



## HEALTHAMERICAONE PPO PRODUCTS

### PPO PRODUCTS FOR PENNSYLVANIA & OHIO

IN-NETWORK BENEFITS																OUT-OF-NETWORK BENEFITS			
Plan Type	Plan Name	(PA) Plan Number	Primary Care Physician Office Visit / Specialist Copay	Preventative OV Copay	ER	Urgent Care	Participating Deductible	Coinsurance After Deductible	Inpatient Care	Outpatient Surgery	X-Ray	Out-of-Pocket Maximum	Lifetime Max	Prescription Benefits	Preventative Dental	Deductible	Coinsurance After Deductible	Out-of-Pocket Maximum	Lifetime Maximum
Copoly Series	Copay 100% \$0 / \$0	98138	\$20/\$40	\$20 copay	\$200	Specialist Copay	\$0	0%	\$200 days 1-5	\$200	\$40	Unlimited	\$5 Million	\$15/\$25/\$50, 2x MO**	Yes	\$5,000/\$10,000	50%	\$5,000/\$10,000	\$5 Million
	Copay 100% \$0 \$25/\$50	98146	\$25/\$50	\$25 copay	\$200	Specialist Copay	\$0	0%	\$500 days 1-5	\$500	\$40	Unlimited	\$5 Million	\$15/\$25/\$50, 2x MO**	Yes	\$5,000/\$10,000	50%	\$5,000/\$10,000	\$5 Million
	Copay 100% \$1200 / \$2400	98139	\$20/\$40	\$20 copay	\$200 after Ded	Specialist Copay	\$1,200/\$2,400	0%	\$0 after Ded	\$0 after Ded	\$0 after Ded	Unlimited	\$5 Million	\$15/\$25/\$50, 2x MO**	Yes	\$2,400/\$4,800	50%	\$7,600/\$15,200	\$5 Million
	Copay 90% \$1000 / \$2000	98140	\$20/\$40	\$20 copay	\$200 plus Ded & Coins	Specialist Copay	\$1,000/\$2,000	10%	10% after Ded	10% after Ded	10% after Ded	\$2,000/\$4,000	\$5 Million	\$15/\$25/\$50, 2x MO**	Yes	\$2,000/\$4,000	50%	\$8,000/\$16,000	\$5 Million
	Copay 90% \$2000 / \$4000	98142	\$20/\$40	\$20 copay	\$200 plus Ded & Coins	Specialist Copay	\$2,000/\$4,000	10%	10% after Ded	10% after Ded	10% after Ded	\$3,000/\$6,000	\$5 Million	\$15/\$25/\$50, 2x MO**	Yes	\$4,000/\$8,000	50%	\$6,000/\$12,000	\$5 Million
	Copay 80% \$500 / \$1000	98166	\$20/\$40	\$20 copay	\$200 plus Ded & Coins	Specialist Copay	\$500/\$1,000	20%	20% after Ded	20% after Ded	20% after Ded	\$2,500/\$5,000	\$4 Million	\$15/\$25/\$50, 2x MO**	Yes	\$1,000/\$2,000	50%	Unlimited	\$500,000
Qualified Series	*QHDHP 100% \$1250 / \$2500	98148 w/o HSA 98147 w/ HSA	\$15/\$25 after Ded	\$15 copay	\$150 after Ded	\$15 after Ded	\$1,250/\$2,500	0%	0% after Ded	0% after Ded	0% after Ded	\$3,000/\$6,000	\$4 Million	\$5/\$30/\$55, 2X MO after Ded	Yes	\$2,500/\$5,000	50%	\$6,000/\$12,000	\$500,000
	*QHDHP 100% \$2500 / \$5000	98150 w/o HSA 98149 w/ HSA	0% after Ded	0%	\$150 after Ded	0% after Ded	\$2,500/\$5,000	0%	0% after Ded	0% after Ded	0% after Ded	\$4,000/\$8,000	\$4 Million	\$5/\$30/\$55, 2X MO after Ded	Yes	\$5,000/\$10,000	50%	\$8,000/\$16,000	\$500,000
	*QHDHP 100% \$3750 / \$7500	98152 w/o HSA 98151 w/HSA	\$15/\$25 after Ded	\$15 copay	\$150 after Ded	\$15 after Ded	\$3,750/\$7,500	0%	0% after Ded	0% after Ded	0% after Ded	\$5,000/\$10,000	\$4 Million	\$10/\$20/\$45, 2x MO after Ded	Yes	\$7,500/\$15,000	50%	\$10,000/\$20,000	\$500,000
	*QHDHP 90% \$1200 / \$2400	98158 w/o HSA 98157 w/ HSA	10% after Ded	10%	10% after Ded	10% after Ded	\$1,200/\$2,400	10%	10% after Ded	10% after Ded	10% after Ded	\$5,000/\$10,000	\$4 Million	\$10/\$30/\$50, 2x MO after Ded	Yes	\$2,400/\$4,800	50%	Unlimited	\$500,000
	*QHDHP 90% \$3000 / \$6000	98162 w/o HSA 98161 w/ HSA	10% after Ded	10%	10% after Ded	10% after Ded	\$3,000/\$6,000	10%	10% after Ded	10% after Ded	10% after Ded	\$5,000/\$10,000	\$4 Million	\$10/\$30/\$50, 2x MO after Ded	Yes	\$6,000/\$12,000	50%	Unlimited	\$500,000
HealthGear Series	HealthGear \$2500 / \$5000	98163	\$40 / \$60 after Ded	\$40 copay	\$400 after Ded	\$60 after Ded	\$2,500 / \$5,000	25%	25% after Ded	25% after Ded	25% after Ded	\$5,000 / \$10,000	\$3 Million	\$15 tier 1 / \$50 tier 2 / after Ded	No	\$5,000 / \$10,000	50%	\$10,000 / \$20,000	\$3 Million
	HealthGear \$3500 / \$7000	98164	\$40 / \$60 after Ded	\$40 copay	\$400 after Ded	\$60 after Ded	\$3,500 / \$7,000	25%	25% after Ded	25% after Ded	25% after Ded	\$7,000 / \$14,000	\$3 Million	\$15 tier 1 / \$50 tier 2 / after Ded	No	\$7,000 / \$14,000	50%	\$14,000 / \$28,000	\$3 Million
	HealthGear \$5000 / \$10000	98165	\$40 / \$60 after Ded	\$40 copay	\$400 after Ded	\$60 after Ded	\$5,000 / \$10,000	25%	25% after Ded	25% after Ded	25% after Ded	\$10,000 / \$20,000	\$3 Million	\$15 tier 1 / \$50 tier 2 / after Ded	No	\$10,000 / \$20,000	50%	\$20,000 / \$40,000	\$3 Million

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.

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.

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.

\*These plans are qualified high deductible health plans and may be used with a Health Savings Account. \*\*\$100 Individual / \$300 Family prescription benefits deductible. Excludes tier 1 prescriptions.

Coverage for biologically based mental illness (BBMI) is unlimited for inpatient and outpatient services. Office visit 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).