



Preferred Provider Organization  
Underwritten by Coventry Health and Life Insurance Company  
(d.b.a. HealthAmerica)

## Rewards \$5000

### Rewards Program

Activity Completed by Member	Reward Incentive
<b>Complete Online Health Risk Assessment Questionnaire **</b>	<b>Earn \$100 *</b>
<b>Smoking Cessation ***</b> ( <i>Smokers only: enroll with QuitNet to stop smoking and earn reward</i> )	<b>Earn \$100 *</b>
<b>Log on to ePhit 5x a month for six months **</b>	<b>Earn \$50 *</b>

Members 18 years of age and older are eligible to participate in the rewards program.

\* Rewards are paid to the policy holder during the tenth month of the policy year. You must be a member at time of payment to collect your rewards.

\*\* The health risk assessment and ePhit are available at My Online Services via [www.healthamerica.cvty.com](http://www.healthamerica.cvty.com). Access to My Online Services is password-protected; your 11-digit member ID number, zip code and date of birth are required for registration.

\*\*\* To enroll in Tobacco Cessation call 1-866-577-8210 or go to [www.coventrywellbeing.com](http://www.coventrywellbeing.com). Locate the tobacco cessation link. Click on the link and, after you review a description of the services, click the button, "enroll online now." Your authentication code is your 11-digit member ID number.

### Rewards Plan Benefits

DEDUCTIBLES AND MAXIMUMS	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Annual Deductible</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Out-of-Pocket Maximum</b> ( <i>includes deductible, copays and coinsurance</i> )		
Individual	\$10,000	\$20,000
Family	\$20,000	\$40,000
OUTPATIENT SERVICES	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Physician Services (for illness or injury)</b>		
Primary Care Visit (PCP)	\$40 Copay (after annual deductible)	50% Eligible Charges (after annual deductible)
Specialist Visit (SCP)	\$60 Copay (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Preventive Services*</b>		
Gynecological Exam (PCP/SCP)	\$0 Copay	50% Eligible Charges (after annual deductible)
Well Child Visit (up to age 9, no deductible)	\$0 Copay	50% Eligible Charges
Adult Physical Visit	\$0 Copay	50% Eligible Charges (after annual deductible)
Preventive Pediatric Immunizations	0%	50% Eligible Charges
Preventive Adult Immunizations	0%	50% Eligible Charges (after annual deductible)
Hearing Exams (under age 18)	0%	50% Eligible Charges (after annual deductible)
Routine Mammograms ( <i>Reimbursement limited to 130% of Medicare</i> )	\$0 Copay	\$30 Copay
<b>Allergy Testing &amp; Injections (Serum is NOT covered)</b>	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Spinal Manipulation</b>	<b>Not Covered</b>	
<b>Outpatient Surgery</b>	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Lab Services</b>	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Diagnostic X-ray</b>	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Radiology (CAT, MRI, Ultrasound)</b>	15% (after annual deductible)	50% Eligible Charges (after annual deductible)

HOSPITAL SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Hospital Care</b>			
Semi-private room (private room if medically necessary)		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Physician and Surgeon Fees		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Surgery		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Lab and X-ray services		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
All Medically Necessary Ancillary Services		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Anesthesia		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Administration of Blood		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Blood Products		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Therapy Services (Chemotherapy & Radiation Therapy)		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
MATERNITY SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Pregnancy Care & Delivery		Not Covered (except for complications)	
FAMILY PLANNING		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Infertility Counseling/Testing/Services		Not Covered	
Tubal Ligation/Vasectomy		Not Covered	
PRESCRIPTION DRUGS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
(Includes oral contraceptives & managed formulary. Mandatory generic substitution may apply)		\$15 tier 1 / \$50 tier 2 closed formulary (2 times copay at mail order) Refer to the RX Select formulary to identify which drugs do not require authorization. Quantity limits still apply. (after annual deductible)	
EMERGENCY CARE		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Emergency Room Services		\$400 Copay (after annual deductible) ER Copay waived if admitted	
Urgent Care		\$60 copay (after annual deductible)	
REHABILITATION SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Occupational, Speech, Physical Therapy		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
		45 inpatient days per contract year 24 outpatient visits per contract year	
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>General Mental Illness:</b>			
Inpatient		Not Covered	
Physician Services (Outpatient)		\$60 copay (after annual deductible) 10 visits per contract year	
<b>Biologically Based Mental Illness:</b>			
Inpatient		15%(after annual deductible)	50% Eligible Charges (after annual deductible)
Physician Services (Outpatient)		\$60 Copay (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Substance Abuse:</b> Inpatient Detoxification		15%(after annual deductible)	50% Eligible Charges (after annual deductible)
		7 days per admission 4 admissions benefit maximum	
Inpatient Rehabilitation		15%(after annual deductible)	50% Eligible Charges (after annual deductible)
		30 days per contract year 90 days benefit maximum	
Outpatient Visits and Transitional Partial Hospitalization		15%(after annual deductible)	50% Eligible Charges (after annual deductible)
		60 visits per contract year 120 visits benefit maximum 30 outpatient visits may be exchanged on a two-for-one basis for up to 15 additional non-hospital residential or inpatient treatment days	

OTHER BENEFITS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
Claim Forms Required	No	Yes	
<b>Durable Medical Equipment (DME)</b> – Limited to once every 2 years for irreparable damage and/or normal wear. <b>Corrective Appliances</b>	50% (after annual deductible)		
	50%(after annual deductible)	50% Eligible Charges (after annual deductible)	
<b>Home Health Care Services</b>	15%(after annual deductible)	50% Eligible Charges (after annual deductible) <i>120 visits per contract year</i>	
<b>Hospice Care</b>	15%(after annual deductible)	50% Eligible Charges (after annual deductible)	
<b>Skilled Nursing Facility</b>	15%(after annual deductible)	50% Eligible Charges (after annual deductible) <i>50 days per contract year</i>	
<b>Dental Services</b>			
Emergency treatment of dental injury	15%(after annual deductible)	50% Eligible Charges (after annual deductible)	
Removal of Third Molars	15%(after annual deductible)	50% Eligible Charges (after annual deductible)	
<b>Vision Services</b>	<b>Vision One Eyecare Program®:</b> Receive immediate savings on all eye care needs--discounts on frames, lenses, disposable contacts, and even LASIK surgery--at participating providers through the EyeMed Vision Care network.		
<b>Health Education</b>	Members receive reimbursement of the cost of approved wellness programs offered through local hospitals and organizations.**		
<b>PRECERTIFICATION REQUIREMENT</b>	By Physician	By Patient	
<b>Penalty (By Patient)</b>	None	\$0	
When using a nonparticipating provider, the member must obtain precertification of nonemergency hospital and other facility (e.g., skilled nursing facilities, rehabilitation facilities, drug and alcohol treatment facilities) admissions, outpatient surgery and certain other services as stated in the Group Contract. If these services or admissions are not precertified, the member may be responsible for an additional financial penalty stated above or, if the service is not medically necessary, 100% of the cost of the services.			
<b>LIFETIME MAXIMUM</b>	Unlimited		
This is not a contract. It is intended solely to provide you with an overview of the plan. Complete details of benefits, terms and exclusions are governed by your Group Contract. <b>This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you have questions call us at 866.874.2624 in Central/Eastern Pennsylvania, and 866.874.2624 in Western Pennsylvania and Ohio.</b> Benefits are administered on a contract year basis. Coinsurance is based on Eligible Charges as defined in your Certificate of Insurance. For non-participating providers, Eligible Charges are based on the lesser of the provider's billed charges or our Out-of-Network Rate, which is defined in your Certificate of Insurance. <b>In addition to your copay or coinsurance, you are responsible for paying nonparticipating providers the difference between our out-of-network rate and their actual charge for nonemergency services. Your out-of-pocket costs for nonemergency care from nonparticipating providers may be substantial.</b> <i>Dependent Coverage Age Limit is up to 26.</i> *If your Schedule of Benefits indicates that you have a Qualified High Deductible Health Plan, you must consult your group benefit documents for a specific description and the terms and conditions of your coverage for these benefits. Also, some covered services that you receive during a preventive service office visit may not qualify as preventive services under the group contract and, consequently, will be subject to applicable deductibles. In order to be exempt from applicable deductibles, preventive services must qualify as preventive services under the group contract and Section 223 of the Internal Revenue Code. **Reimbursement for Weight Management programs is limited to \$350 per calendar year per member.			