

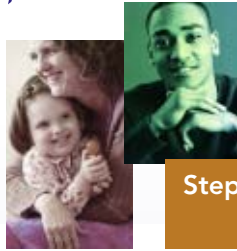


## Your Guide to Individual Health Benefit Plans North Carolina

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



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



## Your Benefits

	Step 1: Select Your Deductible	Step 2: Select Coinsurance*	Coinsurance Maximum	Lifetime Benefits	Physician Office Visits (including preventive care)	Prescription Drugs**
<b>Plan 1-7</b>	\$250, \$500, \$1000 or \$2500	<b>100% or 80%</b> (100% coinsurance is not available on the \$2,500 deductible option)	<b>100%</b> plans = \$0 <b>80%</b> plans = \$2,000/individual \$4,000/family	Unlimited	<b>100%</b> after \$15 copay for primary care physicians or \$30 copay for specialists	<b>100%</b> after \$10 copay generic \$35 copay formulary brand \$50 copay non-formulary brand
<b>Plan 8-12</b>	\$500, \$1000, \$2500, \$3500 or \$5000	<b>70%</b>	\$3000/individual \$6000/family	\$5 million	<b>100%</b> after \$25 copay for primary care physicians or \$50 copay for specialists	<b>100%</b> after \$200 deductible per member per contract year and after \$10 copay generic \$35 copay formulary brand \$50 copay non-formulary brand
<b>Plan 13-16</b>	\$1000, \$2500, \$3500 or \$5000	<b>50%</b>	\$3000/individual \$6000/family	\$5 million	<b>100%</b> after \$30 copay for primary care physicians or \$60 copay for specialists	<b>100%</b> after \$500 deductible per member per contract year and after \$10 copay generic \$35 copay formulary brand \$50 copay non-formulary brand
<b>Plan 17-19</b>	Plan 17 <b>\$250</b> → Plan 18 <b>\$500</b> → Plan 19 <b>\$500</b> →	→ Plan 17 <b>100%</b> → Plan 18 <b>80%</b> → Plan 19 <b>70%</b>	Plans 17, 18 & 19 = \$0	Plan 17: \$1 million with annual maximum of \$100,000. Plan 18: \$500,000 with annual maximum of \$50,000. Plan 19: \$500,000 with annual maximum of \$50,000.	Plan 17 & 18: <b>100%</b> after \$15 copay for primary care physicians or \$30 copay for specialists Plan 19: <b>100%</b> after \$25 copay for primary care physicians or \$50 copay for specialists	<b>100%</b> after \$10 copay generic \$35 copay formulary brand \$50 copay non-formulary brand
<b>Plan 1-19 Out of Network Coverage</b>		Plan 1-7 <b>70%</b> Plan 8-12 <b>60%</b> Plan 13-16 <b>40%</b> Plan 17-18 <b>70%</b> Plan 19 <b>60%</b>	2 Times In-Network	Same as In-Network	<b>70%</b> after deductible	<b>Not covered Out-of-Network Unless Emergency</b>



\*Coinsurance is the percentage of the allowed amount for the Covered Service that CoventryOne<sup>SM</sup> (the Plan) will pay.  
 \*\*Unlimited coverage for generic drugs, \$2000 maximum for brand-name drugs per person per year, 10% coinsurance for self-administered injectables.  
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North Carolina



**Your Benefits**

	Inpatient Care	Outpatient Care	Emergency Room	Urgent Care	Vision Routine Eye Exam
Plan 1-7	Coinsurance After Deductible	Coinsurance After Deductible	<b>100%</b> after a \$150 copay (copay waived if admitted)	<b>100%</b> after \$30 copay	<b>100%</b> After \$15 copay
Plan 8-12	Coinsurance After Deductible	Coinsurance After Deductible	<b>100%</b> after a \$150 copay (copay waived if admitted)	<b>100%</b> after \$50 copay	<b>100%</b> After \$25 copay
Plan 13-16	Coinsurance After Deductible	Coinsurance After Deductible	<b>100%</b> after a \$150 copay (copay waived if admitted)	<b>100%</b> after \$60 copay	<b>100%</b> After \$30 copay
Plan 17-19	Coinsurance After Deductible	Coinsurance After Deductible	<b>100%</b> after a \$150 copay (copay waived if admitted)	<b>100%</b> Plan 17 After \$30 copay Plan 18 After \$30 copay Plan 19 After \$50 copay	<b>100%</b> Plan 17 After \$15 copay Plan 18 After \$15 copay Plan 19 After \$25 copay
Plan 1-19 Out of Network Coverage	Coinsurance After Deductible	Coinsurance After Deductible	Same coverage as In-Network if an Emergency otherwise not covered	<b>100%</b> after same copay as In-Network if Urgent Care otherwise not covered.	Not covered Out-of-Network





## The *One* making health insurance more affordable

Pre-existing conditions limitations apply. This means that your new CoventryOne<sup>SM</sup> 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<sup>SM</sup> 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.

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