



HealthAmericaOne Product Suite

PPO Products for Pennsylvania and Ohio (select counties) • 1st Quarter 2011

Plan Name		Participating Providers												Non-participating Providers		
		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	Preventive Dental	Deductible (2x)	Coinsurance (after deductible)	Coinsurance Maximum (2x)
Copay Series	Copay 100% \$0 (\$20/\$40)	\$20/\$40	\$0	\$40/\$200	\$0	0%	\$200 (days 1-5)	\$200	\$50	\$200	Unlimited	\$15/\$25/\$50 (2x MO)	Yes	\$5,000	50%	\$5,000
	Copay 100% \$0 (\$25/\$50)	\$25/\$50	\$0	\$50/\$200	\$0	0%	\$500 (days 1-5)	\$500	\$50	\$200	Unlimited	\$15/\$25/\$50 (2x MO)	Yes	\$5,000	50%	\$50
	Copay 100% \$1200/\$2400	\$20/\$40	\$0	\$40/\$200 (after ded)	\$1200/\$2400	0%	\$0	0%	0%	\$200	Unlimited	\$15/\$25/\$50 (2x MO)	Yes	\$2,400	50%	\$7,600
	Copay 90% \$750/\$1500	\$20/\$40	\$0	\$40/\$200 (plus ded & coins)	\$750/\$1500	10%	10%	10%	10%	\$200 then 10%	\$2,500	\$15/\$25/\$50 (2x MO)	Yes	\$1,000	50%	Unlimited
	Copay 90% \$1000/\$2000	\$20/\$40	\$0	\$40/\$200 (plus ded & coins)	\$1000/\$2000	10%	10%	10%	10%	\$200 then 10%	\$2,000	\$15/\$25/\$50 (2x MO)	Yes	\$2,000	50%	\$8,000
	Copay 90% \$2000/\$4000	\$20/\$40	\$0	\$40/\$200 (plus ded & coins)	\$2000/\$4000	10%	10%	10%	10%	\$200 then 10%	\$3,000	\$15/\$25/\$50 (2x MO)	Yes	\$4,000	50%	\$6,000
	Copay 80% \$500/\$1000	\$20/\$40	\$0	\$40/\$200 (plus ded & coins)	\$500/\$1000	20%	20%	20%	20%	\$200 then 20%	\$2,500	\$15/\$25/\$50 (2x MO)	Yes	\$1,000	50%	Unlimited
		Primary Care Physician & Specialist Office Visit (after deductible)	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)	Preventive Dental	Deductible (2x)	Coinsurance (after deductible)	Coinsurance Maximum (2x)
Qualified Series	QHDHP 100% \$1250/\$2500	\$15/\$25	\$0	\$15/\$150	\$1250/\$2500	0%	0%	0%	\$25	\$25	\$3,000	\$5/\$30/\$55 (2x MO)	Yes	\$2,500	50%	\$6,000
	QHDHP 100% \$2500/\$5000	0%	\$0	0%/\$150	\$2500/\$5000	0%	0%	0%	\$25	\$25	\$4,000	\$5/\$30/\$55 (2x MO)	Yes	\$5,000	50%	\$8,000
	QHDHP 100% \$3750/\$7500	\$15/\$25	\$0	\$15/\$150	\$3750/\$7500	0%	0%	0%	\$25	\$25	\$5,000	\$10/\$20/\$45 (2x MO)	Yes	\$7,500	50%	\$10,000
	QHDHP 90% \$1500/\$3000	10%	\$0	10%/10%	\$1500/\$3000	10%	10%	10%	10%	10%	\$5,000	\$10/\$30/\$50 (2x MO)	Yes	\$2,400	50%	Unlimited
	QHDHP 90% \$3000/\$6000	10%	\$0	10%/10%	\$3000/\$6000	10%	10%	10%	10%	10%	\$5,000	\$10/\$30/\$50 (2x MO)	Yes	\$6,000	50%	Unlimited

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Hea1thGear	Hea1thGear \$2500/\$5000	\$40/\$60	\$0	\$60/\$400	\$2500/\$5000	25%	25%	25%	25%	25%	\$5,000	\$15 Tier 1/ \$50 Tier 2	No	\$5,000	50%	\$10,000
	Hea1thGear \$3500/\$7000	\$40/\$60	\$0	\$60/\$400	\$3500/\$7000	25%	25%	25%	25%	25%	\$7,000	\$15 Tier 1/ \$50 Tier 2	No	\$7,000	50%	\$14,000
	Hea1thGear \$5000/\$10000	\$40/\$60	\$0	\$60/\$400	\$5000/\$10000	25%	25%	25%	25%	25%	\$10,000	\$15 Tier 1/ \$50 Tier 2	No	\$10,000	50%	\$20,000

Notes Regarding All Plans

*Some of these plans are qualified high deductible health plans and may be used with a Health Savings Account.

**\$100 Individual/\$300 Family prescription 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.