South Carolina Coventry*One* Health Plan Network Options

Choose one of the provider networks listed below, then choose one of the plans on the following pages.

Provider network	Counties	Network type	Out-of-network coverage
Carolinas HealthCare	Lancaster, York	Carelink high-performance	Depends on plan
Roper St. Francis	Berkeley, Charleston, Dorchester	Carelink high-performance	Depends on plan
Regional HealthPlus	Spartanburg	Carelink high-performance	Depends on plan
Midlands	Calhoun, Fairfield, Kershaw, Lexington, Newberry, Orangeburg, Richland, Sumter	Carelink high-performance	Depends on plan
Upstate	Greenville	Carelink high-performance	Depends on plan
Coventry*One* POS On Exchange	Florence	Full	Yes
Coventry*One* POS Off Exchange	Anderson, Beaufort, Cherokee, Chester, Chesterfield, Colleton, Darlington, Florence, Lee, Marion, Marlboro, Pickens, Union	Full	Yes

Coventry*One* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

80.06.401.1-SC A (1/15)

Catastrophic Coventry*One* Health Plan option in South Carolina

Plan	SC Coventry Catastrophic 100% Carelink
Member benefits	**In network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$6,600/$13,200
Member coinsurance	0%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,600/$13,200
Primary care visit	Visits 1–3: $20 copay; ded waived Visits 4+: Covered in full after ded
Specialist visit	Covered in full after ded
Hospital stay	Covered in full after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded
Emergency room	Covered in full after ded
Urgent care	Covered in full after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived
Diagnostic lab	Covered in full after ded
Diagnostic X-ray	Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded
Vision	
Pediatric eye exam (1 visit per year)	Covered in full after ded
Pediatric dental	
Dental checkup/preventive dental care (2 visits per year)	Not covered
Basic dental care	Not covered
Pharmacy*	
Pharmacy deductible	Integrated with medical ded
Preferred generic drugs	Covered in full after ded
Preferred brand drugs	Covered in full after ded
Nonpreferred drugs**	Covered in full after ded
Specialty drugs***	Covered in full 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.

Coventry*One* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

80.06.401.1-SC A (1/15)

Bronze Coventry*One* Health Plan options in South Carolina

Plan	SC Coventry Bronze Ded Only HSA Elig Carelink
Member benefits	**In network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$6,300/$12,600
Member coinsurance	0%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,300/$12,600
Primary care visit	Covered in full after ded
Specialist visit	Covered in full after ded
Hospital stay	Covered in full after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded
Emergency room	Covered in full after ded
Urgent care	Covered in full after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived
Diagnostic lab	Covered in full after ded
Diagnostic X-ray	Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded
Vision	
Pediatric eye exam (1 visit per year)	Covered in full; ded waived
Pediatric dental	
Dental checkup/preventive dental care (2 visits per year)	Not covered
Basic dental care	Not covered
Pharmacy*	
Pharmacy deductible	Integrated with medical ded
Preferred generic drugs	Covered in full after ded
Preferred brand drugs	Covered in full after ded
Nonpreferred drugs**	Covered in full after ded
Specialty drugs***	Covered in full 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 combined for designated and non-designated. Deductible and/or out-of-pocket limit are separate for out of network.

[2]Any applicable benefit maximums are combined designated, non-designated and out of network.

Coventry*One* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

Bronze Coventry*One* Health Plan options in South Carolina
(Continued)

SC Coventry Bronze $15 Copay Carelink

Tier 1	Tier 2	Tier 3
$5,000/$10,000	$6,250/$12,500	$12,500/$25,000
0%	0%	50%
$6,600/$13,200	$6,600/$13,200	Unlimited/unlimited
$15 copay; ded waived	$50 copay after ded	50% after ded
Visit 1: $75 copay; ded waived Visits 2+: $75 copay after ded	$100 copay after ded	50% after ded
$250 copay per admission after ded	$500 copay per admission after ded	50% after ded
$250 copay after ded	$500 copay after ded	50% after ded
Visit 1: $250 copay; ded waived Visits 2+: $250 copay after ded	$500 copay after ded	Paid as non-designated
$60 copay after ded	$150 copay after ded	50% after ded
Covered in full; ded waived	Covered in full; ded waived	50% after ded
Covered in full after ded	Covered in full after ded	50% after ded
$100 copay after ded	$200 copay after ded	50% after ded
$250 copay after ded	$500 copay after ded	50% after ded
Covered in full; ded waived	Paid at the designated level	50% after ded
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
P: $20 copay; ded waived; NP: $25 copay; ded waived	P: $20 copay; ded waived; NP: $25 copay; ded waived	50% after ded
P: $45 copay after ded; NP: $55 copay 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	P: $75 copay after ded; NP: $85 copay after ded	50% after ded
P: 40% after ded; NP: 50% after ded	P: 40% after ded; NP: 50% after ded	Not covered

80.06.401.1-SC A (1/15)

Silver Coventry*One* Health Plan options in South Carolina

Plan	SC Coventry Silver $10 Copay Carelink		
Member benefits	**Tier 1**	**Tier 2**	**Tier 3**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$3,750/$7,500	$6,000/$12,000	$11,500/$23,000
Member coinsurance	30%	40%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,250/$12,500	$6,600/$13,200	Unlimited/unlimited
Primary care visit	$10 copay; ded waived	$50 copay after ded	50% after ded
Specialist visit	Visit 1–2: $60 copay; ded waived, Visits 3+: $60 copay after ded	$75 copay after ded	50% after ded
Hospital stay	$250 copay per admission before ded; then 30%	$500 copay per admission before ded; then 40%	$1,000 copay per admission before ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	$250 copay after ded; then 30%	$500 copay after ded; then 40%	$500 copay after ded; then 50%
Emergency room (copay waived if admitted)	Visit 1–2: $250 copay; ded waived Visits 3+: $250 copay after ded	$500 copay after ded; then 40%	Paid as non designated
Urgent care	$75 copay; ded waived	40% after ded	50% after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	50% after ded
Diagnostic lab	30% after ded	40% after ded	50% after ded
Diagnostic X-ray	30% after ded	40% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	$250 copay after ded; then 30%	$500 copay after ded; then 40%	$500 copay after ded; then 50%
Vision			
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	Paid at the designated level	50% after ded
Pediatric dental			
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered	Not covered
Basic dental care	Not covered	Not covered	Not covered
Pharmacy*			
Pharmacy deductible	$500 per member/$1,000 per family. Ded combined for tiers 1, 2 and 3	$500 per member/$1,000 per family. Ded combined for tiers 1, 2 and 3	$500 per member/$1,000 per family. Ded combined for tiers 1, 2 and 3
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	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	P: $40 copay after ded; NP: $50 copay after ded	50% after ded
Nonpreferred drugs***	P: $75 copay after ded; NP: $85 copay after ded	P: $75 copay after ded; NP: $85 copay after ded	50% after ded
Specialty drugs†	P: 40% after ded; NP: 50% after ded	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.

Coventry*One* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

80.06.401.1-SC A (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 combined for designated and non-designated. Deductible and/or out-of-pocket limit are separate for out of network.

[2]Any applicable benefit maximums are combined designated, non-designated 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. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. 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.

Silver Coventry*One* Health Plan options in South Carolina

Plan	SC Coventry Silver $5 Copay 2750 Carelink	
Member benefits	**Tier 1**	**Tier 2**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$2,750/$5,500	$5,750/$11,500
Member coinsurance	30%	40%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,250/$12,500	$6,600/$13,200
Primary care visit	$5 copay; ded waived	$50 copay after ded
Specialist visit	Visit 1–2: $60 copay; ded waived Visits 3+: $60 copay after ded	$75 copay after ded
Hospital stay	30% after ded	$500 copay per admission after ded; then 40%
Outpatient surgery (ambulatory surgical center/hospital)	30% after ded	$250 copay after ded; then 40%
Emergency room (copay waived if admitted)	Visit 1–2: $250 copay; ded waived Visits 3+: $250 copay after ded	$500 copay after ded
Urgent care	$75 copay; ded waived	40% after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	30% after ded	40% after ded
Diagnostic X-ray	30% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	30% after ded	$250 copay after ded; then 40%
Vision		
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	Paid at the designated level
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: T1A-$3 copay; ded waived/ T1-$15 copay; ded waived; NP: T1A-$20 copay; ded waived/ T1-$20 copay; ded waived	P: T1A-$3 copay; ded waived/ T1-$15 copay; ded waived; NP: T1A-$20 copay; ded waived/ T1-$20 copay; ded waived
Preferred brand drugs	P: $40 copay after ded; NP: $50 copay after ded	P: $40 copay after ded; NP: $50 copay after ded
Nonpreferred drugs***	P: $70 copay after ded; NP: $80 copay after ded	P: $70 copay after ded; NP: $80 copay after ded
Specialty drugs†	P: 40% after ded; NP: 50% after ded	P: 40% after ded; NP: 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* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

Silver Coventry*One* Health Plan options in South Carolina
(Continued)

SC Coventry Silver $5 Copay 2750 Carelink (continued)

Tier 3
$11,500/$23,000
50%
Unlimited/unlimited
50% after ded
50% after ded
$1,000 copay per admission after ded; then 50%
$500 copay after ded; then 50%
Paid as non designated
50% after ded
50% after ded
50% after ded
50% after ded
$250 copay after ded; then 50%
50% after ded
Not covered
Not covered
Integrated with medical ded
50% after ded
50% after ded
50% after ded
Not covered

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. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. 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.

†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 combined for designated and non-designated. Deductible and/or out-of-pocket limit are separate for out of network.

[2]Any applicable benefit maximums are combined designated, non-designated and out of network.

80.06.401.1-SC A (1/15)

Gold Coventry*One* Health Plan option in South Carolina

Plan	**SC Coventry Gold $0 Copay Carelink**		
Member benefits	**Tier 1**	**Tier 2**	**Tier 3**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$1,250/$2,500	$3,500/$7,000	$6,750/$13,500
Member coinsurance	20%	40%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$4,250/$8,500	$6,000/$12,000	Unlimited/unlimited
Primary care visit	Covered in full; ded waived	$25 copay; ded waived	50% after ded
Specialist visit	Visit 1–5: $50 copay; ded waived Visits 6+: $50 copay; after ded	$75 copay after ded	50% after ded
Hospital stay	20% after ded	$250 copay per admission after ded; then 40%	$1,000 copay per admission after ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded	40% after ded	50% after ded
Emergency room (copay waived if admitted)	Visit 1–3: $250 copay; ded waived Visits 4+: $250 copay after ded	$250 copay after ded	Paid as non-designated
Urgent care	$75 copay; ded waived	$150 copay; ded waived	50% after ded
Preventive care (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	50% after ded
Diagnostic lab	20% after ded	40% after ded	50% after ded
Diagnostic X-ray	20% after ded	40% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	40% after ded	50% after ded
Vision			
Pediatric eye exam (1 visit per year)[2]	Covered in full; ded waived	Paid at the designated level	50% after ded
Pediatric dental			
Dental checkup/preventive dental care (2 visits per year)[2]	Not covered	Not covered	Not covered
Basic dental care	Not covered	Not covered	Not covered
Pharmacy*			
Pharmacy deductible	None	None	None
Preferred generic drugs**	P: T1A-$3 copay/T1-$10 copay; NP: T1A-$10 copay/T1-$15 copay	P: T1A-$3 copay/T1-$10 copay; NP: T1A-$10 copay/T1-$15 copay	50%
Preferred brand drugs	P: $30 copay; NP: $40 copay	P: $30 copay; NP: $40 copay	50%
Nonpreferred drugs***	P: $55 copay; NP: $65 copay	P: $55 copay; NP: $65 copay	50%
Specialty drugs†	P: 30%; NP: 50%	P: 30%; NP: 50%	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.

[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 combined for designated and non-designated. Deductible and/or out-of-pocket limit are separate for out of network.

[2]Any applicable benefit maximums are combined designated, non-designated and out of network.

Coventry*One* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

80.06.401.1-SC A (1/15)

Catastrophic Coventry*One* Health Plan option in South Carolina

Plan	SC Coventry Catastrophic 100%	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$6,600/$13,200	$13,500/$27,000
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,600/$13,200	Unlimited/unlimited
Primary care visit	Visits 1–3: $20 copay; ded waived Visits 4+: 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 (1 visit per year)[2]	Covered in full after ded	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	Covered in full after ded	50% after ded
Preferred brand drugs	Covered in full after ded	50% after ded
Nonpreferred drugs**	Covered in full after ded	50% after ded
Specialty drugs***	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.

[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* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

80.06.401.1-SC A (1/15)

Bronze Coventry*One* Health Plan options in South Carolina

Plan	SC Coventry Bronze Deductible Only HSA Eligible	
Member benefits	**In network**	**Out of network**
Deductible (ded) individual/family[1] (applies to out-of-pocket maximum)	$6,300/$12,600	$12,600/$25,200
Member coinsurance	0%	50%
Out-of-pocket maximum individual/family[1] (maximum you will pay for all covered services)	$6,300/$12,600	Unlimited/unlimited
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 (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	Covered in full after ded	50% after ded
Preferred brand drugs	Covered in full after ded	50% after ded
Nonpreferred drugs**	Covered in full after ded	50% after ded
Specialty drugs***	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.

[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* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

Bronze Coventry*One* Health Plan options in South Carolina
(Continued)

SC Coventry Bronze $20 Copay

In network	Out of network
$5,750/$11,500	$11,500/$23,000
0%	50%
$6,600/$13,200	Unlimited/unlimited
$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
Not covered	Not covered
Not covered	Not covered
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

80.06.401.1-SC A (1/15)

Silver Coventry*One* Health Plan options in South Carolina

Plan	SC Coventry Silver $10 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	Unlimited/unlimited
Primary care visit	$10 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	$500 copay per admission before ded; then 30%	$1,000 copay per admission before ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	$250 copay after ded; then 30%	$250 copay after ded; then 50%
Emergency room (copay waived if admitted)	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	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/$1,000 per family. Ded combined in and out of network	$500 per member/$1,000 per family. Ded combined in and out of network
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	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.

[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* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

Silver Coventry*One* Health Plan options in South Carolina
(Continued)

SC Coventry Silver $5 Copay 2750

In network	Out of network
$2,750/$5,500	$7,500/$15,000
40%	50%
$6,600/$13,200	Unlimited/unlimited
$5 copay; ded waived	50% after ded
Visit 1–2: $75 copay; ded waived Visits 3+: $75 copay after ded	50% after ded
40% after ded	$1,000 copay per admission after ded; then 50%
40% after ded	$250 copay after ded; then 50%
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
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	Not covered

[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. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. 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.

80.06.401.1-SC A (1/15)

Gold Coventry*One* Health Plan option in South Carolina

Plan	SC Coventry Gold $5 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)	$5,650/$11,300	Unlimited/unlimited
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	20% after ded	$1,000 copay per admission after ded; then 50%
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded	50% after ded
Emergency room (copay waived if admitted)	Visit 1 – 3: $250 copay; ded waived Visits 4+: $250 copay after ded	Paid as in network
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	20% after ded	50% after ded
Diagnostic X-ray	20% after ded	50% after ded
Imaging (CT/PET scans, MRIs)	20% 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	$250 per member/$500 per family. Ded combined in and out of network	$250 per member/$500 per family. Ded combined in and out of network
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

*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* health benefits and health insurance products are underwritten by Coventry Health Care of the Carolinas, Inc.

80.06.401.1-SC A (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. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. 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.