



Summary of PPO A, B & C Plans

Benefit Designs	A-7	A-8	A-9	A-10	A-11	A-12	A-13	A-14	A-15	A-16	PPO-B	PPO-C
Deductible:												
Individual	\$500	\$500	\$750	\$750	\$1,500	\$1,500	\$2,500	\$2,500	\$5,000	\$5,000	\$0	\$0
Family	\$1,000	\$1,000	\$1,500	\$1,500	\$3,000	\$3,000	\$5,000	\$5,000	\$10,000	\$10,000	\$0	\$0
OOP Max:												
Individual	\$2,000	\$2,000	\$2,500	\$2,500	\$3,000	\$3,000	\$3,500	\$3,500	\$5,000	\$5,000	\$2,500	\$3,500
Family	\$4,000	\$4,000	\$5,000	\$5,000	\$6,000	\$6,000	\$7,000	\$7,000	\$10,000	\$10,000	\$5,000	\$7,000
Lifetime Maximum	Unlimited										Unlimited	
Coins.	20%	30%	20%	30%	20%	30%	20%	30%	0%	0%	20%	20%
PCP Office Visit	\$25										\$20	\$15
Specialist Office Visit:												
Level 1*	20%	30%	20%	30%	20%	30%	20%	30%	0%	0%	\$40	\$30
Level 2**	20%	30%	20%	30%	20%	30%	20%	30%	0%	0%	\$40	\$60
Inpatient	20%	30%	20%	30%	20%	30%	20%	30%	0%	0%	300/day to 5- days/Admit	\$300 Copay/Admit
Outpatient	20%	30%	20%	30%	20%	30%	20%	30%	0%	0%	\$300 Facility \$500 Provider	\$300 Copay
ER												
Facility¹	\$200 Copay										\$200 Copay	
Physician¹	20%	30%	20%	30%	20%	30%	20%	30%	20%	30%	20%	
Prescription Drugs	Greater of \$5 Copay Generic or 50%; greater of \$30 Copay or 50% Preferred Brand; greater of \$50 Copay or 50% Non-Preferred Brand; Tier 4 (Self Administered Injectables) subject to 20% Coins. with \$70 min/\$300 max Copay for 1 prescribing unit; (1-2-3 mail order)											

All benefit designs represented here contain the 100% preventive benefits required by the Patient Protection and Affordable Care Act.

* Specialist Visit Level One includes Allergists, Dermatologists, Endocrinologists, Gastroenterologists, Otolaryngologists, Podiatrists and Rheumatologists.

** Specialist Visit Level Two includes all other non-Level One Specialists.

¹Deductible does not apply.

Out-of-Network coinsurance on all plans is 50% AC with a deductible and out-of-pocket maximum equal to 2 times that of the in-network.

Coinsurance applies after the Deductible has been met.

Exclusions

CoventryOne does not cover any service or supply that is not medically necessary or that is not a covered service or is a direct result of receiving a non-covered service. In addition the following services are specifically excluded:

- **Administrative Examinations:** exams for employment, school, camp, sports, licensing, insurance, adoption, marriage or those ordered by a third party.
- **Administrative Services:** Charges for cancelled appointments, telephone calls, completion of forms, transfer of records, annual or monthly administrative fees, copying of medical records or generation of correspondence.
- **Alternative Medicine** or complementary medicine: includes but is not limited to, hypnotherapy, acupuncture, sleep therapy, behavior training, recreational therapy (dance, arts, crafts, aquatic, gambling and nature therapy), hair analysis, holistic medicine, homeopathy, aroma therapy, massage therapy, herbal, vitamin, or dietary products or therapies.
- **Blood:** drawing, preparation and storage of umbilical cord blood.
- **Braces** and supports for athletic participation or for employment.
- **Charges** in excess of any benefit limitations (e.g., number of days, etc.).
- **Cosmetic** treatment and/or surgery performed mainly to improve a member's appearance or for psychological benefits.
- **Custodial care** including inpatient or outpatient custodial care, nursing home care, respite care, rest cures, domiciliary or convalescent care along with all related services.
- **Dental** services or related expenses; dental or oral appliances or devices (e.g. bite guards for teeth grinding, dental implants, dentures, oral appliances for snoring or sleep apnea, regardless of medical necessity); shortening of the mandible or maxillae for cosmetic or orthodontic purpose; correction of malocclusion, and surgical orthodontics or orthognathices, and wisdom tooth extraction.
- **Donor:** Procedures involving member's organ and tissue **donors**, unless the recipient is a member. Charges for tests and procedures related to **donor** searches.
- **Educational** classes, programs, and support groups including, but not limited to, prenatal courses, marital counseling, self-help training and other non-medical self care and those dealing with lifestyle changes.
- **Experimental/Investigational:** Medical, surgical or other health care procedures that are experimental/ investigational as described in the *Certificate of Insurance*.
- **Eye:** Services for, or related to, eye surgery for correcting refractive errors such as radial keratotomy, lasik, and laser eye surgeries or vision correction procedures; eye exercises; visual augmentation devices; and vision therapy.
- **Foot:** Services for weak, strained, flat, unstable, or unbalanced foot or for a metatarsalgia or bunion. Routine **foot** care including trimming of hyper keratotic lesions, calluses, and nails, except for foot care for diabetics; orthotics, arch supports, corrective shoes, shoe inserts, heel elevations and fittings for such devices, except as may be medically necessary for members who have been diagnosed with diabetes.
- **Genetic Testing/Counseling:** Parental screening and related genetic counseling for genetic predisposition either before or after conception, testing and counseling for cystic fibrosis, and pre-implantation genetic testing.
- **Growth Hormone.**
- **Hearing Aids.**
- **Infertility:** Diagnostic services to establish and/or identify the cause of infertility. Surgical or medical treatment of **infertility**, including services, office visits, lab and diagnostic tests, and procedures to promote conception once a diagnosis of infertility has been established. Treatment to promote conception by artificial means including, but not limited to, in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), artificial insemination and embryo transfers; human chorionotropin, urofollitropin, menotropins or derivatives; cost of donor sperm, services for sperm collection or sperm preservation.
- **Maternity/Obstetrical Care**, unless member has purchased maternity rider or services meet definition of emergency medical condition.
- **Medical Equipment, appliances, devices and supplies** including but not limited to: elastic or leather braces or supports; canes; traction apparatus; cervical collars; corsets; batteries and battery chargers; exercise equipment; equipment or services for use in altering air quality or temperature including, but not limited to, air conditioners, filters, humidifiers, dehumidifiers, bedliners, and mattress covers, office chairs; other special supplies, appliances, and equipment such as sun or heat lamps, whirlpool baths, and heating

pads; rental or purchase of TENS units; personal hygiene, comfort, and convenience items including but not limited to grab/tub bars, tub benches, breast pumps, telephone, television, guest meals and accommodations, take home medications, and supplies; and expenses incurred at a health spa, gym or similar facility. An office visit for the purpose of fitting for a noncovered device or supply is not covered.

- **Behavioral Health and Substance Abuse:** Psychiatric evaluation or therapy when related to judicial or administrative proceedings or orders, when employer requested or when required for school; educational testing or psychological testing, unless part of a treatment program for covered services; marriage or relationship counseling; family counseling; vocational or employment counseling; treatment of mental retardation and learning disabilities.
- **Newborn** hospital and physician charges during the inpatient stay following birth or any subsequent services when the newborn is not enrolled in the Plan within 31 days of birth.
- **Nutrition** training except as part of diabetes education; **Nutritional** formula or supplements, tube feeding and medical foods.
- **Out-of-Network:** Charges in excess of the Allowable Charge are not covered and will not accrue to the Out-of-Pocket Maximum.
- **Prescription Drugs** which are not medically necessary or as described in the *Certificate of Insurance*.
- **Pre-existing medical conditions.**
- **Private** duty nursing.
- **Private room** unless medically necessary or a semi-private room is not available.
- **Rehabilitation:** Long-term rehabilitation therapy; pulmonary rehabilitation.
- **Research:** Services for medical **research**, unless the services are specifically listed as covered in *Certificate of Insurance*.
- **Services or Supplies:** for injuries sustained during the commission of an illegal act; as a result of a Temporary Detention Order; required by law be treated in a public facility; care for military service connected disabilities for which the member is legally entitled to services when facilities are reasonably available to the member. Services or supplies received before the effective date of coverage or after the termination date of the member's coverage period except as described in the *Plan Documents*. Service and supplies for smoking cessation and nicotine addiction.
- **Services** received from providers without the appropriate preauthorization
- **Sexual dysfunction, sexual aids, or sex transformation**, or the reversal thereof. This includes medical and mental health services.
- **Sterilization** or the reversal of sterilization.
- **Stockings:** elastic hose, graduated compression (TED) hose, Jobst stockings.
- **TMJ/TMD:** Services or supplies for the treatment of Temporomandibular Joint Disease or Disorder, unless purchased as a Rider by Your employer.
- **Termination of Pregnancy.**
- **Testicular Implants.**
- **Travel and Transportation** unless medically necessary and preauthorized.
- **Therapy.** Physical or occupational therapy for the purpose of behavior modification or improving performance in school or sports; occupational therapy for the purpose of treating sensory hypersensitivity; sensory integration therapy, biofeedback.
- **Weight** reduction programs; dietary supplements; medical or psychiatric services, office visits or procedures to treat obesity or for **weight** reduction, including but not limited to, gastric bypasses, "mini" gastric bypasses, stomach stapling, gastric balloons, jejunal bypasses, gastric banding, gastroplasty, BPD-DS, and bariatric specialist services.
- **Work** related injuries or illnesses eligible for coverage by worker's compensation.

Renewability/Termination of Coverage - Coverage for members will renew on an annual basis unless otherwise terminated in the event of, among other things, misuse of your Member ID card, failure to continue to meet eligibility requirements of coverage, member's failure to pay premium, participation in activities which endanger the safety and welfare of CoventryOne or its employees or providers, or termination of CoventryOne's agreement with the member for any reason. For material misstatements or fraudulent statements in the application process, coverage may be void. If a member's coverage terminates for any reason, termination will be for the member and all covered dependents.

This is only a summary description of benefits, exclusions and limitations that is subject to change. This is not a contract. A complete list of benefits, exclusions and the procedural requirements of the plan can be found in the *Certificate of Insurance (CHL.COI.06)*. This material is to be used for informational purposes only.