

Bronze CoventryOne Health Plan options in Kansas

KS Coventry Bronze Deductible Only HSA Eligible PD

Plan	In network	Out of network
Member benefits		
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$6,300/\$12,600	\$12,600/\$25,200
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,300/\$12,600	\$14,000/\$28,000
Primary care visit	Covered in full after ded	50% after ded
Specialist visit	Covered in full after ded	50% after ded
Hospital stay	Covered in full after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded	50% after ded
Emergency room	Covered in full after ded	Covered in full after ded
Urgent care	Covered in full after ded	50% after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived	50% after ded
Diagnostic lab	Covered in full after ded	50% after ded
Diagnostic X-ray	Covered in full after ded	50% after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	50% after ded
Vision		
Pediatric eye exam	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year) ²	Covered in full after ded	Covered in full after ded
Basic dental care	Covered in full after ded	Covered in full after ded
Pharmacy*		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	P=Covered in full after ded; NP=Covered in full after ded	50% after ded
Preferred brand drugs	P=Covered in full after ded; NP=Covered in full after ded	50% after ded
Nonpreferred drugs**	P=Covered in full after ded; NP=Covered in full after ded	50% after ded
Specialty drugs***	P=Covered in full after ded; NP=Covered in full after ded	Not covered

*P=Preferred in-network pharmacy; NP=Nonpreferred in-network pharmacy.

**Includes nonpreferred generic and brand drugs.

***P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

¹The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit. Deductible and/or out-of-pocket limit are separate in and out of network.

²Any applicable benefit maximums are combined in and out of network.

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Bronze CoventryOne Health Plan options in Kansas

(Continued)

KS Coventry Bronze \$20 Copay PD

In network	Out of network
\$5,750/\$11,500	\$11,500/\$23,000
0%	50%
\$6,600/\$13,200	\$12,500/\$25,000
\$20 copay; ded waived	50% after ded
\$50 copay after ded	50% after ded
\$250 copay per admission after ded	50% after ded
\$250 copay after ded	50% after ded
\$250 copay after ded	\$250 copay after ded
\$60 copay after ded	50% after ded
Covered in full; ded waived	50% after ded
Covered in full after ded	50% after ded
\$100 copay after ded	50% after ded
\$250 copay after ded	50% after ded
Covered in full; ded waived	50% after ded
Covered in full; ded waived	Covered in full; ded waived
50% after ded	50% after ded
Integrated with medical ded	Integrated with medical ded
P: \$15 copay; ded waived; NP: \$20 copay; ded waived	50% after ded
P: \$45 copay after ded; NP: \$55 copay after ded	50% after ded
P: \$75 copay after ded; NP: \$85 copay after ded	50% after ded
P: 40% after ded; NP: 50% after ded	Not covered

These plans are available as both a point of service (POS) and a preferred provider organization (PPO) plan.

If you live in Kansas, you can purchase this plan as a PPO. You don't have to choose a primary care physician.

If you purchase this plan as a POS, and you live in Shawnee, Osage, Douglas, Saline, Ellsworth, Dickinson, Lincoln, Ellis or Russell counties, you don't have to choose a primary care physician (PCP).

If you live in Butler, Chautauqua, Cowley, Elk, Greenwood, Harper, Harvey, Kingman, Marion, McPherson, Sedgwick or Sumner counties, you must choose a primary care physician (PCP). This plan only covers certain doctors and hospitals. If you see a provider that isn't part of your plan's network, you'll pay more. It's important to know which doctors and hospitals are part of this network before you choose your health plan. Go to www.coventryone.com and select "Find a Doctor."

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Silver CoventryOne Health Plan options in Kansas

Plan	KS Coventry Silver HSA Eligible PD	
	In network	Out of network
Member benefits		
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$2,600/\$5,200	\$5,200/\$10,400
Member coinsurance	10%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$4,850/\$9,700	\$16,350/\$32,700
Primary care visit	10% after ded	40% after ded
Specialist visit	10% after ded	40% after ded
Hospital stay	10% after ded	40% after ded
Outpatient surgery (ambulatory surgical center/hospital)	10% after ded	40% after ded
Emergency room	10% after ded	10% after ded
Urgent care	10% after ded	40% after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived	40% after ded
Diagnostic lab	10% after ded	40% after ded
Diagnostic X-ray	10% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	10% after ded	40% after ded
Vision		
Pediatric eye exam	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year) ²	Covered in full after ded	Covered in full after ded
Basic dental care	50% after ded	50% after ded
Pharmacy*		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs**	P: T1A-\$3 copay after ded/ T1-\$10 copay after ded; NP: T1A-\$10 copay after ded/ T1-\$15 copay after ded	50% after ded
Preferred brand drugs	P: \$40 copay after ded; NP: \$50 copay after ded	50% after ded
Nonpreferred drugs***	P: \$70 copay after ded; NP: \$80 copay after ded	50% after ded
Specialty drugs[†]	P: 40% after ded; NP: 50% after ded	Not covered

*P=Preferred in-network pharmacy; NP=Nonpreferred in-network pharmacy.

**T1A=Value drugs; T1=Preferred generic drugs.

***Includes nonpreferred generic and brand drugs.

[†]P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

¹The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit. Deductible and/or out-of-pocket limit are separate in and out of network.

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Silver CoventryOne Health Plan options in Kansas

(Continued)

KS Coventry Silver \$10 Copay PD

In network	Out of network
\$3,750/\$7,500	\$7,500/\$15,000
30%	50%
\$6,600/\$13,200	\$16,000/\$32,000
\$10 copay; ded waived	50% after ded
Visit 1–2: \$75 copay; ded waived Visits 3+: \$75 copay after ded	50% after ded
\$500 copay per admission and ded then 30%	50% after ded
\$250 copay after ded; then 30%	50% after ded
Visit 1: \$500 copay; ded waived Visits 2+: \$500 copay after ded	Visit 1: \$500 copay; ded waived Visits 2+: \$500 copay after ded
\$75 copay; ded waived	50% after ded
Covered in full; ded waived	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
\$250 copay after ded; then 30%	50% after ded
Covered in full; ded waived	50% after ded
Covered in full; ded waived	Covered in full; ded waived
50% after ded	50% after ded
\$500 per member	\$1,000 per member
P: T1A-\$5 copay; ded waived/ T1-\$15 copay; ded waived; NP: T1A-\$20 copay; ded waived/ T1-\$20 copay; ded waived	50% after ded
P: \$45 copay after ded; NP: \$55 copay after ded	50% after ded
P: \$75 copay after ded; NP: \$85 copay after ded	50% after ded
P: 40% after ded; NP: 50% after ded	Not covered

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Silver CoventryOne Health Plan options in Kansas

Plan	KS Coventry Silver \$5 Copay 2750 PD	
	In network	Out of network
Member benefits		
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$2,750/\$5,500	\$7,000/\$14,000
Member coinsurance	40%	50%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,600/\$13,200	\$12,000/\$24,000
Primary care visit	\$5 copay; ded waived	50% after ded
Specialist visit	Visit 1 – 2: \$75 copay; ded waived Visits 3+: \$75 copay after ded	50% after ded
Hospital stay	40% after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	40% after ded	50% after ded
Emergency room	Visit 1: \$500 copay; ded waived Visits 2+: \$500 copay after ded	Visit 1: \$500 copay; ded waived Visits 2+: \$500 copay after ded
Urgent care	\$75 copay; ded waived	50% after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived	50% after ded
Diagnostic lab	40% after ded	50% after ded
Diagnostic X-ray	40% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	40% after ded	50% after ded
Vision		
Pediatric eye exam	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year) ²	Covered in full; ded waived	Covered in full; ded waived
Basic dental care	50% after ded	50% after ded
Pharmacy*		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs**	P: T1A-\$3 copay; ded waived/T1-\$15 copay; ded waived; NP: T1A-\$20 copay; ded waived/ T1-\$20 copay; ded waived	50% after ded
Preferred brand drugs	P: \$40 copay after ded; NP: \$50 copay after ded	50% after ded
Nonpreferred drugs***	P: \$70 copay after ded; NP: \$80 copay after ded	50% after ded
Specialty drugs[†]	P: 40% after ded; NP: 50% after ded	Not covered

*P=Preferred in-network pharmacy; NP=Nonpreferred in-network pharmacy.

**T1A=Value drugs; T1=Preferred generic drugs.

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Gold CoventryOne Health Plan option in Kansas

Plan	KS Coventry Gold \$5 Copay PD	
	In network	Out of network
Member benefits		
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$600/\$1,200	\$2,500/\$5,000
Member coinsurance	25%	50%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,500/\$13,000	\$17,000/\$34,000
Primary care visit	\$5 copay; ded waived	50% after ded
Specialist visit	Visit 1–5: \$50 copay; ded waived Visits 6+: \$50 copay after ded	50% after ded
Hospital stay	25% after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	25% after ded	50% after ded
Emergency room (copay waived if admitted)	Visit 1–3: \$250 copay; ded waived Visits 4+: \$250 copay after ded	Visit 1–3: \$250 copay; ded waived Visits 4+: \$250 copay after ded
Urgent care	\$75 copay; ded waived	50% after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived	50% after ded
Diagnostic lab	25% after ded	50% after ded
Diagnostic X-ray	25% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	25% after ded	50% after ded
Vision		
Pediatric eye exam	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year) ²	Covered in full; ded waived	Covered in full; ded waived
Basic dental care	50% after ded	50% after ded
Pharmacy*		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs**	P: T1A-\$3 copay; ded waived/ T1-\$10 copay; ded waived; NP: T1A-\$15 copay; ded waived/ T1-\$15 copay; ded waived	50% after ded
Preferred brand drugs	P: \$35 copay after ded; NP: \$45 copay after ded	50% after ded
Nonpreferred drugs***	P: \$65 copay after ded; NP: \$80 copay after ded	50% after ded
Specialty drugs[†]	P: 30% after ded; NP: 50% after ded	Not covered

*T1A=Value drugs; T1=Preferred generic drugs.

**Includes nonpreferred generic and brand drugs.

***P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

†P=Preferred in-network pharmacy; NP=Nonpreferred in-network pharmacy.

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