Carelink from Coventry Individual Business Solutions

St. Louis City, St. Louis County, Jefferson County, Franklin County, St. Charles County

	Plan Name	In-Network Providers												Out-of-Network Providers		
		Office Visit PCP*/Specialist*	Primary Care Physician E-visits	Telemedicine PCP/Specialist	Radiology PCP/Specialist	Wellness Coaching	Emergency Room/ Urgent Care	Coinsurance (after deductible; plan pays)	Inpatient (after deductible; plan pays)	Outpatient Surgery (after deductible; plan pays)	High Technology Diagnostic Services, Tests and Procedures	Deductible Single (2x Family)	Out-of-Pocket Maximum** (2x Family)	Coinsurance (after deductible; plan pays)	Deductible Single (2x Family)	Out-of-Pocket Maximum** (2x Family)
80%	PPO 1000 - 80%	$10/$50	$5	$10/$50	$35/80% AD	$10	$150 then 20%/$75	80%	80%	80%	$200 AD	$1,000	$3,500**	50%	$10,000	$17,500**
	PPO 2000 - 80%	$10/$50	$5	$10/$50	$35/80% AD	$10	$150 then 20%/$75	80%	80%	80%	$200 AD	$2,000	$4,500**	50%	$10,000	$17,500**
	PPO 3000 - 80%	$15/$60	$10	$15/$60	$50/80% AD	$15	$250 then 20%/$75	80%	80%	80%	$400 AD	$3,000	$5,500**	50%	$10,000	$17,500**
	PPO 5000 - 80%	$15/$60	$10	$15/$60	$50/80% AD	$15	$250 then 20%/$75	80%	80%	80%	$400 AD	$5,000	$7,500**	50%	$20,000	$27,500**
Value 100%	PPO SJ 1500	$15/$60 AD	$10	$15/$60 AD	$35/100% AD	$15	$250 AD/$75 AD	100%	$500 AD	$250 AD	$200 AD	$1,500	n/a	50%	$10,000	$19,000**
	PPO SJ 2500	$15/$60 AD	$10	$15/$60 AD	$35/100% AD	$15	$250 AD/$75 AD	100%	$500 AD	$250 AD	$200 AD	$2,500	n/a	50%	$10,000	$19,000**
	PPO SJ 5000	$20/$70 AD	$15	$20/$70 AD	$50/100% AD	$20	$500 AD/$75 AD	100%	$1000 AD	$500 AD	$400 AD	$5,000	n/a	50%	$20,000	$29,000**
QHDHP**	QHDHP PPO 2500	$0 AD/$60 AD	$0 AD	$0 AD/$60 AD	100%/100%	$0 AD	$250 AD/$75 AD	100%	100%	100%	$200 AD	$2,500	$4,000**	50%	$10,000	$20,000**
	QHDHP PPO 5000	$0 AD/$60 AD	$0 AD	$0 AD/$60 AD	100%/100%	$0 AD	$250 AD/$75 AD	100%	100%	100%	$200 AD	$5,000	$5,900**	50%	$20,000	$30,000**

Prescription Drug Plan – Retail

	Rx Plans Available	PPO		PPO QHDHP		PPO Value	
		Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Retail	Tier 1a	$3*	x2.5	$3**	x2.5	$3***	x2.5
	Tier 1b	$10	x2.5	$10	x2.5	$10	x2.5
	Tier 2	$40	x2.5	$40	x2.5	$40	x2.5
	Tier 3	$70	x3	$70	x3	$70	x3
	Tier 4****	$150	N/A	$150	N/A	$150	N/A
	Tier 5****	$300	N/A	$300	N/A	$300	N/A
Deductible		$250 (Individual) and $500 (Family) deductible applies to Tiers 2 through 5		QHDHP plan deductible applies to all tiers		Value plan deductible applies to Tiers 2 through 5	

Optional Maternity

PPO 1000 – 80% and PPO 2000 – 80%; $10 physician copay (first visit only). Inpatient hospital benefit 80% after deductible.
PPO 3000 – 80% and PPO 5000 – 80%; $15 physician copay (first visit only). Inpatient hospital benefit 80% after deductible.
SJ 1500 and SJ 2500 – $15 physician copay (first visit only). Inpatient hospital benefit $750 copay after deductible.
SJ 5000 – $20 physician copay (first visit only). Inpatient hospital benefit $1000 copay after deductible.
QHDHP PPO 2500 and QHDHP PPO 5000 – $0 physician copay (first visit only). Inpatient hospital benefit $300 copay after deductible.

Notes Regarding All Plans

– Maternity benefits on all plans with a 12 month waiting period.

*Office visit copay includes both physician services as well as lab services performed in the doctor's office.

**For integrated plans (QHDHP and Value), copay, deductibles and coinsurance (including pharmacy) apply to the out-of-pocket maximum. For non-integrated plans, deductibles and coinsurance (excluding pharmacy) apply to the out-of-pocket maximum.

***For QHDHP plans, all services, except preventive, are subject to deductible including pharmacy.

Pharmacy Notes

– AD references 'After Deductible'

Tier 1: Includes most generic and a select few OTC (over-the-counter) drugs. Tier 1a is a select list of tier-one drugs determined by Coventry Health Care to be available for a reduced copay.

Tier 2: Formulary brand-name drugs

Tier 3: Nonformulary brand name, and a select few nonformulary generic drugs. These drugs may have a lower cost alternative on Tier 1 or Tier 2.

Tier 4: Preferred specialty medications. Refer to Specialty Drug List for specific drugs.

Tier 5: Nonpreferred specialty medications. Refer to Specialty Drug List for specific drugs.

*Standard Pharmacy plan for all PPO products except QHDHP and Value plans.

**Only Pharmacy option for QHDHP plans. Certain Tier 1, 2, or 3 medications will not be subject to deductible.

***Only Pharmacy option for Value plans. Certain Tier 2 or 3 medications will not be subject to deductible.

****The Mail Order (90-day supply) option is not available for Tiers 4 and 5.

This is only a summary description of benefits. Refer to the Certificate of Coverage for a complete list of covered services and limitations or exclusions. Health insurance plans underwritten by Coventry Health and Life Insurance Company.

PPO plans are underwritten by Coventry Health and Life Insurance Company and administered by Coventry Health Care of Missouri, Inc.

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