150	\$50	\$1,000 \$2,000	20%	20%	20%	\$3,500 \$7,000	\$2,000 \$4,000	40%	Ded. + Coins.	\$7,000 \$14,000				
Torch 30/1,500/80%*	\$30	\$60	\$150	\$50	\$1,500 \$3,000	20%	20%	20%	\$4,000 \$8,000	\$3,000 \$6,000	40%	Ded. + Coins.	\$8,000 \$16,000				
Torch 30/2,500/80%*	\$30	\$60	\$150	\$50	\$2,500 \$5,000	20%	20%	20%	\$5,000 \$10,000	\$5,000 \$10,000	40%	Ded. + Coins.	\$10,000 \$20,000				
Torch 30/3,500/80%*	\$30	\$60	\$150	\$50	\$3,500 \$7,000	20%	20%	20%	\$6,000 \$12,000	\$7,000 \$14,000	40%	Ded. + Coins.	\$12,000 \$24,000				
Torch 30/5,000/80%**	\$30	\$60	\$150	\$50	\$5,000 \$10,000	20%	20%	20%	\$7,500 \$15,000	\$10,000 \$20,000	40%	Ded. + Coins.	\$15,000 \$30,000				
Torch 30/7,500/80%**	\$30	\$60	\$150	\$50	\$7,500 \$15,000	20%	20%	20%	\$10,000 \$20,000	\$15,000 \$30,000	40%	Ded. + Coins.	\$20,000 \$40,000				
Torch 30/10,000/80%**	\$30	\$60	\$150	\$50	\$10,000 \$20,000	20%	20%	20%	\$12,500 \$25,000	\$20,000 \$40,000	50%	Ded. + Coins.	\$25,000 \$50,000				
✓ RX Benefit	\$100 ded. then, *Generic \$10, Formulary Brand \$30, Non-formulary \$55 or \$500 ded. then, **Generic \$10, Formulary Brand \$40, Non formulary \$75					✓ Chiropractic		\$30 copayment - 12 visit limit									
✓ Preventive	100% to \$250 then deductible & coinsurance p/person					✓ Maternity		Complications only (additional coverage may be available for Iowa residents)									
✓ Lifetime	\$5 million					✓ Mental Health		Not Covered									
						✓ Dental		One oral evaluation, prophylaxis, bitewing x-rays annually									
<b>HEALTHGEAR</b>										<b>In-Network Coverage</b>				<b>Out-of-Network Coverage</b>			
Healthgear A2500	\$40 4 max	\$60 4 max	\$500. + Coins.	\$150 + Coins.	\$2,500 \$5,000	20%	20%	20%	\$7,500 \$15,000	\$5,000 \$10,000	50%	Ded. + Coins.	\$15,000 \$30,000				
Healthgear A5000	\$40 4 max	\$60 4 max	\$500. + Coins.	\$150 + Coins.	\$5,000 \$10,000	20%	20%	20%	\$10,000 \$20,000	\$10,000 \$20,000	50%	Ded. + Coins.	\$20,000 \$40,000				
Healthgear B3500	\$40 3 max	\$60 3 max	\$500 + Coins.	\$150 + Coins.	\$3,500 \$7,000	30%	30%	30%	\$8,500 \$17,000	\$7,000 \$14,000	50%	Ded. + Coins.	\$17,000 \$34,000				
Healthgear B5000	\$40 3 max	\$60 3 Max	\$500 + Coins.	\$150 + Coins.	\$5,000 \$10,000	30%	30%	30%	\$10,000 \$20,000	\$10,000 \$20,000	50%	Ded. + Coins.	\$20,000 \$40,000				
Healthgear C3500	\$40 2 max	\$60 2 max	\$500 + Coins.	\$150 + Coins.	\$3,500 \$7,000	40%	40%	40%	\$8,500 \$17,000	\$7,000 \$14,000	50%	Ded. + Coins.	\$17,000 \$34,000				
Healthgear C5000	\$40 2 max	\$60 2 max	\$500 + Coins.	\$150 + Coins.	\$5,000 \$10,000	40%	40%	40%	\$10,000 \$20,000	\$10,000 \$20,000	50%	Ded + Coins.	\$20,000 \$40,000				
✓ RX Benefit	Generic Only: \$15					✓ Chiropractic		Not Covered									
✓ Preventive	Deductible and coinsurance					✓ Maternity		Complications only (additional coverage may be available for Iowa residents)									
✓ Lifetime Maximum	\$5 million					✓ Mental Health		Not covered									
✓ Annual Maximum	\$250,000																