



HealthAmerica Small Business Solutions

January 1, 2014



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Pittsburgh 1-800-735-2202
Erie 1-800-255-4281
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Coventry HealthAmerica Small Business Solutions PENNSYLVANIA

Effective 1/1/14

Plan Name	Coinsurance	Deductible Single 2x Family	POP Office Visit	Specialist Office Visit	Convenience Care	Urgent Care	Emergency Room	Labs X-ray Diagnostics PCP/SCP	Labs X-ray Diagnostics Outpatient	Inpatient Hospital	Outpatient Facility	Out-of-Pocket Max Single 2x Family	Out-of-Network		Pharmacy					Out-of-Pocket Pharmacy Maximum	
													Deductible Single 2x Family	Coinsurance	Out-of-Pocket Max Single 2x Family	Tier	1A/1	2	3		4
Platinum Premier PPO \$20/\$40	0%	\$0	\$20	\$40	\$40	\$40	\$150	0%	0%	\$0	\$0	\$1,500	\$5,000	40%	\$10,000	\$3/\$10	\$35	\$60	\$150 min. or 20% up to \$300/fill	40%	\$4,850
Platinum Premier PPO 500*	0%	\$500	\$15	\$30	\$30	\$30	\$150	Ded	Ded	Ded / \$0	Ded / \$0	\$1,500	\$5,000	40%	\$10,000	\$3/\$10	\$35	\$60	\$150 min. or 20% up to \$300/fill	40%	Integrated Med/Rx
Gold Premier PPO \$25/\$75	0%	\$0	\$25	\$75	\$25	\$75	\$300	Included in Office Visit	\$25	\$ 500 per Admit	\$75	\$6,350	\$5,000	30%	\$10,000	\$3/\$10	\$40	\$70	\$150 min. or 20% up to \$300/fill	40%	Integrated Med/Rx
Gold Premier PPO 1000	0%	\$1,000	\$25	\$50	\$50	\$75	\$200	Ded	Ded	Ded	Ded / \$150	\$3,000	\$5,000	40%	\$10,000	\$3/\$10	\$35	\$60	\$150 min. or 20% up to \$300/fill	40%	\$3,350
Gold Premier PPO 1500*	0%	\$1,500	\$15	\$50	\$50	\$75	\$300	Ded	Ded	Ded / \$250	Ded / \$150	\$6,000	\$5,000	40%	\$10,000	\$3/\$10	\$40	\$70	\$150 min. or 20% up to \$300/fill	40%	Integrated Med/Rx
Gold Classic PPO 1000	10%	\$1,000	\$30	\$60	\$60	\$60	\$250	Ded / 10%	Ded / 10%	Ded / 10%	Ded / 10%	\$5,500	\$5,000	40%	\$10,000	\$3/\$10	\$35	\$60	\$150 min. or 20% up to \$300/fill	40%	Integrated Med/Rx
Silver Premier PPO \$25/\$75*	0%	\$0	\$25	\$75	\$25	\$75	\$500	Included in Office Visit	\$75	\$2000 per Admit	\$75	\$6,350	\$5,000	30%	\$10,000	\$3/\$10	\$40	\$70	\$150 min. or 20% up to \$300/fill	40%	Integrated Med/Rx
Silver Value PPO 2000	20%	\$2,000	\$30	\$75	\$75	\$75	\$300	Ded / 20%	Ded / 20%	Ded / 20%	Ded / 20%	\$6,350	\$5,000	40%	\$10,000	\$3/\$10	\$40	\$75	\$150 min. or 20% up to \$300/fill	40%	Integrated Med/Rx
Silver Value PPO 3000	20%	\$3,000	\$20	\$50	\$20	\$75	\$300	20%	Ded / 20%	Ded / 20%	Ded / 20%	\$6,350	\$5,000	40%	\$10,000	\$3/\$15	\$40	\$75	\$150 min. or 20% up to \$300/fill	40%	Integrated Med/Rx
Silver Value II PPO 3000	30%	\$3,000	\$30	\$75	\$75	\$75	\$300	Ded / 30%	Ded / 30%	Ded / 30%	Ded / 30%	\$6,350	\$5,000	40%	\$10,000	\$3/\$10	\$40	\$75	\$150 min. or 20% up to \$300/fill	40%	Integrated Med/Rx
Silver FlexChoice QHDHP Premier PPO 1500**	0%	\$1,500	Ded / \$25	Ded / \$50	Ded / \$50	Ded / \$50	Ded / \$200	Ded	Ded	Ded	Ded	\$3,000	\$5,000	40%	\$10,000	Ded / \$3/\$10	Ded / \$35	Ded / \$60	Ded/\$150 min. or 20% up to \$300/fill	Ded / 40%	Integrated Med/Rx
Silver FlexChoice QHDHP Premier PPO 2500	0%	\$2,500	Ded / \$20	Ded / \$40	Ded / \$40	Ded / \$40	Ded / \$150	Ded	Ded	Ded	Ded	\$6,350	\$5,000	40%	\$10,000	Ded / \$3/\$10	Ded / \$35	Ded / \$60	Ded / \$150 min. or 20% up to \$300/fill	Ded / 40%	Integrated Med/Rx
Bronze FlexChoice QHDHP Premier PPO 5000*	0%	\$5,000	Ded / \$20	Ded / \$40	Ded / \$40	Ded / \$40	Ded / \$150	Ded	Ded	Ded	Ded	\$6,350	\$5,000	40%	\$10,000	Ded / \$3/\$10	Ded / \$35	Ded / \$60	Ded / \$150 min. or 20% up to \$300/fill	Ded / 40%	Integrated Med/Rx
Bronze FlexChoice QHDHP Premier PPO 6300	0%	\$6,300	Ded	Ded	Deductible	Ded	Ded	Ded	Ded	Ded	Ded	\$6,300	\$7,100	40%	Unlimited	Ded	Ded	Ded	Ded	Ded	Integrated Med/Rx
Bronze FlexChoice QHDHP Value PPO 2500**	20%	\$2,500	Ded / \$25	Ded / \$50	Ded / \$75	Ded / \$75	Ded / \$300	Ded / 20%	Ded / 20%	Ded / 20%	Ded / 20%	\$6,350	\$5,000	40%	\$10,000	Ded / \$3/\$10	Ded / \$45	Ded / \$75	Ded / 20%	Ded / 40%	Integrated Med/Rx
Bronze FlexChoice QHDHP Value PPO 5000	20%	\$5,000	Ded / \$20	Ded / \$50	Ded / \$20	Ded / \$75	Ded / \$250	Ded	Ded	Ded / 20%	Ded / 20%	\$6,350	\$10,000	40%	\$20,000	Ded / \$3/\$10	Ded / \$35	Ded / \$60	Ded/\$150 min. or 20% up to \$300/fill	Ded / 40%	Integrated Med/Rx

NOTE REGARDING ALL PLANS

Beginning in 2014, the Affordable Care Act (ACA) requires all fully insured plans for small groups (2-50 employees) to offer at least bronze equivalent coverage. All benefit plans described here are available in BenefitExpress. Pediatric vision and dental are embedded in the plan designs listed above. Deductible at the participating provider level may not apply to qualified preventive services; see your Schedule of Benefits to determine if deductibles are waived for qualified preventive services. Lifetime maximum is unlimited. This grid is provided for demonstration purposes only. Actual benefits, cost sharing provisions, limitations and exclusions are set forth in the Certificate of Insurance issued to members. Pennsylvania in-area PPO products are underwritten by HealthAssurance Pennsylvania, Inc. All out-of-area PPO products are underwritten by Coventry Health and Life Insurance company (d.b.a. HealthAmerica). This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you have any questions call us at 800.788.8445 in Central Pennsylvania and 800.735.4404 in Western Pennsylvania. This brochure is not a contract. It is intended solely to provide you with an overview of the plan and you should not rely on it when trying to determine whether a service, etc. is covered under your health benefit plan. Complete details of benefits, terms and exclusions are set forth in the group contract.

**These qualified high deductible health plans have an umbrella deductible; the individual deductible applies when the Subscriber has an employee only policy. For policies that include the Subscriber and one or more dependents, the family deductible must be met before any family member begins to receive the benefits listed below, including prescription drug benefits covered under the prescription drug rider (except preventive services)

*Out-Of-Area plan designs are available.

METALLIC VALUES/DESIGNATIONS

Platinum	90% actuarial value
Gold	80% actuarial value
Silver	70% actuarial value
Bronze	60% actuarial value

	Tier 1A	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Mail Order	2	2	2.5	3	N/A	N/A
Through the convenience of mail order, customers can receive their prescription drugs that fall under any tier at a 90-day supply.	Includes common antibiotics, pain relievers, acid reducers, anti-depressants, blood pressure and cholesterol lowering drugs, and more.	Includes more generic and a few selected OTC (over-the-counter) drugs.	Formulary brand-name drugs.	Nonformulary brand-name, and a few nonformulary generic drugs. These drugs may have a lower cost alternative on Tier 1 or Tier 2.	Specially Drugs are limited to a one month supply	

Note: Mandatory generics required for all prescription drug plans.