

Benefits listed below apply to effective dates through September 15, 2010.



## \$20 Copay POS Plans

	\$500	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$10,000
<b>In-Network Benefits &gt;&gt; Member Responsibility</b>							
<i>Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.</i>							
Maximum Lifetime Benefit (per member)	\$6 million (in-network and out-of-network combined)						
Deductible (per benefit year; maximum three per family combined)	\$500	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$10,000
Coinsurance	Coventry pays 70%; Member pays 30%						
Out-of-Pocket Maximum (after deductible) (per benefit year; maximum three per family combined)	\$2,500						
Primary Care Physician (PCP) Office Services (General Physician, Family Practitioner, Pediatrician or Internist) • Office Visits • Includes lab and x-ray when performed in office • Immunizations	\$20						
Specialty Physician Office Services • Includes lab and x-ray when performed in office • Allergy testing and treatment	\$55						
Preventive Services - PCP and Specialist • Pap smears • Mammograms • Chlamydia testing • PSA testing • Colorectal cancer screening • Routine child well-care exams	\$20 Mammograms: \$0 (preventive or diagnostic)						
Lab at Quest Diagnostics facility* (outside PCP/Specialist office)	Coventry pays 70%; Member pays 30%						
Convenience Care Clinic	\$20						
Urgent Care Facility Services	\$55						
Emergency Room Services (waived if admitted to hospital)	\$150						
Ambulance	\$150						
Inpatient and Outpatient Hospital Services Outpatient Hospital Services include • X-ray, lab, diagnostic services • MRI, CT and PET scans, other nuclear med • Surgery, anesthesia • Chemotherapy, radiation treatment	Coventry pays 70%; Member pays 30%						
Short Term Therapies (per benefit year) • Physical and Occupational (24 visits combined) • Cardiac and Pulmonary Rehabilitation (30 visits) • Speech (24 visits)	Coventry pays 70%; Member pays 30%						
Maternity Services	Not Covered						
Dental* • One preventive cleaning every six months • Diagnostic and restorative services; orthodontic and emergency care	Preventive cleaning: \$20 Other services and care: Copay Varies						
Vision Exam* (every 12 months)	\$15						
Chiropractic Services* (24 visits per benefit year)	\$10						
Mental Health*	<i>An optional rider is available for an additional per member monthly fee. If purchased, it must be taken by all members applying for coverage on the same application.</i>						

## Prescription Drug Coverage

		Mail order* is a 93-day supply; refer to Coventry's formulary (drug list) for details.		
Tier 1 - Preferred Generic		Retail: \$10; Mail Order: \$10		
Rx Deductible - Tiers 2, 3 and 4 only	\$100	\$250		\$500
Tier 2 - Formulary Brand		Retail: Rx Deductible, then \$35; Mail Order: Rx Deductible, then \$70		
Tier 3 - Non-formulary		Retail: Rx Deductible, then \$50; Mail Order: Rx Deductible, then \$150		
Tier 4 - Self-Administered Injectable Drugs and some Specialty Medications		Retail: Rx Deductible, then \$100; Mail Order: N/A		

## Out-of-Network Benefits

	<b>Member Responsibility</b>						
Deductible (per benefit year; maximum three per family combined)	\$1,000	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$20,000
Coinsurance	Coventry pays 60%; Member pays 40%						
Out-of-Pocket Maximum (after deductible)	None						
Convenience Care Clinic Services • Urgent Care Facility Services • Emergency Room Services • Ambulance	Same as in-network copays listed above.						

Benefit limitations are a combination of in-network and out-of-network benefits. Premiums, deductibles and copays do not apply to out-of-pocket maximum. This summary is a partial description of coverage and does not detail all benefits, limitations and exclusions. Please consult the Member Contract, Schedule of Benefits and applicable Riders to determine the exact terms, conditions and scope of coverage. All plans are subject to a twelve (12) month period for pre-existing conditions except when a condition is disclosed at the time of medical underwriting and the policy is approved. Contact your agent for more information regarding pre-existing conditions. CoventryOne is an individual product underwritten by Coventry Health Care of Georgia, Inc. \*Services must be received from specific vendors to be covered in-network; contact agent for details.

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Benefits listed below apply to effective dates through September 15, 2010.



## \$30 Copay POS Plans


	\$1,000	\$2,500	\$3,500	\$5,000
<b>In-Network Benefits &gt;&gt; Member Responsibility</b>				
<i>Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.</i>				
Maximum Lifetime Benefit (per member)	Unlimited			
Deductible (per benefit year; maximum three per family combined)	\$1,000	\$2,500	\$3,500	\$5,000
Coinsurance	Coventry pays 70%; Member pays 30%			
Out-of-Pocket Maximum (after deductible) (per benefit year; maximum three per family combined)	\$3,000			
Primary Care Physician (PCP) Office Services (General Physician, Family Practitioner, Pediatrician or Internist) • Office Visits • Includes lab and x-ray when performed in office • Immunizations	\$30			
Specialty Physician Office Services • Includes lab and x-ray when performed in office • Allergy testing and treatment	\$60			
Preventive Services - PCP and Specialist • Pap smears • Mammograms • Chlamydia testing • PSA testing • Colorectal cancer screening • Routine child well-care exams	\$30 Mammograms: \$0 (preventive or diagnostic)			
Lab at Quest Diagnostics facility* (outside PCP/Specialist office)	Coventry pays 70%; Member pays 30%			
Convenience Care Clinic	\$30			
Urgent Care Facility Services	\$75			
Emergency Room Services (waived if admitted to hospital)	\$250			
Ambulance	\$250			
Inpatient and Outpatient Hospital Services Outpatient Hospital Services include • X-ray, lab, diagnostic services • MRI, CT and PET scans, other nuclear med • Surgery, anesthesia • Chemotherapy, radiation treatment	Coventry pays 70%; Member pays 30%			
Short Term Therapies (per benefit year) • Physical and Occupational (24 visits combined) • Cardiac and Pulmonary Rehabilitation (30 visits) • Speech (24 visits)	Coventry pays 70%; Member pays 30%			
Maternity Services	Not Covered			
Vision Exam* (every 12 months)	\$15			
Chiropractic Services* (24 visits per benefit year)	\$10			
Mental Health*	<i>An optional rider is available for an additional per member monthly fee. If purchased, it must be taken by all members applying for coverage on the same application.</i>			
<b>Prescription Drug Coverage</b>	<i>Retail must be obtained from participating pharmacies (except in an emergency). Mail order* is a 93-day supply; refer to Coventry's formulary (drug list) for details.</i>			
Tier 1 - Preferred Generic	Retail: \$10; Mail Order: \$20			
Rx Deductible - Tiers 2, 3 and 4 only	\$500			
Tier 2 - Formulary Brand	Retail: Rx Deductible, then \$35; Mail Order: Rx Deductible, then \$87.50			
Tier 3 - Non-formulary	Retail: Rx Deductible, then \$50; Mail Order: Rx Deductible, then \$150			
Tier 4 - Self-Administered Injectable Drugs and some Specialty Medications	Retail: Rx Deductible, then Coventry pays 70%; Member pays 30% Mail Order: N/A Out-of-Pocket Maximum: \$3,000 (per benefit year)			

<b>Out-of-Network Benefits</b>	<b>Member Responsibility</b>			
Deductible (per benefit year; maximum three per family combined)	\$2,000	\$5,000	\$7,000	\$10,000
Coinsurance	Coventry pays 60%; Member pays 40%			
Out-of-Pocket Maximum (after deductible)	None			
Convenience Care Clinic Services • Urgent Care Facility Services • Emergency Room Services • Ambulance	Same as in-network copays listed above.			

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	\$1,000	\$2,500	\$3,500	\$5,000	\$7,500 Basic	\$10,000 Basic
	In-Network Benefits >> Member Responsibility					
\$35 Copay POS Plans	Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.					
Maximum Lifetime Benefit (per member)	\$7 million (in-network and out-of-network combined)					
Deductible (per benefit year; maximum two per family combined)	\$1,000	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
Coinsurance	Coventry pays 70%; Member pays 30%					
Out-of-Pocket Maximum (after deductible) (per benefit year; maximum two per family combined)	\$5,000					\$10,000
Primary Care Physician (PCP) Office Services (General Physician, Family Practitioner, Pediatrician or Internist) • Office Visits • Includes lab when performed in office • Immunizations	\$35					
Specialty Physician Office Services • Includes lab when performed in office • Allergy testing and treatment	First 2 Visits: \$50 3+ Visits: Deductible, then \$50				Deductible, then \$50	
X-ray (in or outside of PCP/Specialist office)	Coventry pays 70%; Member pays 30%					
Lab at Quest Diagnostics facility* (outside PCP/Specialist office)	Coventry pays 70%; Member pays 30%					
Preventive Services - PCP and Specialist • Pap smears • Mammograms • Chlamydia testing • PSA testing • Colorectal cancer screening • Routine child well-care exams	\$35 Mammograms: \$0 (preventive or diagnostic)					
Convenience Care Clinic	\$35					
Urgent Care Facility Services	\$75					
Emergency Room Services (waived if admitted to hospital)	\$250				\$500	
Ambulance	\$150					
Inpatient and Outpatient Hospital Services Outpatient Hospital Services include • X-ray, lab, diagnostic services • MRI, CT and PET scans, other nuclear med • Surgery, anesthesia • Chemotherapy, radiation treatment	Coventry pays 70%; Member pays 30%					
Short Term Therapies (per benefit year) • Physical and Occupational (24 visits combined) • Cardiac and Pulmonary Rehabilitation (30 visits) • Speech (24 visits)	Coventry pays 70%; Member pays 30%					
Maternity Services	Not Covered					
Vision Exam* (every 12 months)	\$15					
Chiropractic Services* (12 visits per benefit year)	\$10					
Mental Health*	An optional rider is available for an additional per member monthly fee. If purchased, it must be taken by all members applying for coverage on the same application.					
Prescription Drug Coverage	Retail must be obtained from participating pharmacies (except in an emergency). Mail order* is a 93-day supply; refer to Coventry's formulary (drug list) for details.					
Tier 1 - Preferred Generic	Retail: \$10; Mail Order: \$10					
Rx Deductible - Tiers 2, 3 and 4 only	\$1,000				\$2,000	
Tier 2 - Formulary Brand	Retail: Rx Deductible, then \$35; Mail Order: Rx Deductible, then \$70					
Tier 3 - Non-formulary	Retail: Rx Deductible, then \$50; Mail Order: Rx Deductible, then \$150					
Tier 4 - Self-Administered Injectable Drugs and some Specialty Medications	Retail: Rx Deductible, then Coventry pays 70%; Member pays 30% Mail Order: N/A					
Out-of-Network Benefits	Member Responsibility					
Deductible (per benefit year; maximum two per family combined)	\$2,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
Coinsurance	Coventry pays 50%; Member pays 50%					
Out-of-Pocket Maximum (after deductible)	None					
Convenience Care Clinic Services • Urgent Care Facility Services • Emergency Room Services • Ambulance	Same as in-network copays listed above.					

Benefit limitations are a combination of in-network and out-of-network benefits. Premiums, deductibles and copays do not apply to out-of-pocket maximum. This summary is a partial description of coverage and does not detail all benefits, limitations and exclusions. Please consult the Member Contract, Schedule of Benefits and applicable Riders to determine the exact terms, conditions and scope of coverage. All plans are subject to a twelve (12) month period for pre-existing conditions except when a condition is disclosed at the time of medical underwriting and the policy is approved. Contact your agent for more information regarding pre-existing conditions. CoventryOne is an individual product underwritten by Coventry Health Care of Georgia, Inc. \*Services must be received from specific vendors to be covered in-network; contact agent for details.

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## \$45 Copay POS Plans

	\$1,000	\$2,500	\$3,500	\$5,000
<b>In-Network Benefits &gt;&gt; Member Responsibility</b>				
<i>Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.</i>				
Maximum Lifetime Benefit (per member)	Unlimited			
Deductible (per benefit year; maximum two per family combined)	\$1,000	\$2,500	\$3,500	\$5,000
Coinsurance	Coventry pays 70%; Member pays 30%			
Out-of-Pocket Maximum (after deductible) (per benefit year; maximum two per family combined)	\$5,000			
Primary Care Physician (PCP) Office Services (General Physician, Family Practitioner, Pediatrician or Internist) • Office Visits • Immunizations	\$45			
Specialty Physician Office Services • Allergy testing and treatment	First 2 Visits: \$75 3+ Visits: Deductible, then \$75			
X-ray (in or outside of PCP/Specialist office)	Coventry pays 70%; Member pays 30%			
Lab in PCP/Specialist office or at Quest Diagnostics facility*	Coventry pays 70%; Member pays 30%			
Preventive Services - PCP and Specialist • Pap smears • Mammograms • Chlamydia testing • PSA testing • Colorectal cancer screening • Routine child well-care exams	\$45 Mammograms: \$0 (preventive or diagnostic)			
Convenience Care Clinic	\$45			
Urgent Care Facility Services	\$75			
Emergency Room Services (waived if admitted to hospital)	\$500			
Ambulance	\$500			
Inpatient and Outpatient Hospital Services Outpatient Hospital Services include • X-ray, lab, diagnostic services • MRI, CT and PET scans, other nuclear med • Surgery, anesthesia • Chemotherapy, radiation treatment	Coventry pays 70%; Member pays 30%			
Short Term Therapies (per benefit year) • Physical and Occupational (24 visits combined) • Cardiac and Pulmonary Rehabilitation (30 visits) • Speech (24 visits)	Coventry pays 70%; Member pays 30%			
Maternity Services	Not Covered			
Vision Exam* (every 12 months)	\$15			
Chiropractic Services* (24 visits per benefit year)	\$10			
Mental Health*	<i>An optional rider is available for an additional per member monthly fee. If purchased, it must be taken by all members applying for coverage on the same application.</i>			

## Prescription Drug Coverage

<i>Retail must be obtained from participating pharmacies (except in an emergency). Mail order* is a 93-day supply; refer to Coventry's formulary (drug list) for details.</i>				
Tier 1 - Preferred Generic	Retail: \$15; Mail Order: \$30			
Rx Deductible - Tiers 2, 3 and 4 only	\$1,000			
Tier 2 - Formulary Brand	Retail: Rx Deductible, then \$40; Mail Order: Rx Deductible, then \$100			
Tier 3 - Non-formulary	Retail: Rx Deductible, then \$60; Mail Order: Rx Deductible, then \$180			
Tier 4 - Self-Administered Injectable Drugs and some Specialty Medications	Retail: Rx Deductible, then Coventry pays 70%; Member pays 30% Mail Order: N/A Out-of-Pocket Maximum: \$3,000 (per benefit year)			

## Out-of-Network Benefits

	<b>Member Responsibility</b>			
Deductible (per benefit year; maximum two per family combined)	\$2,000	\$5,000	\$7,000	\$10,000
Coinsurance	Coventry pays 50%; Member pays 50%			
Out-of-Pocket Maximum (after deductible)	None			
Convenience Care Clinic Services • Urgent Care Facility Services • Emergency Room Services • Ambulance	Same as in-network copays listed above.			

Benefit limitations are a combination of in-network and out-of-network benefits. Premiums, deductibles and copays do not apply to out-of-pocket maximum. This summary is a partial description of coverage and does not detail all benefits, limitations and exclusions. Please consult the Member Contract, Schedule of Benefits and applicable Riders to determine the exact terms, conditions and scope of coverage. All plans are subject to a twelve (12) month period for pre-existing conditions except when a condition is disclosed at the time of medical underwriting and the policy is approved. Contact your agent for more information regarding pre-existing conditions. CoventryOne is an individual product underwritten by Coventry Health Care of Georgia, Inc. \*Services must be received from specific vendors to be covered in-network; contact agent for details.

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