WELLPATH
A Coventry Health Care Plan

100/2500 PPOS SCQ-1

BENEFITS AT A GLANCE WellPath 100/2500 PPOS SCQ-1

BENEFITS		MEMBER PAYS In Network	MEMBER PAYS Out of Network
Deductible (per Benefit Year)	Individual	$2,500	$5,000
	Family	$5,000	$10,000
Coinsurance Maximum (per Benefit Year)	Individual	$2,500	$8,000
	Family	$5,000	$16,000
Maximum Lifetime Benefit (per Member)		Unlimited	Unlimited
Primary Care Physician (PCP) Services * Office Visits		0% after Deductible	20% of ONR, after Deductible
Preventive Health Screenings * annual physical exam, well woman visit, well baby visit * routine adult and child immunizations		covered in full	20% of ONR, after Deductible
Specialist Physician Services * Office Visits		0% after Deductible	20% of ONR, after Deductible
* Allergy Testing		0% after Deductible	Not Covered
Maternity Services * Prenatal/Postnatal Visits and Delivery		0% after Deductible	20% of ONR, after Deductible
Urgent Care Services * Must meet Urgent Care criteria.		0% after Deductible	20% of ONR, after Deductible
Emergency Care Services * Must meet Emergency criteria, subject to prudent layperson review.		0% after Deductible	0% after Deductible
Inpatient Hospital Care, Including Observation Stays		0% after Deductible	20% of ONR, after Deductible
Outpatient Hospital, Outpatient Facility & Freestanding Facility Services		0% after Deductible	20% of ONR, after Deductible
High Technology Radiology (MRI, CAT, PET, et al)		0% after Deductible	20% of ONR, after Deductible
Injectables * Administered in Provider's office except that Covered immunizations are Covered as noted under "Primary Care Physician/Provider (PCP) Office Visits" and "Specialist Office Visits" in Section 6 of Certificate of Coverage.		0% after Deductible	20% of ONR, after Deductible
Durable Medical Equipment/Prosthetics and Orthotics * $8,000 Limit per Benefit Year. This is a combined In-Network and Out-of-Network Limitation. *Dependent on benefit coverage and authorization requirements*		0% after Deductible	20% of ONR, after Deductible

This is intended for information purposes only. It is not a complete listing of the benefits, exclusions, terms or conditions of the Certificate of Coverage.

WELLPATH
A Coventry Health Care Plan

100/2500 PPOS SCQ-1

BENEFITS AT A GLANCE WellPath 100/2500 PPOS SCQ-1

BENEFITS	MEMBER PAYS	
Short Term Therapies (per Benefit Year) * Physical - 20 visits * Speech - 20 visits * Occupational - 20 visits * Cardiac & Pulmonary Rehabilitation ($1,500 lifetime maximum benefit per Member)	0% after Deductible	20% of ONR, after Deductible
Skilled Nursing Facility * 75 days per Benefit Year	0% after Deductible	NOT COVERED
Home Health Care * 30 days per Benefit Year	0% after Deductible	NOT COVERED
Hospice * 210 days per Member per lifetime * Family Counseling and Bereavement limited to 5 visits per Benefit Year	0% after Deductible	NOT COVERED
Transplant Services * Donor screening testing is limited to $10,000 maximum per Member per lifetime * Services provided at Coventry Transplant Network Facility	0% after Deductible	NOT COVERED
Laboratory and Reference Pathology Services	0% after Deductible	20% of ONR, after Deductible
Chiropractic Services - 20 Visits * This is a combined In-Network and Out-of-Network Limitation.	0% after Deductible	20% of ONR, after Deductible
Wigs for Hair Loss Resulting from Cancer Treatment * This is a combined In and Out-of-Network limitation.	$500 maximum (per Member per lifetime)	
Smoking Cessation * Reimbursement of costs for Prescription Drugs, over-the-counter drugs ("OTC")	$165 maximum (per Member per lifetime)	

This is intended for information purposes only. It is not a complete listing of the benefits, exclusions, terms or conditions of the Certificate of Coverage.

This overview does not replace your Certificate of Coverage. Many words are defined in the Certificate, and other limitations or exclusions may be listed in other sections of your Certificate. Reading this overview by itself could give you an inaccurate impression of the terms of your coverage. This overview must be read with the rest of your Certificate. A complete list of covered services, exclusions, and limitations can be found in your Certificate of Coverage. Prior authorization is required for specific services.

Primary Care Physician (PCP) referral not required; Direct access to all providers.

Deductibles and Copayments apply to the Out-of-Pocket Maximum.

**** NOTE: The Out-of-Network Rate (ONR) is determined by percentage of Medicare ****

Member is responsible for amounts in excess of Out-of-Network Rate (ONR) *__in addition to__* applicable Copayments and Coinsurance.

Exclusions and Limitations:

Services not covered include, but are not limited to: services that are not medically necessary; personal or convenience items; custodial care; cosmetic services and surgery; over-the-counter drugs; medication/supplies not requiring a prescription; experimental procedures and treatments; and food and food supplements. Please refer to your Certificate of Coverage.