



**2010**

**Your Guide to  
Individual  
Health Benefit Plans  
North Carolina**

CoventryOne<sup>®</sup> is an individual product underwritten by WellPath Select, Inc.



	Plan Name	Deductible	Coinsurance Plan Pays (in network)	Max Coinsurance (in network)	Physician Office Visits (including preventive care)		Emergency Room	Urgent Care	Inpatient Care	Outpatient Care	Lifetime Benefits	Benefit Yearly Maximum	Vision Routine Eye Exam***	Select Your Prescription Drug Benefit		
					PCP	Spec										
<b>TRADITIONAL</b>	Plan 1	\$250	100%	Not Applicable	\$15	\$30	\$250	\$30	↑	↑	Unlimited	N/A	100% after \$15 copay	\$10/35/50/10% A \$10/50/75/10% B		
	Plan 3	\$1000	100%	Not Applicable	\$15	\$30	\$250	\$30			Unlimited	N/A	100% after \$15 copay	\$10/35/50/10% A \$10/50/75/10% B		
	Plan 5	\$500	80%	\$2000	\$15	\$30	\$250	\$30			Unlimited	N/A	100% after \$15 copay	\$10/35/50/10% A \$10/50/75/10% B		
	Plan 6	\$1000	80%	\$2000	\$15	\$30	\$250	\$30			Unlimited	N/A	100% after \$15 copay	\$10/35/50/10% A \$10/50/75/10% B		
	Plan 7	\$2500	80%	\$2000	\$15	\$30	\$250	\$30			Unlimited	N/A	100% after \$15 copay	\$10/35/50/10% A \$10/50/75/10% B		
<b>VALUE</b>	Plan 9	\$1000	70%	\$3000	\$25	\$50	\$250	\$50	↓	↓	\$5 Million	N/A	100% after \$25 copay	\$200 ded\$10/35/50/10% A* \$500 ded\$10/35/50/10% B*		
	Plan 10	\$2500	70%	\$3000	\$25	\$50	\$250	\$50			\$5 Million	N/A	100% after \$25 copay	\$200 ded\$10/35/50/10% A* \$500 ded\$10/35/50/10% B*		
	Plan 11	\$3500	70%	\$3000	\$25	\$50	\$250	\$50			Coinsurance after deductible	Coinsurance after deductible	\$5 Million	N/A	100% after \$25 copay	\$200 ded\$10/35/50/10% A* \$500 ded\$10/35/50/10% B*
	Plan 12	\$5000	70%	\$3000	\$25	\$50	Coinsurance after deductible	\$50			\$5 Million	N/A	100% after \$25 copay	\$200 ded\$10/35/50/10% A* \$500 ded\$10/35/50/10% B*		
<b>EXTRA VALUE</b>	Plan 14	\$2500	50%	\$3000	\$30	\$60	\$250	\$60	↓	↓	\$5 Million	N/A	100% after \$30 copay	\$500 ded\$10/35/50/10% A* \$1000 ded\$10/70/100/10% B*		
	Plan 16	\$5000	50%	\$3000	\$30	\$60	Coinsurance after deductible	\$60			\$5 Million	N/A	100% after \$30 copay	\$500 ded\$10/35/50/10% A* \$1000 ded\$10/70/100/10% B*		
	Plan 20	\$1500	70%	\$3000	\$25	\$50	\$500	\$50			\$2 Million	N/A	100% after \$25 copay	\$200 ded\$10/35/50/10% A**		
	Plan 21	\$2500	70%	\$3000	\$25	\$50	\$500	\$50			\$2 Million	N/A	100% after \$25 copay	\$200 ded\$10/35/50/10% A**		
	Plan 23	\$5000	70%	\$3000	\$25	\$50	\$500	\$50			\$2 Million	N/A	100% after \$25 copay	\$200 ded\$10/35/50/10% A**		
	Plan 25	\$2500	70%	\$3000	\$30	\$60	\$500	\$60			\$2 Million	N/A	100% after \$30 copay	\$500 ded\$10/50/75/10% A**		
	Plan 27	\$5000	70%	\$3000	\$30	\$60	\$500	\$60			\$2 Million	N/A	100% after \$30 copay	\$500 ded\$10/50/75/10% A**		
	Plan 29	\$2500	70%	\$3000	\$40	\$80	\$500	\$80			\$2 Million	\$100,000	100% after \$40 copay	\$1000 ded\$10/70/100/10% A**		
Plan 31	\$5000	70%	\$3000	\$40	\$80	\$500	\$80	\$2 Million	\$100,000	100% after \$40 copay	\$1000 ded\$10/70/100/10% A**					

Out-of-Network Coverage	Traditional Plans	2 times In-Network	1A-7B 70%	1A-3B Not Applicable 5A-7B 2 times In-Net	70% after deductible	Same coverage as In-Network if an Emergency otherwise not covered	Same coverage as In-Network if Urgent Care otherwise not covered	Coinsurance after deductible	Coinsurance after deductible	Same as In-Network	Not applicable	Not covered	Not covered Out-of-Network unless Emergency
	Value	2 times In-Network	9A-12B 60%	2 times In-Network	70% after deductible						Not applicable	Not covered	
	Extra Value	2 times In-Network	14A-16B 40% 20A-31A 60%	2 times In-Network 2 times In-Network	70% after deductible 60% after deductible						14A-27A Not App. 29A-31A \$100,000	Not covered	

- In-network providers can be located online at [www.coventryone.com](http://www.coventryone.com). To view in-network providers, select North Carolina.
- Family deductible amounts are 3 times the individual deductible amount.
- Family coinsurance max amounts are 2 times the individual coinsurance maximum.
- Out of network deductibles and coinsurance maximums are considered to be separate from in-network benefits.
- Unlimited coverage for generic drugs. There is a \$2000 benefit year maximum for brand name drugs per covered person.

- \*There is a 10% coinsurance for self injectibles and specialty drugs in Tier 4 which are also subject to the \$2000 benefit year maximum.
- \*\*Plans 20, 21, 23, 25, 27, 29, & 31 generic drugs do not apply to prescription deductible and are covered at the applicable copay amount prior to meeting the separate prescription deductible.
- \*\*\*Routine Vision Exams must be performed by an Avesis Network Provider which is a separate network from the WellPath network.

Physician office visit copays include simple x-ray/lab but does not include MRI, MRA, CT scan, PET scan, or any other high tech diagnostic services which are subject to deductibles and coinsurance. For complete details, please refer to applicable Schedule of Payments.



## The **One** making health insurance more affordable

Pre-existing conditions limitations apply. This means that your new CoventryOne® health plan will not cover items or expenses incurred from a condition for which treatment or diagnosis was given within the 12-month period prior to the insurance effective date. Pre-existing condition exclusion period shall be for 12 months following the effective date.

Many insurance plans have a list of items that are excluded from coverage. Here are some of the excluded items as you consider this product:

- Routine maternity services
- Mental health and substance abuse services
- Infertility and sexual dysfunction
- Vision hardware

Please note: The CoventryOne® plan designs in this brochure are not Qualified High Deductible Health Plans under the Tax Code and therefore are not intended to be used with a Health Savings Account.

This brochure is for informational purposes only. It contains only a partial, general description of Coverage features and benefits and does not constitute a contract or any part of one. The complete terms of Coverage are contained in the official Coverage documents, which are the Certificate of Coverage, the Schedule of Payments, and any applicable Riders, Amendments, Supplemental Benefits or Endorsements. In the event of any differences between this brochure and the official Coverage documents, the Coverage documents will control.

CoventryOne® is an individual product underwritten by WellPath Select, Inc.  
Contact us at 1-866-364-5663  
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