

**COVENTRY HEALTH CARE OF DELAWARE, INC.  
DIAMOND PLAN 2  
(Maryland)**

The benefits described in this Diamond Plan 2 are in addition to the benefits offered under Coventry Health Care of Delaware, Inc. Small Employer Health Plan and Standard Package Cost Sharing for Maryland Small Employers. The benefits described herein are chosen at the Small Employer's option for an additional Premium to provide lower cost sharing for Members.

**COVERED SERVICES**

**COPAYMENT/COINSURANCE**

<b>Primary Care Services</b> .....	\$10 copayment
<b>Specialty Care Services</b> .....	\$20 copayment
<b>Well Child Visits</b> .....	\$10 copayment
(Includes all visits for children 0-24 months of age and visits that include immunizations for children older than 24 months-13 years of age)	
<b>Inpatient Hospitalization</b> .....	\$250 copayment per admission
<b>Physician Inpatient Visits</b> .....	\$20 copayment
<b>Outpatient Laboratory Services</b> .....	\$40 copayment or 50% of the cost of the service, whichever is less
<b>Outpatient Diagnostic Services</b> .....	\$40 copayment or 50% of the cost of the service, whichever is less
<b>Outpatient Surgery</b> .....	\$40 copayment
<b>Outpatient Rehabilitative Services</b> (up to 30 visits for each service per condition per Contract Year) .....	\$20 copayment
<b>Chiropractic Services</b> (up to 20 visits per condition per Contract Year) .....	\$20 copayment
<b>Durable Medical Equipment</b> .....	\$0 copayment
<b>Hospice</b> .....	\$0 copayment
<b>Home Health Care</b> .....	\$0 copayment
<b>Outpatient Mental Health and Substance Abuse Services</b> .....	30% coinsurance
(Medication Management visits are not counted towards Outpatient Mental Health Visits)	
<b>Inpatient Mental Health and Substance Abuse Services</b> (2 days of partial hospitalization maybe substituted for 1 day of inpatient hospital care)	
• Inpatient Hospital Care and Residential Crisis Services (up to 60 days per Contract Year) .....	
• Physician Inpatient Services .....	

**Infertility Services**

- After diagnosis of Infertility has been confirmed ..... 50% coinsurance

**Skilled Nursing Facility Services**

(up to 100 days per Contract Year) .....\$40 copayment per day

### **Emergency Services**

- Urgent Care Center ..... \$40 copayment
- Hospital Emergency Room (waived if admitted) ..... \$100 copayment
- Emergency Ambulance ..... \$0 copayment

**Out-of-Pocket Limit** ..... \$1,000/Individual \$3,000/Family

The Out-of-Pocket Limit includes coinsurance and Emergency Services copayments. It does not include the Prescription Drug Deductible or any other copayments. The Out-of-Pocket Limit shall not exceed 200% of the annual premium. When the Out-of-Pocket Limit is reached, the Health Plan pays 100% for Covered Services.

**COVENTRY HEALTH CARE OF DELAWARE, INC.**  
**\$100 DEDUCTIBLE, \$0/\$25/\$50 COPAYMENT**  
**PRESCRIPTION DRUG RIDER**  
**(MARYLAND)**

This Prescription Drug Rider is an addition to the Coventry Health Care of Delaware, Inc. (Health Plan) Small Employer Health Plan Agreement (Agreement) and Comprehensive Standard Health Care Plan for Maryland Small Employers. This Rider is chosen at the Small Employer's option, for an additional Premium, and lowers the cost sharing option to Members.

This Rider becomes effective when the Member becomes enrolled, as defined in the Agreement, and continues until it is replaced or terminated, as long as its conditions are met. The Benefits and Services referenced herein are subject to all terms, conditions, limitations and exclusions of the Agreement.

**DEFINITIONS**

**Maintenance Drug(s).** Prescription Drugs which are anticipated to be required for six (6) months or more to treat a chronic condition.

**Prescribing Provider.** A doctor of medicine or other health care professional who:

- is duly licensed under the laws of the jurisdiction in which Prescription Drugs are received; and
- may, in the usual course of business, legally prescribe Prescription Drugs.

**Prescription Drug(s).** Any medication or drug which:

- is provided for outpatient administration;
- has been approved by the Food and Drug Administration; and
- under federal or state law, is dispensed pursuant to a prescription order (legend drug). This definition includes some over-the-counter medications or disposable medical supplies (e.g., insulin and diabetic supplies). A compound substance is considered a Prescription Drug if one or more of the items compounded is a Prescription Drug.

**PRESCRIPTION DRUG BENEFITS**

Subject to the Limitations, Exclusions, Copayments and Ancillary Charges described below, outpatient Prescription Drugs will be covered when:

- written by a Prescribing Provider, and
- filled at a participating pharmacy, including a participating mail order pharmacy, (except for Emergency Services or out of the service area).

## DEDUCTIBLE AND COPAYMENTS

### Prescription Drugs

Benefits are provided for Generic Drugs as follows:

- Generic drugs ..... \$0 copayment per prescription or refill  
(\$0 copayment per prescription or refill  
for a 90 consecutive day supply for  
Maintenance Drugs).

After satisfying a \$100 deductible, benefits are provided for Preferred and Non-Preferred Drugs as follows:

- Preferred Drugs (brand name drugs) ..... \$25 copayment per prescription or refill  
(\$50 copayment per prescription or refill  
for a 90 consecutive day supply for  
Maintenance Drugs).
- Non-Preferred Drugs (brand name drugs) ..... \$50 copayment per prescription or refill  
(\$100 copayment per prescription or refill  
for a 90 consecutive day supply for  
Maintenance Drugs).

A \$100 deductible applies for each covered member per Contract Year for Preferred and Non-Preferred Drugs. When the deductible has been met, the \$25 Copayment for Preferred Prescription Drugs, or the \$50 Copayment for Non-Preferred Prescription drugs, or the cost of the Prescription Drug, whichever is less, must be paid each time a Prescription Drug is filled or refilled. Preferred or Non-Preferred Maintenance Drugs may be dispensed with two (2) Copayments for a 90 consecutive day supply.

Copayments and the deductible do not apply to the Member's Out-of-Pocket Limit listed on the Member's Schedule of Benefits

## ANCILLARY CHARGES

If a brand name Prescription Drug is dispensed, and an equivalent generic Prescription Drug is available, the Member shall pay an Ancillary Charge in addition to the brand name Copayment. The Ancillary Charge will be due regardless of whether or not the Prescribing Provider indicates that the Pharmacy is to "Dispense as Written." The Ancillary Charge is the difference between the price of the brand name and the generic drug.

Total Member payments shall not exceed the price of the prescription drug. Ancillary Charges do not apply to the Member's Out-of-Pocket Limit listed on the Member's Schedule of Benefits.

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Officer  
Coventry Health Care of Delaware, Inc.  
2751 Centerville Road  
Suite 400  
Little Falls Center II  
Wilmington, DE 19808-1627