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2014
ACA-Compliant

CoventryOne®

Kansas Benefit Plan Grid

For plan years effective on or after January 1, 2014



Plan Name	Network	Deductible	Coin-surance	Out-of-Pocket Maximum	PCP Office Visit	Specialist Office Visit	Urgent Care	Emergency Room**	Outpatient Labs	High Tech Diagnostics-Free Standing Facility
 G Gold \$5 Copay	PPO	Ind: \$1,750 Fam: \$3,500	20% AD	Ind: \$5,000 Fam: \$10,000	\$5	\$50 Copay (First 5 Visits)	\$75	\$250 Copay (First 3 Visits)	20% AD	\$250 Copay
	Out-of-Network	Ind: \$5,500 Fam: \$11,000	30% AD	Ind: \$10,000 Fam: \$20,000	30% AD	30% AD	30% AD	\$250 Copay (First 3 Visits)	30% AD	30% AD
 S Silver \$10 Copay	PPO	Ind: \$3,750 Fam: \$7,500	30% AD	Ind: \$6,350 Fam: \$12,700	\$10	\$75 Copay (First Visit)	\$75	\$500 Copay (First Visit)	30% AD	\$250 Copay + Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: \$16,500 Fam: \$33,000	50% AD	50% AD	50% AD	\$500 Copay (First Visit)	50% AD	50% AD
 S Silver Int \$10 Copay	PPO	Ind: \$2,500 Fam: \$5,000	50% AD	Ind: \$6,350 Fam: \$12,700	\$10	\$75 Copay (First Visit)	\$75	\$500 Copay (First Visit)	50% AD	\$250 Copay + Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: \$16,500 Fam: \$33,000	50% AD	50% AD	50% AD	\$500 Copay (First Visit)	50% AD	50% AD
 B Bronze \$10 Copay	PPO	Ind: \$5,600 Fam: \$11,200	30% AD	Ind: \$6,350 Fam: \$12,700	\$10	\$75 + Ded	\$75 + Ded	\$500 + Ded	30% AD	\$250 Copay + Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: \$17,500 Fam: \$35,000	50% AD	50% AD	50% AD	\$500 + Ded	50% AD	50% AD
 B Bronze Deductible Only	PPO	Ind: \$6,300 Fam: \$12,600	0% AD	Ind: \$6,300 Fam: \$12,600	Ded	Ded	Ded	Ded	Ded	Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: \$22,000 Fam: \$44,000	50% AD	50% AD	50% AD	Ded	50% AD	50% AD
C Catastrophic *	PPO	Ind: \$6,350 Fam: \$12,700	0% AD	Ind: \$6,350 Fam: \$12,700	\$20 Copay (First 3 Visits)	Ded	Ded	Ded	Ded	Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: Unlimited Fam: Unlimited	50% AD	50% AD	50% AD	Ded	50% AD	50% AD
 G Gold \$5 Copay	POS	Ind: \$1,750 Fam: \$3,500	20% AD	Ind: \$5,000 Fam: \$10,000	\$5	\$50 Copay (First 5 Visits)	\$75	\$250 Copay (First 3 Visits)	20% AD	\$250 Copay
	Out-of-Network	Ind: \$5,500 Fam: \$11,000	30% AD	Ind: \$10,000 Fam: \$20,000	30% AD	30% AD	30% AD	\$250 Copay (First 3 Visits)	30% AD	30% AD
 S Silver \$10 Copay	POS	Ind: \$3,750 Fam: \$7,500	30% AD	Ind: \$6,350 Fam: \$12,700	\$10	\$75 Copay (First Visit)	\$75	\$500 Copay (First Visit)	30% AD	\$250 Copay + Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: Unlimited Fam: Unlimited	50% AD	50% AD	50% AD	\$500 Copay (First Visit)	50% AD	50% AD
 S Silver Int \$10 Copay	POS	Ind: \$2,500 Fam: \$5,000	50% AD	Ind: \$6,350 Fam: \$12,700	\$10	\$75 Copay (First Visit)	\$75	\$500 Copay (First Visit)	50% AD	\$250 Copay + Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: Unlimited Fam: Unlimited	50% AD	50% AD	50% AD	\$500 Copay (First Visit)	50% AD	50% AD
 B Bronze \$10 Copay	POS	Ind: \$5,600 Fam: \$11,200	30% AD	Ind: \$6,350 Fam: \$12,700	\$10	\$75 + Ded	\$75 + Ded	\$500 + Ded	30% AD	\$250 Copay + Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: Unlimited Fam: Unlimited	50% AD	50% AD	50% AD	\$500 + Ded	50% AD	50% AD
 B Bronze Deductible Only	POS	Ind: \$6,300 Fam: \$12,600	0% AD	Ind: \$6,300 Fam: \$12,600	Ded	Ded	Ded	Ded	Ded	Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: Unlimited Fam: Unlimited	50% AD	50% AD	50% AD	Ded	50% AD	50% AD
C Catastrophic *	POS	Ind: \$6,350 Fam: \$12,700	0% AD	Ind: \$6,350 Fam: \$12,700	\$20 Copay (First 3 Visits)	Ded	Ded	Ded	Ded	Ded
	Out-of-Network	Ind: \$6,400 Fam: \$12,800	50% AD	Ind: Unlimited Fam: Unlimited	50% AD	50% AD	50% AD	Ded	50% AD	50% AD

NOTE REGARDING ALL PLANS DESCRIBED IN THIS GRID

Note: The out-of-pocket maximum includes Deductible, Copays, Coinsurance. * When more than one person is applying for coverage, the Family Deductible and out-of-pocket maximum must be met before any benefits are paid that are subject to the Deductible or out-of-pocket maximum. Lab work drawn at PCP but processed by outside vendor, will not be included in Copay. The following individuals are eligible for catastrophic plans On-Exchange: individuals who have not attained the age of 30 prior to the first day of the contract year or individuals who have received a certificate of exemption for the reasons identified in section 1302(e)(2)(B)(i) or (ii) of PPACA.

CoventryOne PPO is a health insurance product underwritten by Coventry Health and Life Insurance Company and administered by Coventry Health Care, CoventryOne POS is a health insurance product underwritten by Coventry Health Care of Kansas, Inc. This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the Individual Policy, Schedule of Payments, and applicable Riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

Benefit Plan Grid

Kansas



Inpatient Hospital	Surgery Outpatient Facility	Pharmacy (Preferred Pharmacy / Non Preferred Pharmacy)							
		Tier					Separate Rx Deductible	Out-of-Pocket Pharmacy Maximum	
		1A	1	2	3	4			5
20% AD	20% AD	\$3	\$5	\$30 AD	\$60 AD	20% Coins AD	30% Coins AD	\$250	Integrated with the Medical MOOP
\$1,000 Copay + Ded and 30% Coins	30% AD	\$10	\$10	\$40 AD	\$75 AD	N/A	N/A	\$250	
\$500 Copay + Ded and 30% Coins	\$250 Copay + Ded and 30% Coins	\$5	\$15	\$45 AD	\$75 AD	30% Coins AD	40% Coins AD	\$1,000	Integrated with the Medical MOOP
\$1,000 Copay + Ded and 50% Coins	\$250 Copay + Ded and 50% Coins	\$20	\$20	\$55 AD	\$85 AD	N/A	N/A	\$1,000	
50% AD	50% AD	\$5	\$15	\$45 AD	\$75 AD	50% Coins AD	60% Coins AD	None	Integrated with the Medical MOOP
\$1,000 Copay + Ded and 50% Coins	\$250 Copay + Ded and 50% Coins	\$20	\$20	\$55 AD	\$85 AD	N/A	N/A	None	
\$500 Copay + Ded and 30% Coins	\$250 Copay + Ded and 30% Coins	N/A	\$15	\$45 AD	\$75 AD	30% Coins AD	40% Coins AD	None	Integrated with the Medical MOOP
\$1,000 Copay + Ded and 50% Coins	\$250 Copay + Ded and 50% Coins	N/A	\$20	\$55 AD	\$85 AD	N/A	N/A	None	
Ded	Ded	N/A	Ded	Ded	Ded	Ded	Ded	None	Integrated with the Medical MOOP
50% AD	50% AD	N/A	Ded	Ded	Ded	Ded	Ded	None	
Ded	Ded	N/A	Ded	Ded	Ded	Ded	Ded	None	Integrated with the Medical MOOP
50% AD	50% AD	N/A	Ded	Ded	Ded	Ded	Ded	None	
20% AD	20% AD	\$3	\$5	\$30 AD	\$60 AD	20% Coins AD	30% Coins AD	\$250	Integrated with the Medical MOOP
\$1,000 Copay + Ded and 30% Coins	30% AD	\$10	\$10	\$40 AD	\$75 AD	N/A	N/A	\$250	
\$500 Copay + Ded and 30% Coins	\$250 Copay + Ded and 30% Coins	\$5	\$15	\$45 AD	\$75 AD	30% Coins AD	40% Coins AD	\$1,000	Integrated with the Medical MOOP
\$1,000 Copay + Ded and 50% Coins	\$250 Copay + Ded and 50% Coins	\$20	\$20	\$55 AD	\$85 AD	N/A	N/A	\$1,000	
50% AD	50% AD	\$5	\$15	\$45 AD	\$75 AD	50% Coins AD	60% Coins AD	None	Integrated with the Medical MOOP
\$1,000 Copay + Ded and 50% Coins	\$250 Copay + Ded and 50% Coins	\$20	\$20	\$55 AD	\$85 AD	N/A	N/A	None	
\$500 Copay + Ded and 30% Coins	\$250 Copay + Ded and 30% Coins	N/A	\$15	\$45 AD	\$75 AD	30% Coins AD	40% Coins AD	None	Integrated with the Medical MOOP
\$1,000 Copay + Ded and 50% Coins	\$250 Copay + Ded and 50% Coins	N/A	\$20	\$55 AD	\$85 AD	N/A	N/A	None	
Ded	Ded	N/A	Ded	Ded	Ded	Ded	Ded	None	Integrated with the Medical MOOP
50% AD	50% AD	N/A	Ded	Ded	Ded	Ded	Ded	None	
Ded	Ded	N/A	Ded	Ded	Ded	Ded	Ded	None	Integrated with the Medical MOOP
50% AD	50% AD	N/A	Ded	Ded	Ded	Ded	Ded	None	

Actuarial Values



GOLD



SILVER



BRONZE



CATASTROPHIC

METALLIC VALUES/DESIGNATIONS

Gold 80% actuarial value
 Silver 70% actuarial value
 Bronze 60% actuarial value
 Catastrophic

KEY

AD After Deductible
 ** Copayments are waived if admitted
 Copay Copayments
 Coins Coinsurance
 Ded Deductible