



# HealthAmericaOne Product Suite

PPO Products for Pennsylvania and Ohio (select counties) • Plan Year 2011/2012

Plan Name		Participating Providers													Non-participating Providers		
		Plan Number	Primary Care Physician & Specialist Office Visit	Preventive Care Copay	Urgent Care/ Emergency Room Copay (after deductible)	Deductible	Coinsurance (after deductible)	Inpatient Copay (after deductible)	Outpatient Surgery Copay (after deductible)	Outpatient Diagnostic X-Ray Copay (after deductible)	Major Radiology Copay (after deductible)	Out-of-Pocket Maximum (2x)	Prescription Benefits (after deductible) 2x mail order Tier 1 not subject to deductible	Preventive Dental	Deductible (2x)	Coinsurance (after deductible)	Coinsurance Maximum (2x)
Choice 1	Choice1 PPO \$1250	95137	\$20/ded/\$40	\$0	\$40/\$200	\$1,250/\$2,500	0%	0%	0%	0%	\$200	Unlimited	\$15/\$35/\$60	Yes	\$2,500	30%	\$10,000
	Choice1 PPO \$2000	95138	\$20/ded/\$40	\$0	\$40/\$200	\$2,000/\$4,000	0%	0%	0%	0%	\$200	Unlimited	\$15/\$35/\$60	Yes	\$4,000	30%	\$10,000
	Choice1 PPO \$4000	95139	\$20/ded/\$40	\$0	\$40/\$200	\$4,000/\$8,000	0%	0%	0%	0%	\$200	Unlimited	\$15/\$35/\$60	Yes	\$8,000	30%	\$10,000
		Plan Number	Primary Care Physician & Specialist Office Visit	Preventive Care Copay	Urgent Care/ Emergency Room Copay	Deductible	Coinsurance (after deductible)	Inpatient Copay (after deductible)	Outpatient Surgery Copay (after deductible)	Outpatient Diagnostic X-Ray Copay (after deductible)	Major Radiology Copay (after deductible)	Out-of-Pocket Maximum (2x)	Prescription Benefits** 2x mail order	Preventive Dental	Deductible (2x)	Coinsurance (after deductible)	Coinsurance Maximum (2x)
Copay Series	Copay 100% \$0 (\$20/\$40)	95144	\$20/\$40	\$0	\$40/\$200	\$0	0%	\$350 (days 1-5)	\$350	\$40	\$200	Unlimited	\$15/\$35/\$60	Yes	\$5,000	50%	\$5,000
	Copay 100% \$0 (\$25/\$50)	95145	\$25/\$50	\$0	\$50/\$200	\$0	0%	\$500 (days 1-5)	\$500	\$50	\$200	Unlimited	\$15/\$35/\$60	Yes	\$5,000	50%	\$5,000
	Copay 100% \$1200/\$2400	95146	\$20/\$40	\$0	\$40/\$200 (after ded)	\$1,200/\$2,400	0%	\$0	0%	0%	\$200	Unlimited	\$15/\$35/\$60	Yes	\$2,400	50%	\$7,600
	Copay 90% \$750/\$1500	95141	\$20/\$40	\$0	\$40/\$200 (plus ded & coins)	\$750/\$1,500	10%	10%	10%	10%	\$200 then 10%	\$2,500	\$15/\$35/\$60	Yes	\$1,500	50%	Unlimited
	Copay 90% \$1000/\$2000	95142	\$20/\$40	\$0	\$40/\$200 (plus ded & coins)	\$1,000/\$2,000	10%	10%	10%	10%	\$200 then 10%	\$2,000	\$15/\$35/\$60	Yes	\$2,000	50%	\$8,000
	Copay 90% \$2000/\$4000	95143	\$20/\$40	\$0	\$40/\$200 (plus ded & coins)	\$2,000/\$4,000	10%	10%	10%	10%	\$200 then 10%	\$3,000	\$15/\$35/\$60	Yes	\$4,000	50%	\$6,000
	Copay 80% \$500/\$1000	95140	\$20/\$40	\$0	\$40/\$200 (plus ded & coins)	\$500/\$1,000	20%	\$250 (plus 20%)	\$100 (plus 20%)	20%	\$200 then 20%	\$5,000	\$15/\$35/\$60	Yes	\$1,000	50%	Unlimited

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<b>Qualified Series</b>	*QHDHP 100% \$1250/\$2500	98177	\$15/\$25	\$0	\$25/\$150	\$1,250/\$2,500	0%	0%	0%	\$25	\$25	\$3,000	\$5/\$30/\$55	Yes	\$2,500	50%	\$6,000
	*QHDHP 100% \$2500/\$5000	98179	0%	\$0	0%/\$150	\$2,500/\$5,000	0%	0%	0%	\$25	\$25	\$4,000	\$5/\$30/\$55	Yes	\$5,000	50%	\$8,000
	*QHDHP 100% \$3750/\$7500	98181	\$15/\$25	\$0	\$25/\$150	\$3,750/\$7,500	0%	0%	0%	\$25	\$25	\$5,000	\$10/\$20/\$45	Yes	\$7,500	50%	\$10,000
	*QHDHP 90% \$1500/\$3000	98187	10%	\$0	10%/10%	\$1,500/\$3,000	10%	10%	10%	10%	10%	\$5,000	\$10/\$30/\$50	Yes	\$3,000	50%	Unlimited
	*QHDHP 90% \$3000/\$6000	98183	10%	\$0	10%/10%	\$3,000/\$6,000	10%	10%	10%	10%	10%	\$5,000	\$10/\$30/\$50	Yes	\$6,000	50%	Unlimited
<b>Rewards Series</b>	Rewards \$1,750/\$3,500	98188	\$40/\$60	\$0	\$60/\$400	\$1,750/\$3,500	15%	15%	15%	15%	15%	\$3,500	\$15 Tier 1/ \$50 Tier 2	No	\$5,000	50%	\$10,000
	Rewards \$2,500/\$5,000	98189	\$40/\$60	\$0	\$60/\$400	\$2,500/\$5,000	15%	15%	15%	15%	15%	\$5,000	\$15 Tier 1/ \$50 Tier 2	No	\$5,000	50%	\$10,000
	Rewards \$5,000/\$10,000	98191	\$40/\$60	\$0	\$60/\$400	\$5,000/\$10,000	15%	15%	15%	15%	15%	\$10,000	\$15 Tier 1/ \$50 Tier 2	No	\$10,000	50%	\$20,000

### Notes Regarding All Plans

\*These plans are qualified high deductible health plans and may be used with a Health Savings Account.

\*\*\$100 Individual/\$300 Family Rx benefits deductible (on Copay Series). Excludes Tier 1.

- Lifetime Maximums are unlimited.
- Coinsurance is based on Eligible Charges as defined in your Certificate of Insurance. Benefit limitations are a combination of in-network and out-of-network benefits.
- Coverage for biologically based illness (BBMI) is unlimited for inpatient and outpatient services. Office visits copays/ coinsurance and inpatient hospital copays/coinsurance apply to BBMI. Substance abuse limits for PA members is dictated by PA Act 106 and includes detox, non-hospital residential and outpatient services.
- Pregnancy and delivery are not covered benefits (unless there are complications).
- HealthAmerica pays nonparticipating providers an out-of-network rate, which is the usual rate paid to medical providers in a geographic area for a specific medical service. 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 non-emergency services. Your out-of-pocket costs for non-emergency care from nonparticipating providers may be substantial.

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 HealthAmericaOne Non-employer Group Contract, which is underwritten by Coventry Health and Life Insurance Company (d.b.a. HealthAmerica) for the HealthAmerica Ohio Insurance Trust.