HealthAmericaOne.

HealthAmerica*One* 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)
Choice1	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

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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

HealthAmerica*One* Product Suite continued

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Qualified Series	*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
Rewards Series	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.

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