

**COVENTRY HEALTH CARE OF DELAWARE, INC.
\$2,000 DEDUCTIBLE OPEN ACCESS HRA W/INTEGRATED RX
(Maryland)**

The benefits outlined in this Schedule 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.

Deductible*\$2,000 Individual
\$4,000 Family

(Except for covered Generic Drugs, Primary Care Office Visits, Well Child Visits and Adult Preventive Care Services described below, there is a combined annual deductible for all Covered services, including prescription drugs).

Out-of-Pocket Limit**\$4,900 Individual
(Includes Deductible, Coinsurance and Emergency Room Copayments.) \$9,800 Family

COVERED SERVICES

COPAYMENT/COINSURANCE

Primary Care Services..... \$25 copayment (not subject to deductible)
(Provided in Physician's Office)

Primary Care Services..... Deductible applies, then \$25 copayment
(Not provided in Physician's Office)

Specialty Care Services Deductible applies, then \$40 copayment

Adult Preventive Care Services.....\$25 copayment
(Not subject to the deductible. Eligible expenses include routine physical examinations, routine gynecological examinations, pap smears, routine mammograms, and prostate screening).

Well Child Visits \$10 copayment
(Not subject to the deductible. 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)

Inpatient HospitalizationDeductible applies, then \$250 copayment per admission

Physician Inpatient Hospital Visits...Deductible applies, then \$25 copayment

Outpatient Laboratory ServicesDeductible applies, then \$0 copayment

Outpatient Diagnostic ServicesDeductible applies, then \$0 copayment

Outpatient Surgery Deductible applies, then \$0 copayment

Outpatient Rehabilitative Services Deductible applies, then \$40 copayment
(up to 30 visits for each service per condition per Contract Year)

Habilitative Services Deductible applies, then \$40 copayment
(for children up to age 19 with a congenital or genetic birth defect)

Chiropractic Services Deductible applies, then \$40 copayment
(up to 20 visits per condition per Contract Year)

Durable Medical Equipment Deductible applies, then \$0 copayment

Hospice Deductible applies, then \$0 copayment

Home Health Care Deductible applies, then \$0 copayment

**Outpatient Mental Health and
Substance Abuse Services** Deductible applies, then 30% coinsurance
(Medication Management visits are not counted towards Outpatient Mental Health Visits)

Inpatient Mental Health and Substance Abuse Services

- Inpatient Hospital Care and
Residential Crisis Services Deductible applies, then \$250 copayment per admission
(up to 60 days per Contract Year)
- Physician Inpatient Services.. Deductible applies, then \$25 copayment
(2 days of partial hospitalization may be substituted for 1 day of inpatient hospital care)

Infertility Services Deductible applies, then 50% coinsurance
(After diagnosis of Infertility has been confirmed)

Skilled Nursing Facility Services Deductible applies, then \$40 copayment per day
(up to 100 days per Contract Year)

Prescription Drugs

All prescriptions are subject to the same deductible as all other medical services (except Generic Drugs):

- Formulary Generic Drugs..... Not subject to deductible. \$15 copayment per
Prescription or refill (\$30 copayment per
prescription or refill for a 90 consecutive day
supply for Maintenance Drugs).
- Preferred Drugs (brand name drugs)..... Deductible applies, then \$25 copayment per
Prescription or refill (\$50 copayment per
prescription or refill for 90 consecutive day
supply for Maintenance Drugs).

- Non-Preferred Drugs (brand name drugs)..... Deductible applies, then \$50 copayment per Prescription or refill (\$100 copayment per prescription or refill for 90 consecutive day supply for Maintenance Drugs)
- Self Administered injectable (other than insulin)..... Copay is 50% of the allowable charge not to exceed \$75, after the Deductible

Allowable charge means charges for Prescription Drugs dispensed at a Participating Pharmacy that are equal to:

- the contracted rate or the rate the Health Plan has agreed to pay.

If member chooses a brand name drug when a generic is available, the member will pay the difference in price between the price of the brand name and the generic in addition to the copay. The member is responsible for the lesser of the copayment or the cost of the prescription.

Emergency Services

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

* **Deductible:** The individual Deductible for individual coverage is a limit on the dollar amount of allowable charges You must pay per contract year before you receive benefits. The family Deductible is the limit on the total dollar amount of allowable charges Members of the same family covered under this Agreement must pay in aggregate per contract year before receiving benefits.

** **Out-of-Pocket Limit:** Article 1.6 of the Membership Agreement is amended to read as follows:

The individual Out-of-Pocket Limit for individual coverage is the dollar amount a Member will have to pay out of his or her pocket per contract year. When a Member has reached the individual Out-of-Pocket Limit, benefits for Covered Services are covered at the rate of 100% for the rest of that contract year.

The family Out-of-Pocket Limit is the dollar amount members of the same family will have to pay out of pocket in aggregate per contract year. When a family has reached the family Out-of-Pocket Limit, benefits for Covered Services are covered at the rate of 100% for the rest of that contract year for all family members.

The Out-of-Pocket Limit includes the deductibles, coinsurance and Emergency Room copayments.

Officer

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