

2011 New and Renewal Plans

Effective 10/1/2010

This grid displays information on what the member will pay when choosing a Coventry plan.

Plan Name		In-Network Providers									Out-of-Network Providers		
		Office Visit (PCP/Specialist)	Preventive Care Copay	Deductible Single (2x Family)	Coinsurance (after deductible)	Inpatient Hospital	Outpatient Hospital	Outpatient Surgery	Emergency Room/ Urgent Care Clinic	Out-of-Pocket Max. Excluding Deductible (2x Family)	Deductible Single (2x Family)	Coinsurance (after deductible)	Out-of-Pocket Max. Excluding Deductible (2x Family)
Premier	Premier 150	\$15/\$30	\$0	\$0	0%	\$150/day x3	\$200	\$200	\$200/\$50	\$1,500	\$1,000	30%	\$2,000
	Premier 200	\$20/\$40	\$0	\$0	0%	\$200/day x3	\$200	\$200	\$200/\$50	\$1,500	\$1,000	30%	\$2,500
	Premier 250	\$25/\$50	\$0	\$0	0%	\$250/day x3	\$250	\$250	\$200/\$50	\$2,500	\$3,000	30%	\$3,000
	Premier 300	\$30/\$60	\$0	\$0	0%	\$300/day x3	\$300	\$300	\$200/\$50	\$3,000	\$3,500	30%	\$3,000
	Premier 500	\$30/\$60	\$0	\$0	0%	\$500/day x3	\$500	\$500	\$200/\$50	\$3,500	\$4,000	30%	\$3,500
	Premier 500D	\$35	\$0	\$500	0%	Ded., 0%	Ded., \$50	Ded., \$50	\$200/\$50	\$3,500	\$4,000	30%	\$3,500
Classic	Classic 1000	\$20/\$40	\$0	\$1,000	10%	Ded., 10%	Ded., 10%	Ded., \$100	\$200/\$50	\$2,000	\$2,000	30%	\$4,000
	Classic 1500	\$25/\$50	\$0	\$1,500	10%	Ded., 10%	Ded., 10%	Ded., \$100	\$200/\$50	\$2,000	\$3,000	30%	\$4,000
	Classic 2000	\$25/\$50	\$0	\$2,000	10%	Ded., 10%	Ded., 10%	Ded., \$100	\$200/\$50	\$2,000	\$4,000	30%	\$4,000
	Classic 2500	\$25/\$50	\$0	\$2,500	10%	Ded., 10%	Ded., 10%	Ded., \$100	\$200/\$50	\$2,000	\$5,000	30%	\$4,000
	Classic 3000	\$30/\$60	\$0	\$3,000	10%	Ded., 10%	Ded., 10%	Ded., \$100	\$200/\$50	\$2,000	\$6,000	30%	\$4,000
Value	Value 250	\$20/\$30	\$0	\$250	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$1,000	\$1,000	40%	\$2,000
	Value 500	\$20/\$40	\$0	\$500	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$1,500	40%	\$5,000
	Value 750	\$20/\$40	\$0	\$750	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$1,500	40%	\$5,000
	Value 1000	\$20/\$40	\$0	\$1,000	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$2,000	40%	\$5,000
	Value 1500	\$25/\$50	\$0	\$1,500	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$3,000	40%	\$5,000
	Value 2000	\$25/\$50	\$0	\$2,000	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$4,000	40%	\$5,000
	Value 2500	\$25/\$50	\$0	\$2,500	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$5,000	40%	\$5,000
	Value 3000	\$30/\$60	\$0	\$3,000	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$6,000	40%	\$5,000
	Value 4000	\$30/\$60	\$0	\$4,000	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$8,000	40%	\$5,000
	Value 5000	\$30/\$60	\$0	\$5,000	20%	Ded., 20%	Ded., 20%	Ded., \$200	\$200/\$50	\$2,500	\$10,000	40%	\$5,000

Notes Regarding All Plans

- All plans:**
- Family deductible equals 2x the single; family OOP max equals 2x the single.
 - Out-of-Pocket (OOP) maximum does not include copays, only medical deductibles and coinsurance.
 - Calendar year deductible on all plans.

- Premier plans:**
- Inpatient and Outpatient hospital copays count toward OOP maximum.
 - CT/MRI \$100 copay.

Provided for demonstration purposes only. Actual benefits, cost-sharing provisions, limitations and exclusions are set forth in the Certificate of Insurance and Schedule of Benefits issued to members. These plans have exclusions and limitations and terms under which plans can be continued in force.

2011 New and Renewal Plans continued

This grid displays information on what the member will pay when choosing a Coventry plan.

Plan Name		In-Network Providers									Out-of-Network Providers		
		Office Visit (PCP/Specialist)	Preventive Care Copay	Deductible Single (2x Family)	Coinsurance (after deductible)	Inpatient Hospital	Outpatient Hospital	Outpatient Surgery	Emergency Room/ Urgent Care Clinic	Out of Pocket Max. Excluding Deductible (2x Family)	Deductible Single (2x Family)	Coinsurance (after deductible)	Out of Pocket Max. Excluding Deductible (2x Family)
Saver	Saver 500	\$20/\$40	\$0	\$500	30%	Ded., 30%	Ded., 30%	Ded., \$300	\$200/\$50	\$3,000	\$1,500	50%	\$6,000
	Saver 1000	\$20/\$40	\$0	\$1,000	30%	Ded., 30%	Ded., 30%	Ded., \$300	\$200/\$50	\$3,000	\$2,000	50%	\$6,000
	Saver 1500	\$25/\$50	\$0	\$1,500	30%	Ded., 30%	Ded., 30%	Ded., \$300	\$200/\$50	\$3,000	\$3,000	50%	\$6,000
	Saver 2000	\$25/\$50	\$0	\$2,000	30%	Ded., 30%	Ded., 30%	Ded., \$300	\$200/\$50	\$3,000	\$4,000	50%	\$6,000
	Saver 2500	\$25/\$50	\$0	\$2,500	30%	Ded., 30%	Ded., 30%	Ded., \$300	\$200/\$50	\$3,000	\$5,000	50%	\$6,000
	Saver 3000	\$30/\$60	\$0	\$3,000	30%	Ded., 30%	Ded., 30%	Ded., \$300	\$200/\$50	\$3,000	\$6,000	50%	\$6,000
	Saver 5000	\$30/\$60	\$0	\$5,000	30%	Ded., 30%	Ded., 30%	Ded., \$300	\$200/\$50	\$3,000	\$10,000	50%	\$6,000
SJ	SJ 1500A	\$25/Ded, \$50	\$0	\$1,500	0%	Ded., \$250/adm.	Ded., 0%	Ded., \$200	\$50 UC/Ded., \$200 ER	None	\$3,000	40%	\$5,000
	SJ 2000A	\$25/Ded, \$50	\$0	\$2,000	0%	Ded., \$250/adm.	Ded., 0%	Ded., \$200	\$50 UC/Ded., \$200 ER	None	\$4,000	40%	\$5,000
	SJ 2500A	\$25/Ded, \$50	\$0	\$2,500	0%	Ded., \$250/adm.	Ded., 0%	Ded., \$200	\$50 UC/Ded., \$200 ER	None	\$5,000	40%	\$5,000
	SJ 3500A	\$35/Ded, \$50	\$0	\$3,500	0%	Ded., \$250/adm.	Ded., 0%	Ded., \$200	\$50 UC/Ded., \$200 ER	None	\$7,000	40%	\$5,000
	SJ 5000A	\$50/Ded, \$60	\$0	\$5,000	0%	Ded., \$250/adm.	Ded., 0%	Ded., \$200	\$50 UC/Ded., \$200 ER	None	\$10,000	40%	\$5,000
Flex Saver	Flex Saver 2000Q	Ded, 0%	\$0	\$2,000	0%	Ded., 0%	Ded., 0%	Ded., 0%	Ded., 0%	\$2,000	\$4,000	40%	\$5,000
	Flex Saver 3000Q EMB	Ded, 0%	\$0	\$3,000	0%	Ded., 0%	Ded., 0%	Ded., 0%	Ded., 0%	\$2,000	\$6,000	40%	\$5,000
	Flex Saver 5000Q EMB	Ded, 0%	\$0	\$5,000	0%	Ded., 0%	Ded., 0%	Ded., 0%	Ded., 0%	\$900	\$10,000	40%	\$5,000
QHDHP	QHDHP 1500	Ded, \$0	\$0	\$1,500	0%	0%	0%	0%	0%	\$0	\$3,000	40%	\$5,000
	QHDHP 2500	Ded, \$0	\$0	\$2,500	0%	0%	0%	0%	0%	\$0	\$5,000	40%	\$5,000
	QHDHP 5000	Ded, \$0	\$0	\$5,000	0%	0%	0%	0%	0%	\$0	\$10,000	40%	\$5,000
	QHDHP 2500C*	Ded, \$40	\$0	\$2,500*	0%	0%	0%	0%	\$250/Ded., \$40	\$2,500	\$5,000*	20%	\$10,000

Notes Regarding All Plans

- All plans:** – Family deductible equals 2x the single; family OOP max equals 2x the single.
 – Out-of-Pocket (OOP) maximum does not include copays, only medical deductibles and coinsurance.
 – Calendar year deductible on all plans.

Flex Saver: – 3000Q and 5000Q have an embedded family deductible.

QHDHP: – *2500C family deductible is equal to the single deductible. Family out-of-pocket max is equal to the single out-of-pocket max.

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