

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 Tier 1 Drugs):

- Tier 1 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).

- Tier 2 Drugs..... Deductible applies, then \$25 copayment per Prescription or refill (\$50 copayment per prescription or refill for 90 consecutive day supply for Maintenance Drugs).

- Tier 3 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.

PLEASE NOTE THAT THERE ARE LIMITED CIRCUMSTANCES WHEN YOU MAY RECEIVE COVERED SERVICES FROM AN OUT-OF-NETWORK PROVIDER, **FOR EXAMPLE, FOR EMERGENCY SERVICES**. IF YOU RECEIVE SERVICES FROM AN OUT-OF-NETWORK PROVIDER, YOUR COINSURANCE AMOUNT, IF APPLICABLE, WILL BE APPLIED TO THE OUT-OF-NETWORK RATE TO DETERMINE HOW MUCH WE PAY FOR COVERED SERVICES PROVIDED BY THE OUT-OF-NETWORK PROVIDER. *Based on your benefit plan, You may have limited coverage for out-of-network services. Please review your group membership agreement carefully regarding when out-of-network services may be included in your coverage.*

Out-of-Network Rate: The Out-of-Network Rate is the rate we pay for claims for services rendered by a non-Participating Provider. We will pay the claims as follows:

- claims submitted by a hospital will be paid at the rate approved by the Health Services Cost Review Commission;
- claims submitted by a trauma physician for trauma care rendered to a trauma patient in a trauma center will be paid at the greater of:
 - 140% of the rate paid by the Medicare program, as published by the Centers for Medicare and Medicaid Services, for the same covered service to a similarly licensed provider, or
 - the rate as of January 1, 2001 that We paid in the same geographic area, as published by the Centers for Medicare and Medicaid Services, for the same covered service, to a similarly licensed provider; and
- claims submitted by any other health care provider will be paid at the greater of:
 - 125% of the rate We pay in the same geographic area, as published by the Centers for Medicare and Medicaid Services, for the same covered service, to a similarly licensed provider who is a Participating Provider, or
 - the rate We paid as of January 1, 2000, in the same geographic area, as published by the Centers for Medicare and Medicaid Services, for the same covered service, to a similarly licensed provider who is not a Participating Provider.

This is not a contract or a definitive statement of benefits. It is intended solely to provide you with an overview of the proposed Coventry benefits. Complete details of benefits, terms and exclusions are governed by your Coventry Group Membership Agreement (GMA). **The Coventry GMA may not cover all your health care expenses. Read your GMA carefully to determine which health care services are covered. If you have questions call us toll free at 1-800-833-7423.**