



Reform-ready benefits listed below apply to effective dates beginning February 1, 2011.

	\$3,000	\$5,000
In-Network Benefits >> Member Responsibility		
<i>Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.</i>		
Fusion 100%/50% POS Plans		
Maximum Lifetime Benefit (per member)	Unlimited	
Deductible (per benefit year; maximum three per family combined)	\$3,000 (in-network and out-of-network combined)	\$5,000 (in-network and out-of-network combined)
Coinsurance	Coventry pays 100%; Member pays 0%	
Out-of-Pocket Maximum (per benefit year)	Coventry pays 100% after deductible is met	
Physician Services - Primary Care Physician and Specialist Convenience Care Clinic Services • Office Visits • Lab and x-ray when performed in office • Immunizations • Allergy testing and treatment	First 6 Visits: \$30 7+ Visits: \$60 after deductible	First 6 Visits: \$20 7+ Visits: \$40 after deductible
Preventive Services (no deductible) - PCP and Specialist • Pap smears • Mammograms • Chlamydia testing • PSA testing • Colorectal cancer screening • Routine child well-care exams	Coventry pays 100%; Member pays 0% Mammograms: \$0 (preventive or diagnostic)	
Lab at Quest Diagnostics facility* (outside PCP/Specialist office)	Coventry pays 100%; Member pays 0%	
Urgent Care Facility Services	\$55	
Emergency Room Services (waived if admitted to hospital)	\$150	
Ambulance	\$150	
Inpatient and Outpatient Hospital Services Outpatient Hospital Services include • X-ray, lab, diagnostic services • MRI, CT and PET scans, other nuclear med • Surgery, anesthesia • Chemotherapy, radiation treatment	Coventry pays 100%; Member pays 0%	
Short Term Therapies (20 visits per benefit year) • Physical and Occupational • Cardiac and Pulmonary Rehabilitation • Speech Therapy	Coventry pays 100%; Member pays 0%	
Maternity Services	Not Covered	
Dental* • One preventive cleaning every six months • Diagnostic and restorative services; orthodontic and emergency care	Preventive cleaning: \$20 Other services and care: Copay Varies	
Vision Exam* (every 12 months)	\$15	
Chiropractic Services* (12 visits per benefit year)	\$25	
Mental Health*	<i>An optional rider is available for an additional per member monthly fee. If purchased, it must be taken by all members applying for coverage on the same application.</i>	
Prescription Drug Coverage	<i>Retail must be obtained from participating pharmacies (except in an emergency). Mail order* is a 93-day supply; refer to Coventry's formulary (drug list) for details.</i>	
Tier 1 - Preferred Generic	Retail: \$10; Mail Order: \$20	
Rx Deductible - Tiers 2, 3 and 4 only	\$2,000	
Tier 2 - Formulary Brand	Retail: Rx Deductible, then \$35 Mail Order: Rx Deductible, then \$87.50	
Tier 3 - Non-formulary	Retail: Rx Deductible, then \$50 Mail Order: Rx Deductible, then \$150	
Tier 4 - Self-Administered Injectable Drugs and some Specialty Medications	Retail: Rx Deductible, then Coventry pays 70%; Member pays 30% Mail Order: N/A Out-of-Pocket Maximum: \$3,000 (per benefit year)	
Out-of-Network Benefits	Member Responsibility	
Deductible (per benefit year; maximum three per family combined)	Same as in-network deductible listed above.	
Coinsurance	Coventry pays 50%; Member pays 50%	
Out-of-Pocket Maximum (after deductible)	None	
Convenience Care Clinic Services • Urgent Care Facility Services • Emergency Room Services • Ambulance	Same as in-network copays listed above.	
Preventive Services	Covered In-Network Only	

*Benefit limitations are a combination of in-network and out-of-network benefits. Premiums, deductibles and copays do not apply to out-of-pocket maximum. This summary is a partial description of coverage and does not detail all benefits, limitations and exclusions. Please consult the Member Contract, Schedule of Benefits and applicable Riders to determine the exact terms, conditions and scope of coverage. All plans are subject to a twelve (12) month period for pre-existing conditions, as allowed by law, except when a condition is disclosed at the time of medical underwriting and the policy is approved. Contact your agent for more information regarding pre-existing conditions. CoventryOne is an individual product underwritten by Coventry Health Care of Georgia, Inc. *Services must be received from specific vendors to be covered in-network; contact plan or agent for details.*