Bronze Coventry*One* Health Plan options in East Missouri

Plan	E-MO Coventry Bronze $25 Copay	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$5,900/$11,800	$11,800/$23,600
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,600/$13,200	$19,800/$39,600
Primary care visit	$25 copay; ded waived	50% after ded
Specialist visit	$50 copay after ded	50% after ded
Hospital stay	$250 copay per admission after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	$250 copay after ded	50% after ded
Emergency room	$250 copay after ded; copay waived if admitted	$250 copay after ded; copay waived if admitted
Urgent care	$60 copay after ded	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	Covered in full after ded	50% after ded
Diagnostic X-ray	$100 copay after ded	50% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	P: $15 copay; ded waived; NP: $20 copay; ded waived	50% after ded
Preferred brand drugs	P: $45 copay after ded; NP: $55 copay after ded	50% after ded
Nonpreferred drugs**	P: $75 copay after ded; NP: $85 copay after ded	50% after ded
Specialty drugs***	P: 40% after ded; NP: 50% after ded	50% after ded

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

**Includes nonpreferred generic and brand drugs.

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

[1]The 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.

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

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

Bronze Coventry*One* Health Plan options in East Missouri
(Continued)

E-MO Coventry Bronze Deductible Only HSA Eligible

In network	Out of network
$6,300/$12,600	$12,600/$25,200
0%	50%
$6,300/$12,600	$18,900/$37,800
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	Covered in full after ded
Covered in full after ded	50% after ded
Covered in full; ded waived	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full; ded waived	50% after ded
Not covered	Not covered
Not covered	Not covered
Integrated with medical ded	Integrated with medical ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded

80.06.402.1-MO (1/15)

Silver Coventry*One* Health Plan options in East Missouri

Plan	E-MO Coventry Silver $15 Copay	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$3,750/$7,500	$7,500/$15,000
Member coinsurance	30%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,600/$13,200	$19,800/$39,600
Primary care visit	$15 copay; ded waived	50% after ded
Specialist visit	Visit 1–2: $75 copay Visits 3+: $75 copay after ded	50% after ded
Hospital stay	$500 copay per admission + ded; then 30%	$1,000 copay per admission + ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	$250 copay after ded; then 30%	$250 copay after ded; then 50%
Emergency room	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted
Urgent care	$75 copay; ded waived	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	30% after ded	50% after ded
Diagnostic X-ray	30% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded; then 30%	$250 copay after ded; then 50%
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	$500 per member	$1000 per member
Preferred generic drugs**	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
Preferred brand drugs	P: $45 copay after ded; NP: $55 copay after ded	50% after ded
Nonpreferred drugs***	P: $75 copay after ded; NP: $85 copay after ded	50% after ded
Specialty drugs†	P: 40% after ded; NP: 50% after ded	50% after ded

*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.

[1]The 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.

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

Silver Coventry*One* Health Plan options in East Missouri
(Continued)

E-MO Coventry Silver $10 Copay 2750

In network	Out of network
$2,750/$5,500	$7,500/$15,000
40%	50%
$6,600/$13,200	$19,800/$39,600
$10 copay; ded waived	50% after ded
Visit 1–2: $75 copay Visits 3+: $75 copay after ded	50% after ded
40% after ded	$1,000 copay per admission + ded; then 50%
40% after ded	$250 copay after ded; then 50%
Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted
$75 copay; ded waived	50% after ded
Covered in full; ded waived	50% after ded
40% after ded	50% after ded
40% after ded	50% after ded
40% after ded	$250 copay after ded; then 50%
Covered in full; ded waived	50% after ded
Not covered	Not covered
Not covered	Not covered
Integrated with medical ded	Integrated with medical ded
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	50% after ded

80.06.402.1-MO (1/15)

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

This material is for information only. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Gold Coventry*One* Health Plan option in East Missouri

Plan	E-MO Coventry Gold $10 Copay	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$1,400/$2,800	$6,750/$13,500
Member coinsurance	20%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$5,500/$11,000	$16,500/$33,000
Primary care visit	$10 copay; ded waived	50% after ded
Specialist visit	Visit 1-5: $50 copay Visits 6+: $50 copay after ded	50% after ded
Hospital stay	20% after ded	$1,000 copay per admission + ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded	50% after ded
Emergency room	Visit 1–3: $250 copay Visits 4+: $250 copay after ded; copay waived if admitted	Visit 1–3: $250 copay Visits 4+: $250 copay after ded; copay waived if admitted
Urgent care	$75 copay; ded waived	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	20% after ded	50% after ded
Diagnostic X-ray	20% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	$250 copay after ded then 50%
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	$250 per member	$500 per member
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	50% after ded

*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.

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

80.06.402.1-MO (1/15)

[1]The 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.

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

This material is for information only. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Bronze Coventry*One* Health Plan options in East Missouri

Plan	**E-MO Coventry Bronze $20 Copay Carelink**	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$5,900/$11,800	$11,800/$23,600
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,600/$13,200	$19,800/$39,600
Primary care visit	$20 copay; ded waived	50% after ded
Specialist visit	$50 copay after ded	50% after ded
Hospital stay	$250 copay per admission after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	$250 copay after ded	50% after ded
Emergency room	$250 copay after ded; copay waived if admitted	$250 copay after ded; copay waived if admitted
Urgent care	$60 copay after ded	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	Covered in full after ded	50% after ded
Diagnostic X-ray	$100 copay after ded	50% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	P: $15 copay; ded waived; NP: $20 copay; ded waived	50% after ded
Preferred brand drugs	P: $45 copay after ded; NP: $55 copay after ded	50% after ded
Nonpreferred drugs**	P: $75 copay after ded; NP: $85 copay after ded	50% after ded
Specialty drugs***	P: 40% after ded; NP: 50% after ded	50% after ded

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

**Includes nonpreferred generic and brand drugs.

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

[1]The 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.

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

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

Bronze Coventry*One* Health Plan options in East Missouri
(Continued)

E-MO Coventry Bronze Deductible Only HSA Eligible Carelink

In network	Out of network
$6,300/$12,600	$12,600/$25,200
0%	50%
$6,300/$12,600	$18,900/$37,800
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	Covered in full after ded
Covered in full after ded	50% after ded
Covered in full; ded waived	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full; ded waived	50% after ded
Not covered	Not covered
Not covered	Not covered
Integrated with medical ded	Integrated with medical ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded

80.06.402.1-MO (1/15)

Silver Coventry*One* Health Plan options in East Missouri

Plan	**E-MO Coventry Silver $10 Copay Carelink**	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$3,750/$7,500	$7,500/$15,000
Member coinsurance	30%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,600/$13,200	$19,800/$39,600
Primary care visit	$10 copay; ded waived	50% after ded
Specialist visit	Visit 1–2: $75 copay Visits 3+: $75 copay after ded	50% after ded
Hospital stay	$500 copay per admission + ded; then 30%	$1,000 copay per admission + ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	$250 copay after ded; then 30%	$250 copay after ded; then 50%
Emergency room	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted
Urgent care	$75 copay; ded waived	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	30% after ded	50% after ded
Diagnostic X-ray	30% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded; then 30%	$250 copay after ded; then 50%
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	$500 per member	$1000 per member
Preferred generic drugs**	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
Preferred brand drugs	P: $45 copay after ded; NP: $55 copay after ded	50% after ded
Nonpreferred drugs***	P: $75 copay after ded; NP: $85 copay after ded	50% after ded
Specialty drugs†	P: 40% after ded; NP: 50% after ded	50% after ded

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

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

***Includes nonpreferred generic and brand drugs.

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

Silver Coventry*One* Health Plan options in East Missouri
(Continued)

E-MO Coventry Silver $5 Copay 2750 Carelink

In network	Out of network
$2,750/$5,500	$7,500/$15,000
40%	50%
$6,600/$13,200	$19,800/$39,600
$5 copay; ded waived	50% after ded
Visit 1–2: $75 copay Visits 3+: $75 copay after ded	50% after ded
40% after ded	$1,000 copay per admission + ded; then 50%
40% after ded	$250 copay after ded; then 50%
Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted
$75 copay; ded waived	50% after ded
Covered in full; ded waived	50% after ded
40% after ded	50% after ded
40% after ded	50% after ded
40% after ded	$250 copay after ded; then 50%
Covered in full; ded waived	50% after ded
Not covered	Not covered
Not covered	Not covered
Integrated with medical ded	Integrated with medical ded
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	50% after ded

This material is for information only. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

80.06.402.1-MO (1/15)

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

[1]The 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.

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

Gold Coventry*One* Health Plan option in East Missouri

Plan	E-MO Coventry Gold $5 Copay Carelink	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$1,400/$2,800	$6,750/$13,500
Member coinsurance	20%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$5,650/$11,300	$16,950/$33,900
Primary care visit	$5 copy; ded waived	50% after ded
Specialist visit	Visit 1–5: $50 copay Visits 6+: $50 copay after ded	50% after ded
Hospital stay	20% after ded	$1,000 copay per admission + ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded	50% after ded
Emergency room	Visit 1–3: $250 copay Visits 4+: $250 copay after ded; copay waived if admitted	Visit 1–3: $250 copay Visits 4+: $250 copay after ded; copay waived if admitted
Urgent care	$75 copay; ded waived	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	20% after ded	50% after ded
Diagnostic X-ray	20% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	$250 copay after ded then 50%
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	$250 per member	$500 per member
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	50% after ded

*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.

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

80.06.402.1-MO (1/15)

[1]The 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.

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

This material is for information only. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Bronze Coventry*One* Health Plan options in East Missouri

Plan	E-MO Coventry Bronze $25 Copay FocusedCare HPN	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$5,900/$11,800	$11,800/$23,600
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,600/$13,200	$19,800/$39,600
Primary care visit	$25 copay; ded waived	50% after ded
Specialist visit	$50 copay after ded	50% after ded
Hospital stay	$250 copay per admission after ded	50% after ded
Outpatient surgery (ambulatory surgical center/hospital)	$250 copay after ded	50% after ded
Emergency room	$250 copay after ded; copay waived if admitted	$250 copay after ded; copay waived if admitted
Urgent care	$60 copay after ded	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	Covered in full after ded	50% after ded
Diagnostic X-ray	$100 copay after ded	50% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded	50% after ded
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	P: $15 copay; ded waived; NP: $20 copay; ded waived	50% after ded
Preferred brand drugs	P: $45 copay after ded; NP: $55 copay after ded	50% after ded
Nonpreferred drugs**	P: $75 copay after ded; NP: $85 copay after ded	50% after ded
Specialty drugs***	P: 40% after ded; NP: 50% after ded	50% after ded

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

**Includes nonpreferred generic and brand drugs.

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

[1]The 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.

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

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

Bronze Coventry*One* Health Plan options in East Missouri
(Continued)

E-MO Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN

In network	Out of network
$6,300/$12,600	$12,600/$25,200
0%	50%
$6,300/$12,600	$18,900/$37,800
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	Covered in full after ded
Covered in full after ded	50% after ded
Covered in full; ded waived	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full; ded waived	50% after ded
Not covered	Not covered
Not covered	Not covered
Integrated with medical ded	Integrated with medical ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded
Covered in full after ded	50% after ded

80.06.402.1-MO (1/15)

Silver Coventry*One* Health Plan options in East Missouri

Plan	E-MO Coventry Silver $15 Copay FocusedCare HPN	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$3,750/$7,500	$7,500/$15,000
Member coinsurance	30%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,600/$13,200	$19,800/$39,600
Primary care visit	$15 copay; ded waived	50% after ded
Specialist visit	Visit 1–2: $75 copay Visits 3+: $75 copay after ded	50% after ded
Hospital stay	$500 copay per admission + ded; then 30%	$1,000 copay per admission + ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	$250 copay after ded; then 30%	$250 copay after ded; then 50%
Emergency room	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted
Urgent care	$75 copay; ded waived	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	30% after ded	50% after ded
Diagnostic X-ray	30% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded; then 30%	$250 copay after ded; then 50%
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	$500 per member	$1000 per member
Preferred generic drugs**	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
Preferred brand drugs	P: $45 copay after ded; NP: $55 copay after ded	50% after ded
Nonpreferred drugs***	P: $75 copay after ded; NP: $85 copay after ded	50% after ded
Specialty drugs†	P: 40% after ded; NP: 50% after ded	50% after ded

*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.

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

Silver Coventry*One* Health Plan options in East Missouri
(Continued)

E-MO Coventry Silver $10 Copay 2750 FocusedCare HPN

In network	Out of network
$2,750/$5,500	$7,500/$15,000
40%	50%
$6,600/$13,200	$19,800/$39,600
$10 copay; ded waived	50% after ded
Visit 1 – 2: $75 copay Visits 3+: $75 copay after ded	50% after ded
40% after ded	$1,000 copay per admission + ded; then 50%
40% after ded	$250 copay after ded; then 50%
Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted	Visit 1: $500 copay; ded waived Visits 2+: $500 copay after ded; copay waived if admitted
$75 copay; ded waived	50% after ded
Covered in full; ded waived	50% after ded
40% after ded	50% after ded
40% after ded	50% after ded
40% after ded	$250 copay after ded; then 50%
Covered in full; ded waived	50% after ded
Not covered	Not covered
Not covered	Not covered
Integrated with medical ded	Integrated with medical ded
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	50% after ded

This material is for information only. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

[1]The 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.

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

80.06.402.1-MO (1/15)

Gold Coventry*One* Health Plan option in East Missouri

Plan	E-MO Coventry Gold $10 Copay FocusedCare HPN	
Member benefits	**In network**	**Out of network***
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$1,400/$2,800	$6,750/$13,500
Member coinsurance	20%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$5,500/$11,000	$16,500/$33,000
Primary care visit	$10 copay; ded waived	50% after ded
Specialist visit	Visit 1–5: $50 copay Visits 6+: $50 copay after ded	50% after ded
Hospital stay	20% after ded	$1,000 copay per admission + ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded	50% after ded
Emergency room	Visit 1–3: $250 copay Visits 4+: $250 copay after ded; copay waived if admitted	Visit 1–3: $250 copay Visits 4+: $250 copay after ded; copay waived if admitted
Urgent care	$75 copay; ded waived	50% after ded
Preventive care	Covered in full; ded waived	50% after ded
Diagnostic lab	20% after ded	50% after ded
Diagnostic X-ray	20% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	$250 copay after ded then 50%
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	50% after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered
Basic dental care	Not covered	Not covered
Pharmacy*		
Pharmacy deductible	$250 per member	$500 per member
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	50% after ded

*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.

Coventry*One* is a health insurance product in Missouri underwritten by Coventry Health and Life Insurance Company and/or Coventry Health Care of Missouri, Inc. Coventry*One* health benefits products are administered by Coventry Health Care of Missouri, Inc.

80.06.402.1-MO (1/15)

[1]The 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.

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

This material is for information only. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.