

PLAN BENEFITS	Gold \$0 Copay			Silver \$10 Copay			Silver Integrated \$10 Copay			Bronze \$15 Copay			Bronze Deductible Only HSA Eligible		Catastrophic	
	In-Network KC Metro PPO	CHC PPO	Out-of-Network You Pay	In-Network KC Metro PPO	CHC PPO	Out-of-Network You Pay	In-Network KC Metro PPO	CHC PPO	Out-of-Network You Pay	In-Network KC Metro PPO	CHC PPO	Out-of-Network You Pay	In Network You Pay	Out-of-Network You Pay	In Network You Pay	Out-of-Network You Pay
<b>Lifetime Maximum</b>	Unlimited			Unlimited			Unlimited			Unlimited			Unlimited		Unlimited	
<b>Annual Deductible (per calendar year Individual/Family)</b>	\$1,250 Individual \$2,500 Family	\$3,750 Individual \$7,500 Family	\$3,750 Individual \$7,500 Family	\$3,750 Individual \$7,500 Family	\$6,000 Individual \$12,000 Family	\$6,200 Individual \$12,400 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$5,000 Individual \$10,000 Family	\$5,500 Individual \$11,000 Family	\$6,000 Individual \$12,000 Family	\$6,400 Individual \$12,800 Family	\$6,300 Individual \$12,600 Family	\$6,400 Individual \$12,800 Family	\$6,350 Individual** \$12,700 Family**	\$6,400 Individual** \$12,800 Family**
<b>Coinsurance</b>	20%	40%	40%	30%	40%	40%	50%	50%	50%	30%	40%	45%	0%	50%	0%	50%
<b>Out-of-Pocket Maximum* (per calendar year, per Individual/Family)</b>	\$5,000 Individual \$10,000 Family	\$6,000 Individual \$12,000 Family	\$9,400 Individual \$18,800 Family	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	\$12,800 Individual \$25,600 Family	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	\$11,400 Individual \$22,800 Family	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	\$12,800 Individual \$25,600 Family	\$6,300 Individual \$12,600 Family	\$22,000 \$44,000	\$6350 Individual** \$12,700 Family**	Unlimited
<b>Medical benefits shown with Copays are not subject to Deductibles unless specified</b>	<b>In-Network Tier 1 You Pay</b>	<b>In-Network Tier 2 You Pay</b>	<b>Out-of-Network You Pay</b>	<b>In-Network Tier 1 You Pay</b>	<b>In-Network Tier 2 You Pay</b>	<b>Out-of-Network You Pay</b>	<b>In-Network Tier 1 You Pay</b>	<b>In-Network Tier 2 You Pay</b>	<b>Out-of-Network You Pay</b>	<b>In-Network Tier 1 You Pay</b>	<b>In-Network Tier 2 You Pay</b>	<b>Out-of-Network You Pay</b>	<b>In Network</b>	<b>Out-of-Network You Pay</b>	<b>In Network You Pay</b>	<b>Out-of-Network You Pay</b>
<b>Primary Physician Office Visit (PCP)</b>	\$0	\$25 Copay	Ded/Coins	\$10 Copay	\$50 Copay + Ded	Ded/Coins	\$10 Copay	\$25 Copay + Ded	Ded/Coins	\$15 Copay	\$50 Copay + Ded	Ded/Coins	Ded	Ded/Coins	First 3 visits: \$20 Copay; 4+ visits: Ded	Ded/Coins
<b>Specialist Office Visit (Spec)</b>	First 5 Visits: \$50; 6+ Visits: \$50 Copay + Ded	\$75 Copay + Ded	Ded/Coins	First 2 Visits: \$75; 3+ Visits: \$75 Copay + Ded	\$75 Copay + Ded	Ded/Coins	First 2 Visits: \$75; 3+ Visits: \$75 Copay + Ded	\$75 Copay + Ded	Ded/Coins	First Visit: \$75; 2+ Visits: \$75 Copay + Ded	\$100 Copay + Ded	Ded/Coins	Ded	Ded/Coins	Ded	Ded/Coins
<b>Preventive/Wellness Services</b> (adult, child and well baby care, mammograms, pap smears, PSA testing, immunizations)	\$0	\$0	Ded/Coins	\$0	\$0	Ded/Coins	\$0	\$0	Ded/Coins	\$0	\$0	Ded/Coins	\$0	Ded/Coins	\$0	Ded/Coins
<b>Lab/Radiology***</b>	Incl in PCP office visit; Spec/Output: Ded/Coins	Ded/Coins	Ded/Coins	Incl in PCP office visit; Spec/Output: Ded/Coins	Ded/Coins	Ded/Coins	Incl in PCP office visit; Spec/Output: Ded/Coins	Ded/Coins	Ded/Coins	Incl in PCP office visit; Spec/Output: Ded/Coins	Ded/Coins	Ded/Coins	Ded	Ded/Coins	Ded	Ded/Coins
<b>Advanced Imaging/High Tech Radiology</b>	PCP/Spec/Output: Ded/Coins; Free-standing Facility: \$250 Copay	PCP/Spec: Ded/Coins; Output: \$100 Copay + Ded/Coins	PCP/Spec: Ded/Coins; Output: \$250 Copay + Ded/Coins	PCP/Spec/Output: \$250 Copay + Ded/Coins; Free-standing Facility: \$250 + Ded	PCP/Spec/Output: \$500 Copay + Ded/Coins; Free-standing Facility: Ded + Coins	PCP/Spec/Output: \$500 Copay + Ded/Coins; Free-standing Facility: Ded + Coins	PCP/Spec/Output: Ded/Coins; Free-standing Facility: \$250 + Ded	PCP/Spec/Output: \$250 Copay + Ded/Coins; Free-standing Facility: Ded + Coins	PCP/Spec/Output: \$500 Copay + Ded/Coins; Free-standing Facility: Ded + Coins	PCP/Spec/Output: \$250 Copay + Ded/Coins; Free-standing Facility: \$250 + Ded	PCP/Spec/Output: \$500 Copay + Ded/Coins; Free-standing Facility: Ded + Coins	PCP/Spec/Output: \$500 Copay + Ded/Coins; Free-standing Facility: Ded + Coins	Ded	Ded/Coins	Ded	Ded/Coins
<b>Convenience Care</b>	\$25 Copay	\$50 Copay	Ded/Coins	\$25 Copay	Ded/Coins	Ded/Coins	\$25 Copay	Ded/Coins	Ded/Coins	\$25 Copay	Ded/Coins	Ded/Coins	Ded	Ded/Coins	Ded	Ded/Coins
<b>Urgent Care</b>	\$75 Copay	\$150 Copay	Ded/Coins	\$75 Copay	Ded/Coins	Ded/Coins	\$75 Copay	Ded/Coins	Ded/Coins	\$150 Copay	\$150 Copay + Ded.	Ded/Coins	Ded	Ded/Coins	Ded	Ded/Coins
<b>Emergency Care</b>	First 3 Visits: \$250 Copay; 4+ Visits: \$250 Copay + Ded	\$250 Copay + Ded	\$250 Copay + Ded	First Visit: \$500 Copay; 2+ Visits: \$500 Copay+ Ded.	\$750 Copay + Ded/Coins	\$750 Copay + Ded/Coins	First Visit: \$500 Copay; 2+ Visits: \$500 Copay+ Ded.	\$750 Copay + Ded/Coins	\$750 Copay + Ded/Coins	First Visit: \$500 Copay; 2+ Visits: \$500 Copay + Ded	\$750 Copay + Ded/Coins	\$750 Copay + Ded/Coins	Ded	Ded	Ded	Ded
<b>Inpatient Hospitalization</b> (physician and surgical services)	Ded/Coins	Inpatient: \$250 Copay + Ded/Coins; Physician Services: Ded/Coins	Inpatient: \$1,000 Copay + Ded/Coins; Physician Services: Ded/Coins	Inpatient: \$500 Copay + Ded/Coins; Physician Services: Ded/Coins	Inpatient: \$1,000 Copay + Ded/Coins; Physician Services: Ded/Coins	Inpatient: \$1,000 Copay + Ded/Coins; Physician Services: Ded/Coins	Ded/Coins	Inpatient: \$500 Copay + Ded/Coins; Physician Service: Ded/Coins	Inpatient: \$1,000 Copay + Ded/Coins; Physician Services: Ded/Coins	Inpatient: \$500 Copay + Ded/Coins; Physician Services: Ded/Coins	Inpatient: \$1,000 Copay + Ded/Coins; Physician Services: Ded/Coins	Inpatient: \$1,000 Copay + Ded/Coins; Physician Services: Ded/Coins	Ded	Ded/Coins	Ded	Ded/Coins
<b>Outpatient Facility and Physician Services/Home Health Care/Hospice/Skilled Nursing Facility</b>		Ded/Coins			Ded/Coins			Ded/Coins		Ded/Coins; Home Health/Hospice: Ded/20% Coins	Ded/Coins; Home Health/Hospice: Ded/20% Coins	Ded/Coins	Ded	Ded/Coins	Ded	Ded/Coins
<b>Rehabilitation Services</b> (Physical, Speech, Occupational, Respiratory) Up to 25 visits for all therapies combined		Ded/Coins			Ded/Coins			Ded/Coins			Ded/Coins		Ded	Ded/Coins	Ded	Ded/Coins
<b>Maternity and Newborn Care</b>	Prenatal office visits: \$0 Copay; Physician charges: \$250 Copay; Inpt: Ded/Coins	Prenatal office visits: \$500 one-time Copay; Physician charges: \$0; Inpt: \$250 Copay + Ded/Coins	Prenatal office visits/Physician charges: Ded/Coins; Inpt: \$1,000 Copay + Ded/Coins	Prenatal office visits: \$0; Physician charges: One-time \$250 Copay; Inpt: \$500 Copay + Ded/Coins	Prenatal office visits: Ded/Coins; Physician charges: Ded; Inpt: \$1,000 Copay + Ded/Coins	Prenatal office visits/Physician charges: Ded/Coins; Inpt: \$1,000 Copay + Ded/Coins	Prenatal office visits: \$0; Physician charges: One-time \$250 Copay; Inpt: Ded/Coins	Prenatal office visits: Ded/Coins; Physician charges: Ded; Inpt: \$500 Copay + Ded/Coins	Prenatal office visits/Physician charges: Ded/Coins; Inpt: \$1,000 Copay + Ded/Coins	Prenatal office visits: \$0; Physician charges: One-time \$500 Copay; Inpt: \$500 Copay + Ded/Coins	Prenatal office visits/Physician charges: Ded; Inpt: \$1,000 Copay + Ded/Coins	Prenatal office visits/Physician charges: Ded/Coins; Inpt: \$1,000 Copay + Ded/Coins	Prenatal office visits \$0 Copay; Physician/inpt service: Ded	Ded/Coins	Prenatal office visits \$0 Copay; Physician/inpt service: Ded	Ded/Coins
<b>Mental Health Office Visit/Outpatient/Inpatient****</b> (Outpt/Inpt)	First 5 office visits: \$50; 6+ visits: \$50 Copay + Ded; Outpt/Inpt: Ded/Coins	Office visit: \$75 Copay + Ded; Output: Ded/Coins; Inpt: \$250 Copay+ Ded/Coins	Office visit/Output: Ded/Coins; Inpt: \$1,000 Copay + Ded/Coins	Office visit: First 2 Visits: \$75; 3+ Visits: \$75 Copay + Ded; Output: Ded/Coins; Inpt: \$500 Copay + Ded/Coins	Office visit: \$75 Copay + Ded; Output: Ded/Coins; Inpt: \$1,000 Copay + Ded/Coins	Office visit/Output: Ded/Coins; Inpt: \$1,000 Copay + Ded/Coins	Office visit: First 2 Visits: \$75; 3+ Visits: \$75 Copay + Ded; Output: Ded/Coins; Inpt: \$500 Copay + Ded/Coins	Office visit: \$75 Copay + Ded; Output: Ded/Coins; Inpt: \$500 Copay + Ded/Coins	Office visit/Output: Ded/Coins; Inpt: \$1,000 Copay + Ded/Coins	Office: First Visit: \$75; 2+ Visits: \$75 + Ded; Output/Inpt: \$500 Copay + Ded/Coins	Office/Output: Ded/Coins.; Inpt: \$1,000 Copay + Ded/Coins	Office/Output: Ded/Coins.; Inpt: \$1,000 Copay + Ded/Coins	Ded	Ded/Coins	Ded	Ded/Coins
<b>Pharmacy</b>	<b>No Rx Ded</b>			<b>Separate \$1000 Rx Ded Tiers 2-5</b>			<b>Integrated Medical/Rx Ded</b>			<b>Integrated Medical/Rx Ded</b>			<b>Integrated Medical/Rx Ded</b>		<b>Integrated Medical/Rx Ded</b>	
- <b>Tier 1A:</b> Lower Cost Preferred Generic Drugs	Preferred pharmacy \$3/Nonpreferred pharmacy \$10/Mail order \$6			Preferred pharmacy \$5/Nonpreferred pharmacy \$20/Mail order \$10			Preferred pharmacy \$5/Nonpreferred pharmacy \$15/Mail order \$10			N/A			N/A		N/A	
- <b>Tier 1:</b> Preferred Generic Drugs	Preferred pharmacy \$5/Nonpreferred pharmacy \$10/Mail order \$10			Preferred pharmacy \$15/Nonpreferred pharmacy \$20/Mail order \$30			Preferred pharmacy \$10/Nonpreferred pharmacy \$15/Mail order \$20			Preferred pharmacy \$15/Nonpreferred pharmacy \$20/Mail order \$30			Ded		Ded	
- <b>Tier 2:</b> Preferred Brand Drugs	Preferred pharmacy \$30/ Nonpreferred pharmacy \$40/Mail order \$75			Preferred pharmacy Ded + \$45/Nonpreferred pharmacy Ded + \$55/Mail order Ded + \$112.50			Preferred pharmacy Ded + \$45/Nonpreferred pharmacy Ded + \$55/Mail order Ded + \$112.50			Preferred pharmacy Ded + \$45/ Nonpreferred pharmacy Ded + \$55/ Mail order Ded + \$112.50			Ded		Ded	
- <b>Tier 3:</b> Nonpreferred Brand/Generic Drugs	Preferred pharmacy: \$55/ Nonpreferred pharmacy \$65/ Mail order \$165			Preferred pharmacy Ded + \$75/ Nonpreferred pharmacy Ded + \$85/Mail order Ded + \$225			Preferred pharmacy Ded + \$75/ Nonpreferred pharmacy Ded + \$85/Mail order Ded + \$225			Preferred pharmacy Ded + \$75/ Nonpreferred pharmacy Ded + \$85/Mail order Ded + \$225			Ded		Ded	
- <b>Tier 4:</b> Preferred Specialty Drugs	Preferred pharmacy 20% Coinsurance			Preferred pharmacy Ded + 30% Coinsurance			Preferred pharmacy Ded + 50% Coinsurance			Preferred pharmacy Ded + 30% Coinsurance			Ded		Ded	
- <b>Tier 5:</b> Nonpreferred Specialty Drugs	Preferred pharmacy 30% Coinsurance			Preferred pharmacy Ded + 40% Coinsurance			Preferred pharmacy Ded + 60% Coinsurance			Preferred pharmacy Ded + 40% Coinsurance			Ded		Ded	

**Note:** \*The out-of-pocket maximum includes Deductible, Copays, Coinsurance. \*\*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. \*\*\*Lab work drawn at PCP but processed by outside vendor, will not be included in Copay. \*\*\*\*MHNET Providers only. The following individuals are eligible for catastrophic plans On-Exchange: individuals who have not attained the age of 30 prior to the first day of the contract year or individuals who have received a certificate of exemption for the reasons identified in section 1302(e)(2)(B)(i) or (i) of PPACA.

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.