



2015 Individual Health Plan Options Iowa, Off Exchange



Choose 1 of the 5 Benefit Plans and a Provider Network Option

PLAN BENEFITS	Gold \$5 Copay Plan	Silver \$10 Copay Plan	Silver \$5 Copay 2750 Plan
	In-Network You Pay	In-Network You Pay	In-Network You Pay
Annual Deductible (Ded) - calendar year	\$1,400 Individual/\$2,800 Family	\$3,750 Individual/\$7,500 Family	\$2,750 Individual/\$5,500 Family
Coinsurance (Coins)	20%	30%	40%
Out-of-Pocket Maximum - calendar year Includes Deds, Coins and Copays	\$5,650 Individual/\$11,300 Family	\$6,600 Individual/\$13,200 Family	\$6,600 Individual/\$13,200 Family
Primary Physician Office Visit (PCP)	\$5 Copay	\$10 Copay	\$5 Copay
Specialist Office Visit	First 5 visits: \$50 Copay 6+ visits: Ded+\$50 Copay	First 2 visits: \$75 Copay 3+ visits: Ded+\$75 Copay	First 2 visits: \$75 Copay 3+ visits: Ded+\$75 Copay
Preventive / Wellness Services	\$0	\$0	\$0
Lab / Radiology ¹	Included in PCP office visit Other: Ded+Coins	Included in PCP office visit Other: Ded+Coins	Included in PCP office visit Other: Ded+Coins
Advanced Imaging / High Tech Radiology	Ded+Coins	Ded+\$250 Copay+Coins	Ded+Coins
Convenience Care	\$5 Copay	\$10 Copay	\$5 Copay
Urgent Care	\$75 Copay	\$75 Copay	\$75 Copay
Emergency Room Copay waived if admitted	First 3 visits: \$250 Copay 4+ visits: Ded+\$250 Copay	First visit: \$500 Copay 2+ visits: Ded+\$500 Copay	First visit: \$500 Copay 2+ visits: Ded+\$500 Copay
Inpatient Hospitalization	Ded+Coins	\$500 Copay+Ded+Coins	Ded+Coins
Outpatient Facility/Physician Services; Home Health Care; Skilled Nursing Facility (90 days/yr)	Ded+Coins	Ded+Coins	Ded+Coins
Rehabilitation Services (Physical/Speech/Occupational/Cardiac/Pulmonary/Spinal)	Ded+Coins	Ded+Coins	Ded+Coins
Maternity and Newborn Care	Physician Delivery: One-time \$250 Copay Inpatient: Ded+Coins	Physician Delivery: One-time \$250 Copay Inpatient: \$500 Copay+Ded+Coins	Physician Delivery: One-time \$250 Copay Inpatient: Ded+Coins
Mental Health / Substance Abuse MHNNet network must be used for In-Network benefits	Outpatient: Same benefit as Specialist Office Visit Inpatient: Ded+Coins	Outpatient: Same benefit as Specialist Office Visit Inpatient: \$500 Copay+Ded+Coins	Outpatient: Same benefit as Specialist Office Visit Inpatient: Ded+Coins
Pediatric Vision EyeMed network must be used for In-Network benefits ²	1 pair of eyeglasses w/frame or contact lenses/year: \$0 1 routine eye exam/year: \$0	1 pair of eyeglasses w/frame or contact lenses/year: \$0 1 routine eye exam/year: \$0	1 pair of eyeglasses w/frame or contact lenses/year: \$0 1 routine eye exam/year: \$0
Pediatric Dental Coventry Dental network must be used for In-Network benefits ²	Preventive/Diagnostic: \$0 Basic/Major/Orthodontia: Ded+50% Coins	Preventive/Diagnostic: \$0 Basic/Major/Orthodontia: Ded+50% Coins	Preventive/Diagnostic: \$0 Basic/Major/Orthodontia: Ded+50% Coins
Prescription Drugs	Separate \$250 Rx Ded per Individual on Tiers 2-5	Separate \$500 Rx Ded per Individual on Tiers 2-5	Integrated Medical+Rx Ded on Tiers 2-5
Tier 1A: Lower Cost Preferred Generic Drugs Mail order = 2x Preferred Pharmacy copay	Preferred Pharmacy: \$3 Copay NonPreferred Pharmacy: \$15 Copay	Preferred Pharmacy: \$5 Copay NonPreferred Pharmacy: \$20 Copay	Preferred Pharmacy: \$5 Copay NonPreferred Pharmacy: \$20 Copay
Tier 1: Preferred Generic Drugs Mail order = 2x Preferred Pharmacy copay	Preferred Pharmacy: \$10 Copay NonPreferred Pharmacy: \$15 Copay	Preferred Pharmacy: \$15 Copay NonPreferred Pharmacy: \$20 Copay	Preferred Pharmacy: \$15 Copay NonPreferred Pharmacy: \$20 Copay
Tier 2: Preferred Brand Drugs Mail order = 2.5x Preferred Pharmacy copay	Preferred Pharmacy: Rx Ded+\$35 Copay NonPreferred Pharmacy: Rx Ded+\$45 Copay	Preferred Pharmacy: Rx Ded+\$45 Copay NonPreferred Pharmacy: Rx Ded+\$55 Copay	Preferred Pharmacy: Ded+\$45 Copay NonPreferred Pharmacy: Ded+\$55 Copay
Tier 3: NonPreferred Brand / Generic Drugs Mail order = 3x Preferred Pharmacy copay	Preferred Pharmacy: Rx Ded+\$65 Copay NonPreferred Pharmacy: Rx Ded+\$80 Copay	Preferred Pharmacy: Rx Ded+\$75 Copay NonPreferred Pharmacy: Rx Ded+\$85 Copay	Preferred Pharmacy: Ded+\$75 Copay NonPreferred Pharmacy: Ded+\$85 Copay
Tier 4: Preferred Specialty Drugs	Preferred Pharmacy: Rx Ded+30% Coins	Preferred Pharmacy: Rx Ded+40% Coins	Preferred Pharmacy: Ded+40% Coins
Tier 5: NonPreferred Specialty Drugs	Preferred Pharmacy: Rx Ded+50% Coins	Preferred Pharmacy: Rx Ded+50% Coins	Preferred Pharmacy: Ded+50% Coins

Displaying select in-network benefits only. Out-of-network benefits are available for POS plans. Out-of-network benefits are not available for HMO plans, except for emergency care coverage. See Schedule of Benefits for details.

Note: ¹ Lab work drawn at PCP but processed by outside vendor, will not be included in Copay. ² This benefit is only available for children who are under the age of 19. CoventryOne is a health insurance product underwritten and administered by Coventry Health Care of Iowa, 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 Benefits, and applicable Riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

PLAN BENEFITS	Bronze Deductible Only HSA Eligible Plan	Bronze \$20 Copay Plan	PROVIDER NETWORK OPTIONS		
	In-Network You Pay	In-Network You Pay	High-Performance and Full Networks	Plan Type	Service Area Counties
Annual Deductible (Ded) - calendar year	\$6,300 Individual/\$12,600 Family	\$5,750 Individual/\$11,500 Family	Accountable Care Alliance	HMO	Pottawattamie
Coinsurance (Coins)	0%	0%	Alegent Creighton Health	HMO	Pottawattamie
Out-of-Pocket Maximum - calendar year Includes Deds, Coins and Copays	\$6,300 Individual/\$12,600 Family	\$6,600 Individual/\$13,200 Family	Mercy – Des Moines	POS	Dallas, Polk, Warren
Primary Physician Office Visit (PCP)	Ded	\$20 Copay	Methodist Health Partners	HMO	Pottawattamie
Specialist Office Visit	Ded	Ded+\$50 Copay	MIPPA	POS	Pottawattamie
Preventive / Wellness Services	\$0	\$0	Patient Preferred	POS	Ida, Monona, Plymouth, Sioux, Woodbury
Lab / Radiology ¹	Ded	Included in Office visit copay; Outpatient lab: Ded; Outpatient radiology: Ded+\$100 Copay	UnityPoint Health – Cedar Rapids	POS	Benton, Buchanan, Linn
Advanced Imaging / High Tech Radiology	Ded	Ded+\$250 Copay	UnityPoint Health – Des Moines	POS	Boone, Dallas, Jasper, Madison, Marion, Polk, Warren
Convenience Care	Ded	\$20 Copay	UnityPoint Health –Quad Cities / Muscatine	POS	Clinton, Muscatine, Scott
Urgent Care	Ded	Ded+\$60 Copay	UnityPoint Health – Waterloo	POS	Black Hawk, Bremer
Emergency Room Copay waived if admitted	Ded	Ded+\$250 Copay	Full POS Network	POS	Statewide
Inpatient Hospitalization	Ded	Ded+\$250 Copay	OUT-OF-NETWORK BENEFITS		
Outpatient Facility/Physician Services; Home Health Care; Skilled Nursing Facility (90 days/yr)	Ded	Outpatient Facility: Ded+\$50 Copay; Home Health Care/Skilled Nursing Facility: Ded+\$250 Copay	Plan Type	Out-of-Network Coverage	
Rehabilitation Services (Physical/Speech/Occupational/Cardiac/Pulmonary/Spinal)	Ded	Ded+\$50 Copay	HMO	No (except emergencies)	
Maternity and Newborn Care	Ded	Physician Delivery: Ded Inpatient: Ded+\$250 Copay	POS	Yes	
Mental Health / Substance Abuse MHNet network must be used for In-Network benefits	Ded	Outpatient: Ded+\$50 Copay Inpatient: Ded+\$250 Copay			
Pediatric Vision EyeMed network must be used for In-Network benefits ²	1 pair of eyeglasses w/frame or contact lenses/yr: Ded; 1 routine eye exam/year: \$0	1 pair of eyeglasses w/frame or contact lenses/year: \$0 1 routine eye exam/year: \$0			
Pediatric Dental Coventry Dental network must be used for In-Network benefits ²	Preventive/Diagnostic: Ded Basic/Major/Orthodontia: Ded	Preventive/Diagnostic: \$0 Basic/Major/Orthodontia: Ded+50% Coins			
Prescription Drugs	Integrated Medical+Rx Ded on Tiers 1-5	Integrated Medical+Rx Ded on Tiers 2-5			
Tier 1A: Lower Cost Preferred Generic Drugs Mail order = 2x Preferred Pharmacy copay	N/A	N/A			
Tier 1: Preferred Generic Drugs Mail order = 2x Preferred Pharmacy copay	Preferred Pharmacy: Ded NonPreferred Pharmacy: Ded	Preferred Pharmacy: \$15 Copay NonPreferred Pharmacy: \$20 Copay			
Tier 2: Preferred Brand Drugs Mail order = 2.5x Preferred Pharmacy copay	Preferred Pharmacy: Ded NonPreferred Pharmacy: Ded	Preferred Pharmacy: Ded+\$45 Copay NonPreferred Pharmacy: Ded+\$55 Copay			
Tier 3: NonPreferred Brand / Generic Drugs Mail order = 3x Preferred Pharmacy copay	Preferred Pharmacy: Ded NonPreferred Pharmacy: Ded	Preferred Pharmacy: Ded+\$75 Copay NonPreferred Pharmacy: Ded+\$85 Copay			
Tier 4: Preferred Specialty Drugs	Preferred Pharmacy: Ded	Preferred Pharmacy: Ded+40% Coins			
Tier 5: NonPreferred Specialty Drugs	Preferred Pharmacy: Ded	Preferred Pharmacy: Ded+50% Coins			

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