



PPO & HMO Plans for Individuals and Families in Illinois

Plan Name	Plans Offered On and Off-Exchange	In-Network Providers									Out-of-Network Providers		
		Office Visit (PCP / Specialist)	Deductible Single (x2 family)	Coinsurance	Out-of-Pocket Maximum ¹ (x2 family)	Pediatric Vision Exam and Standard Hardware	Preventive Pediatric Dental * (Off-Exchange Only)	Inpatient Hospital	Outpatient Surgery	Emergency Room / Urgent Care	Deductible Single (x2 Family)	Coinsurance	Out-of-Pocket Maximum
Gold Standard \$10 Copay PPO Plan	Both	(PCP) \$10 / (SPC) First 5 Visits: \$50 Copay; 6+ Visits: \$50 Copay + Ded.	\$1,750	80%	\$5,000	\$0	\$0	Ded. then coinsurance	Ded. then coinsurance	First 3 Visits: \$250 Copay; 4+ Visits: \$250 Copay + Ded. / \$75	\$6,400	50%	Unlimited
Silver Standard \$10 Copay HMO Plan	Off-Exchange only	(PCP) \$10 / (SPC) 50% Coinsurance	N/A	50%	\$6,350	\$0	\$0	Coinsurance	Coinsurance	Coinsurance	N/A	N/A	N/A
Silver Standard \$15 Copay PPO Plan	Both	(PCP) \$15 / (SPC) First Visit: \$75 Copay; 2+ Visits: \$75 Copay + Ded.	\$3,750	70%	\$6,350	\$0	\$0	\$500 + Ded. then coinsurance	\$250+ Ded. then coinsurance	First Visit: \$500 Copay; 2+ Visits: \$500 Copay + Ded. / \$75	\$6,400	50%	Unlimited
Bronze Standard Deductible Only PPO HSA Eligible Plan	Both	Deductible	\$6,300	100%	\$6,300	\$0	\$0	Deductible	Deductible	Deductible	\$6,400	50%	Unlimited
Bronze Standard \$15 Copay PPO Plan	Both	(PCP) \$15 / (SPC) \$75 Copay + Ded.	\$5,600	70%	\$6,350	\$0	\$0	\$500 + Ded. then coinsurance	\$250 + Ded. then coinsurance	\$500 + Ded. / \$75 + Ded.	\$6,400	50%	Unlimited
Catastrophic Standard 100% PPO Plan** †	Both	(PCP) First 3 visits: \$25 Copay; 4+Visits: Ded. / (SPC) Ded.	\$6,350**	100%	\$6,350**	\$0	\$0	Deductible	Deductible	Deductible	\$6,400**	50%	Unlimited

Prescription Drug Plan-Retail							
Rx Plans Available		Gold Standard \$10 Copay PPO Plan	Silver Standard \$10 Copay HMO Plan	Silver Standard \$15 Copay PPO Plan	Bronze Standard Deductible Only PPO HSA Eligible Plan	Bronze Standard \$15 Copay PPO Plan	Catastrophic Standard 100% PPO Plan**
Retail Preferred	Tier 1A	\$3	\$5	\$5	Deductible	\$15	Deductible
	Tier 1	\$5	\$15	\$15	Deductible	\$15	Deductible
	Tier2	\$250 Rx Ded./Individual + \$30	\$100	\$1,000 Rx Ded./Individual + \$45	Deductible	Ded. + \$45	Deductible
	Tier 3	\$250 Rx Ded./Individual + \$60	\$150	\$1,000 Rx Ded./Individual + \$75	Deductible	Ded. + \$75	Deductible
	Tier 4	\$250 Rx Ded./Individual + 20%	50%	\$1,000 Rx Ded./Individual + 30%	Deductible	Ded. + 30%	Deductible
Retail Non-Preferred	Tier 5	\$250 Rx Ded./Individual + 30%	50%	\$1,000 Rx Ded./Individual + 40%	Deductible	Ded. + 40%	Deductible
	Tier 1A	\$10	\$20	\$20	Deductible	\$20	Deductible
	Tier 1	\$10	\$20	\$20	Deductible	\$20	Deductible
	Tier2	\$250 Rx Ded./Individual + \$40	\$125	\$1,000 Rx Ded./Individual + \$55	Deductible	Ded. + \$55	Deductible
	Tier 3	\$250 Rx Ded./Individual + \$75	\$175	\$1,000 Rx Ded./Individual + \$85	Deductible	Ded. + \$85	Deductible
Mail Order	Tier 4	\$250 Rx Ded./Individual + 20%	50%	\$1,000 Rx Ded./Individual + 30%	Deductible	Ded. + 30%	Deductible
	Tier 5	\$250 Rx Ded./Individual + 30%	50%	\$1,000 Rx Ded./Individual + 40%	Deductible	Ded. + 40%	Deductible
	Tier 1 A	\$6	\$10	\$10	Deductible	\$30	Deductible
	Tier 1	\$10	\$30	\$30	Deductible	\$30	Deductible
	Tier 2	\$250 Rx Ded./Individual + \$75	\$250	\$1,000 Rx Ded./Individual + \$112.50	Deductible	Ded. + \$112.50	Deductible
	Tier 3	\$250 Rx Ded./Individual + \$180	\$450	\$1,000 Rx Ded./Individual + \$225	Deductible	Ded. + \$225	Deductible

Metal Value

Gold	80% actuarial value
Silver	70% actuarial value
Bronze	60% actuarial value
Catastrophic	< 60% actuarial value

Key

Ded. = Deductible

All benefits for all plans are administered on a calendar year basis.

There are no Lifetime Maximum Limits.

Chiropractic: Deductible and/or coinsurance may apply; 20 visits

¹ Out-of-pocket maximums include deductible, coinsurance, copay, and pharmacy.

* Basic and Major Pediatric dental procedures receive 50% coverage after deductible.

**When more than one person is applying for coverage, the Family Deductible and out-of-pocket maximum must be met before any benefits are paid that are subject to the Deductible or out-of-pocket maximum.

† For individuals who have not attained the age of 30 prior to the first day of the contract year or for the individuals who have received a certificate of exemption.

Standard included in plan name for off-exchange plans only. Pediatric vision and dental benefit is only available for children who are under the age of 19.

CoventryOne is a health insurance product in Illinois underwritten by Coventry Health Care of Illinois, Inc. This information is a partial description of the benefits, limitations, or exclusions of the plan. Please refer to the Individual Policy, Schedule of Benefits and applicable Riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.