



# The Right *One* For You

Health Coverage for Individuals and Families





Take charge of  
your health care.  
Get affordable coverage  
from CoventryOne.<sup>®</sup>

Whether you need a little coverage or a lot, CoventryOne is right for you with:

- 1 AFFORDABLE PLAN OPTIONS THAT MEET YOUR NEEDS
- 2 VALUABLE EXTRAS THAT HELP KEEP YOUR COSTS DOWN
- 3 FAST, ACCURATE CLAIM PROCESSING
- 4 FRIENDLY, EFFICIENT CUSTOMER SERVICE

### CoventryOne gives you freedom

CoventryOne has policies that allow you to choose the type of plan you need. We have a wide variety of plans featuring coverage for:

- Doctor's office visits, hospital and outpatient care
- Preventive care for adults and children
- Prescription drugs (including a mail-order program)
- Routine gynecological exams including Pap tests

With CoventryOne, you have the freedom to see any physician you want. No referrals are needed to see a specialist. If you select in-network providers, you'll enjoy savings on out-of-pocket costs. You can still use out-of-network providers, but you will pay a higher share of the cost. The choice is yours.

# We're right for YOU WITH VALUABLE EXTRAS

CoventryOne goes a step further by offering these additional benefits.

## Savings on extra services

With CoventryOne, you'll get extra features that you'd normally expect to have only with employer-sponsored health plans, such as:

- Vision benefit, including annual eye exams at a \$15 copay, as well as discounts on frames and lenses
- Dental discount program through Louisiana Dental Plan – save up to 70% on dentistry and orthodontic fees at participating providers
- Save 20% off participating physician fees on liposuction, laser surgery, breast augmentation and more

## Helpful Online Tools

- Secure online access to a wealth of tools and your personal account information through My Online Services<sup>SM</sup> allowing you to:
  - Check claims status
  - Request or print a new ID card
  - Order prescription refills
  - Research costs for drugs, procedures and conditions

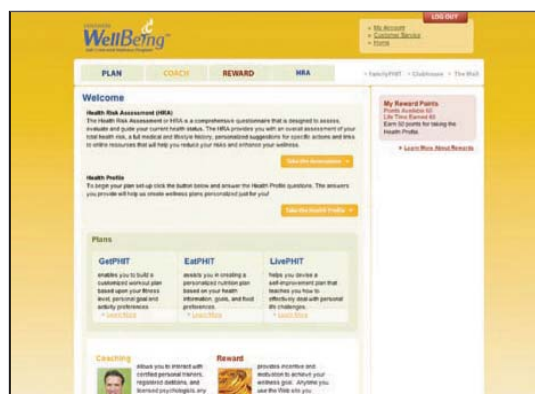


- Compare quality results for providers
- And much, much more

## Support for your well-being

Coventry is committed to supporting our members' health and wellness. Coventry WellBeing<sup>SM</sup> gives you self-care resources and helps improve your overall well-being. Members have access to a variety of programs including:

- **Online Health Management** – Our program helps individuals of all ages get in shape, eat right and live well. It provides customized fitness, nutrition and life skills plans that are personalized to each member's health status and fitness goals.



- **Health Risk Assessments** – An online Health Risk Assessment tool analyzes responses to questions about health history and lifestyle. Members receive information about conditions they may be at risk for and suggestions on how to reduce or eliminate risks.
- **E-mail Reminders for tests, screenings and immunizations** – It's easy to forget these important preventive services, so Coventry encourages members to sign up online for e-mail reminders about scheduling important screening tests.

# BENEFIT *Basics*

Here is some important information to help you understand your benefits.

## Eligibility

You and your spouse are eligible to apply if you are both under the age of 65 and not eligible for or covered under Medicare. Dependents may also apply for coverage, provided they meet certain criteria outlined in the Individual Membership Agreement. Ask your broker for details.

## Your effective date

Your effective date is when your CoventryOne benefit coverage begins. That date is determined upon the approval of your application.

## Network providers

In-network benefits apply when you receive care from physicians or facilities that are part of our network. When you choose services from in-network providers, you enjoy a higher level of benefits and lower out-of-pocket costs.

When you choose services from out-of-network providers, you are still covered for those services, but you must pay a higher share of the costs.

## Coverage for emergencies

You may obtain emergency care from any physician and you will receive benefit coverage at in-network levels.

If at all possible, please contact your physician to ensure he or she can coordinate your care once your condition has stabilized.

## Premium payment

Your CoventryOne premiums are due monthly. See the Premium Payment section of the Application for Health Coverage for your payment options.

## Renewing your coverage

Your plan is guaranteed renewable as long as premiums are paid and you and your dependents remain in the same area. Your premium will never be changed based on claims filed or due to a change in your health since becoming a member. Renewal premiums are based on your original premium, your age, area of residence and the type of benefit plan you have, as well as other factors.

## Copayment

The copayment is the fixed dollar amount charged to you for certain health care services. You pay the copayment to the physician or other health care provider at the time services are rendered.

## Deductible

Your deductible is the set amount you pay each year before CoventryOne pays any benefits.

## Coinsurance

This is a form of cost sharing. It's a specified percentage of the charges you must pay for covered health services.

## Out-of-pocket maximum

This is the most you will pay each benefit year for in-network covered health services after your deductible is met. Once you reach this amount you are no longer required to pay additional deductibles or coinsurance for covered services for the remainder of the benefit year.

## BENEFIT BASICS

### Medical underwriting

Medical underwriting, or the process of being medically underwritten, is the practice of using a person's health information to decide what premium rate to offer for a policy or whether to offer coverage at all. It is important that you provide clear, accurate information on your application so that an appropriate decision can be made.

### Pre-existing conditions

A pre-existing condition is a condition for which medical advice, diagnosis, care, or treatment was recommended by, or received from, an individual licensed or similarly authorized to provide such services under applicable law prior to the effective date of coverage.

Pre-existing conditions may result in your application being denied, or may affect your premium rate. Please note that coverage for certain health services related to a pre-existing medical condition may be excluded for a certain period or may not be covered at all.

### Prior authorization

Coventry must be contacted prior to you receiving certain covered services to determine if the services and supplies are medically necessary and whether the services and supplies are covered under your health benefit plan. Please note that obtaining prior authorization is not a guarantee of coverage for the service or treatment. When you use a participating provider, he or she will obtain prior authorization for you. It is your responsibility to make sure you have obtained prior authorization before receiving care and incurring expenses. For more information regarding services that require prior authorization, please see the Individual Membership Agreement.





## IT'S **easy** TO APPLY

### *Here's a checklist of things to consider:*

- ✓ **Select the policy you want.** Refer to the benefit plan information grid found in the back pocket.
- ✓ **Fill out the application for every member of the family that is applying for coverage.** Double check to be sure the application is filled out completely. Incomplete information will delay processing. Make a photocopy of the documents for your records prior to submitting them.
- ✓ **Submit the completed application.** Your application must be received prior to the effective date you are requesting.

- **Through your broker**

- **By fax**

Individual Sales Department  
866-560-6328

- **By mail**

CoventryOne  
Individual Sales Department  
3838 North Causeway Blvd.  
Suite 3350  
Metairie, LA 70002

- ✓ **Carefully read your Individual Membership Agreement (IMA) when you receive it.** The information in this booklet contains summary information only. The actual coverage you receive is conditional on the policy you select and the terms, conditions, limitations and other details contained in the IMA, Schedule of Benefits and related riders.

If you need answers to specific questions that aren't addressed in these materials, talk to your broker or go to **[www.coventryone.com](http://www.coventryone.com)** and select your state from the drop-down menu under "You're Covered" on the center right-hand side of the page.



**The Right *One***  
**For You**

## The Right *One* For You



CoventryOne is a health insurance product in Louisiana underwritten and administered by Coventry Health Care of Louisiana, Inc.

This is not a contract or a definitive statement of benefits. It is intended solely to provide you with an overview of the proposed CoventryOne benefits. Complete details of benefits, terms and exclusions are governed by your CoventryOne Individual Membership Agreement (IMA). **The CoventryOne IMA may not cover all your health care expenses. Read your IMA carefully to determine which health care services are covered.**



## POS COPAY PLANS

| In-Network Benefits  | Copay 500   | Copay 750                            | Copay 1000                           | Copay 1500                            | Copay 2500                            | Copay 5000                             |
|--|---|--------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|--|
| <i>Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.</i>  |   |                                      |                                      |                                       |                                       |  |
| <b>Coinsurance</b>   | 80 / 20   |                                      |                                      |                                       |                                       |  |
| <b>Deductible</b> (per member, maximum two per family)   | \$500 Individual<br>\$1,000 Family  | \$750 Individual<br>\$1,500 Family   | \$1,000 Individual<br>\$2,000 Family | \$1,500 Individual<br>\$3,000 Family  | \$2,500 Individual<br>\$5,000 Family  | \$5,000 Individual<br>\$10,000 Family  |
| <b>Annual Out of Pocket Maximum</b> Includes medical copays (does not include Rx copays), deductible and coinsurance   | \$1,500 Individual<br>\$3,000 Family  | \$1,750 Individual<br>\$3,500 Family | \$2,000 Individual<br>\$4,000 Family | \$2,500 Individual<br>\$5,000 Family  | \$3,500 Individual<br>\$7,000 Family  | \$6,000 Individual<br>\$12,000 Family  |
| <b>Maximum Lifetime Benefit</b> (per member)   | Unlimited   |                                      |                                      |                                       |                                       |  |
| <b>Preventive Services</b> Includes Mammogram, Pap Smears, PSA Testing, Colorectal Cancer Screening, Routine Child Well-Care Exams   | No Copay necessary. Covered in full.  |                                      |                                      |                                       |                                       |  |
| <b>Routine Lab and X-ray</b>   | No Copay necessary. Covered in full.  |                                      |                                      |                                       |                                       |  |
| <b>Primary Care and Specialist Visit</b>   | \$40 Copay. Unlimited Visits.   |                                      |                                      |                                       |                                       |  |
| <b>Urgent Care Facility Services</b>   | \$40 Copay  |                                      |                                      |                                       |                                       |  |
| <b>Emergency Room Services</b> (waived if admitted to the hospital)  | \$200 Copay   |                                      |                                      |                                       |                                       |  |
| <b>Inpatient Hospital Care/Outpatient Hospital Services and Professional Services, Home Health Care, Hospice Care, Ambulance Services, Outpatient Facility Services and Diagnostic Imaging</b> | Subject to deductible and coinsurance   |                                      |                                      |                                       |                                       |  |
| <b>Short Term Rehabilitative Therapy, Durable Medical Equipment and Skilled Nursing Facility Services</b>  | Subject to deductible and coinsurance   |                                      |                                      |                                       |                                       |  |
| <b>Routine Eye Exam</b> (through Avesis Provider)  | \$15 Copay. One eye exam per year.  |                                      |                                      |                                       |                                       |  |
| <b>Chiropractic Services</b>   | \$40 Copay. After initial evaluation, treatment plan must be approved by Coventry Health Care to authorize additional visits. |                                      |                                      |                                       |                                       |  |
| <b>Prescription Drug Coverage</b>  | <i>Retail must be obtained from participating pharmacies (except in an emergency). Mail order is a 90-day supply.</i>         |                                      |                                      |                                       |                                       |  |
| <b>Prescription Deductible</b>   | N/A   |                                      |                                      |                                       |                                       |  |
| <b>Tier 1: Preferred Generic</b> (not subject to brand name deductible)  | \$10 Copay  |                                      |                                      |                                       |                                       |  |
| <b>Tier 2: Formulary Brand</b>   | \$35 Copay  |                                      |                                      |                                       |                                       |  |
| <b>Tier 3: Non-Formulary</b>   | \$60 Copay  |                                      |                                      |                                       |                                       |  |
| <b>Tier 4: Self-Administered Injectable Drugs and some Specialty Medications</b>   | \$100 Copay   |                                      |                                      |                                       |                                       |  |
| Out-of-Network Benefits  | Copay 500   | Copay 750                            | Copay 1000                           | Copay 1500                            | Copay 2500                            | Copay 5000                             |
| <b>Coinsurance</b>   | 60 / 40   |                                      |                                      |                                       |                                       |  |
| <b>Deductible</b> (per member, maximum two per family)   | \$1,000 Individual<br>\$2,000 Family  | \$1,500 Individual<br>\$3,000 Family | \$2,000 Individual<br>\$4,000 Family | \$3,000 Individual<br>\$6,000 Family  | \$5,000 Individual<br>\$10,000 Family | \$10,000 Individual<br>\$20,000 Family |
| <b>Annual Out of Pocket Maximum</b>  | \$3,000 Individual<br>\$6,000 Family  | \$3,500 Individual<br>\$7,000 Family | \$4,000 Individual<br>\$8,000 Family | \$5,000 Individual<br>\$10,000 Family | \$7,000 Individual<br>\$14,000 Family | \$12,000 Individual<br>\$24,000 Family |
| <b>Physician Office Services, Urgent Care Facility Services and Emergency Room Services</b>  | Office Visit is 60% after Deductible. Urgent Care \$40 copay. ER Visit \$200 Copay (ER Copay is waived if admitted).          |                                      |                                      |                                       |                                       |  |
| <b>Inpatient and Outpatient Hospital Services</b>  | Subject to deductible and coinsurance   |                                      |                                      |                                       |                                       |  |

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## POS COPAY VALUE PLANS

| In-Network Benefits  | Copay Value 500   | Copay Value 1000                      | Copay Value 2500                       | Copay Value 5000                       | Copay Value 7500                       |
|--|---|---------------------------------------|--|--|--|
| <i>Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.</i>  |   |                                       |  |  |  |
| <b>Coinsurance</b>   | 70 / 30   |                                       |  |  |  |
| <b>Deductible</b> (per member, maximum two per family)   | \$500 Individual<br>\$1,000 Family  | \$1000 Individual<br>\$2,000 Family   | \$2,500 Individual<br>\$5,000 Family   | \$5,000 Individual<br>\$10,000 Family  | \$7,500 Individual<br>\$15,000 Family  |
| <b>Annual Out of Pocket Maximum</b> Includes medical copays (does not include Rx copays), deductible and coinsurance   | \$3,500 Individual<br>\$7,000 Family  | \$4,000 Individual<br>\$8,000 Family  | \$5,500 Individual<br>\$11,000 Family  | \$8,000 Individual<br>\$16,000 Family  | \$10,500 Individual<br>\$21,000 Family |
| <b>Maximum Lifetime Benefit</b> (per member)   | Unlimited   |                                       |  |  |  |
| <b>Primary Care Office Visit</b>   | \$45 Copay. Unlimited Visits.   |                                       |  |  |  |
| <b>Specialist Office Visit</b>   | \$65 Copay. Unlimited Visits.   |                                       |  |  |  |
| <b>Preventive Services</b> Includes Mammogram, Pap Smears, PSA Testing, Colorectal Cancer Screening, Routine Child Well-Care Exams   | No Copay necessary. Covered in full.  |                                       |  |  |  |
| <b>Routine Lab and X-ray</b>   | No Copay necessary. Covered in full.  |                                       |  |  |  |
| <b>Urgent Care Facility Services</b>   | \$75 Copay  |                                       |  |  |  |
| <b>Emergency Room Services</b> (waived if admitted to the hospital)  | \$250 Copay   |                                       |  |  |  |
| <b>Inpatient Hospital Care/Outpatient Hospital Services and Professional Services, Home Health Care, Hospice Care, Ambulance Services, Outpatient Facility Services and Diagnostic Imaging</b> | Subject to deductible and coinsurance   |                                       |  |  |  |
| <b>Short Term Rehabilitative Therapy, Durable Medical Equipment and Skilled Nursing Facility Services</b>  | Subject to deductible and coinsurance   |                                       |  |  |  |
| <b>Routine Eye Exam</b> (through Avesis Provider)  | \$15 Copay. One eye exam per year.  |                                       |  |  |  |
| <b>Chiropractic Services</b>   | \$45 Copay, After initial evaluation, treatment plan must be approved by Coventry Health Care to authorize additional visits. |                                       |  |  |  |
| <b>Prescription Drug Coverage</b>  | <i>Retail must be obtained from participating pharmacies (except in an emergency). Mail order is a 90-day supply.</i>         |                                       |  |  |  |
| <b>Prescription Deductible</b>   | Option A = \$500. Option B = \$1,000.   |                                       |  |  |  |
| <b>Tier 1: Preferred Generic</b> (not subject to Rx deductible)  | \$10 Copay  |                                       |  |  |  |
| <b>Tier 2: Formulary Brand</b>   | \$35 Copay  |                                       |  |  |  |
| <b>Tier 3: Non-Formulary</b>   | \$60 Copay  |                                       |  |  |  |
| <b>Tier 4: Self-Administered Injectable Drugs and some Specialty Medications</b>   | \$100 Copay   |                                       |  |  |  |
| Out-of-Network Benefits  | Copay Value 500   | Copay Value 1000                      | Copay Value 2500                       | Copay Value 5000                       | Copay Value 7500                       |
| <b>Coinsurance</b>   | 50/50   |                                       |  |  |  |
| <b>Deductible</b> (per member, maximum two per family)   | \$1,000 Individual<br>\$2,000 Family  | \$2,000 Individual<br>\$4,000 Family  | \$5,000 Individual<br>\$10,000 Family  | \$10,000 Individual<br>\$20,000 Family | \$15,000 Individual<br>\$30,000 Family |
| <b>Annual Out of Pocket Maximum</b>  | \$7,000 Individual<br>\$14,000 Family   | \$8,000 Individual<br>\$16,000 Family | \$11,000 Individual<br>\$22,000 Family | \$16,000 Individual<br>\$32,000 Family | \$21,000 Individual<br>\$42,000 Family |
| <b>Physician Office Services, Urgent Care Facility Services and Emergency Room Services</b>  | Office Visit is 50% after deductible. Urgent Care \$75 Copay. ER Visit \$250 Copay (ER Copay waived if admitted).             |                                       |  |  |  |
| <b>Inpatient and Outpatient Hospital Services</b>  | Subject to deductible and coinsurance   |                                       |  |  |  |

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## HSA QUALIFIED HIGH DEDUCTIBLE PLANS (HDHP)

| In-Network Benefits  | HDHP<br>\$1700/0%  | HDHP<br>\$2500/0%                      | HDHP<br>\$5000/0%                      | HDHP<br>\$2500/0%<br>Universal         | HDHP<br>\$1700/20%  | HDHP<br>\$2500/20%                     | HDHP<br>\$5000/20%                     | HDHP<br>\$2500/20%<br>Universal        |
|--|--|--|--|--|---|--|--|--|
| <i>Benefit year deductible must be satisfied before coinsurance applies. Benefits listed with a copay are not subject to deductible unless noted.</i>  |  |  |  |  |   |  |  |  |
| <b>Coinsurance</b>   | 100 / 0  |  |  |  | 80 / 20   |  |  |  |
| <b>Deductible</b>  | \$1,700 Individual<br>\$3,400 Family   | \$2,500 Individual<br>\$5,000 Family   | \$5,000 Individual<br>\$10,000 Family  | \$2,500 Individual<br>\$2,500 Family   | \$1,700 Individual<br>\$3,400 Family  | \$2,500 Individual<br>\$5,000 Family   | \$5,000 Individual<br>\$10,000 Family  | \$2,500 Individual<br>\$2,500 Family   |
| <b>Annual Out of Pocket Maximum</b> Includes deductible, coinsurance and Rx copays   | \$2,700 Individual<br>\$5,400 Family   | \$5,000 Individual<br>\$10,000 Family  | \$5,500 Individual<br>\$11,000 Family  | \$5,000 Individual<br>\$5,000 Family   | \$2,700 Individual<br>\$5,400 Family  | \$5,000 Individual<br>\$10,000 Family  | \$5,500 Individual<br>\$11,000 Family  | \$5,000 Individual<br>\$5,000 Family   |
| <b>Maximum Lifetime Benefit</b> (per member)   | Unlimited  |  |  |  | Unlimited   |  |  |  |
| <b>Preventive Services</b> Includes Mammogram, Pap Smears, PSA Testing, Colorectal Cancer Screening, Routine Child Well-Care Exams   | No Copay Necessary. Covered in full.   |  |  |  | No Copay Necessary. Covered in full.  |  |  |  |
| <b>Routine Lab and X-ray</b>   | 100% after Deductible  |  |  |  | 80% after Deductible  |  |  |  |
| <b>Primary Care and Specialist Visit</b>   | 100% after Deductible  |  |  |  | 80% after Deductible  |  |  |  |
| <b>Urgent Care Facility Services</b>   | 100% after Deductible  |  |  |  | 80% after Deductible  |  |  |  |
| <b>Emergency Room Services</b> (waived if admitted to the hospital)  | 100% after Deductible  |  |  |  | 80% after Deductible  |  |  |  |
| <b>Inpatient Hospital Care/Outpatient Hospital Services and Professional Services, Home Health Care, Hospice Care, Ambulance Services, Outpatient Facility Services and Diagnostic Imaging</b> | 100% after Deductible  |  |  |  | 80% after Deductible  |  |  |  |
| <b>Short Term Rehabilitative Therapy, Durable Medical Equipment and Skilled Nursing Facility Services</b>  | 100% after Deductible  |  |  |  | 80% after Deductible  |  |  |  |
| <b>Routine Eye Exam</b> (through Avesis Provider)  | \$15 Copay. One eye exam per year.   |  |  |  | \$15 Copay. One eye exam per year.  |  |  |  |
| <b>Chiropractic Services</b>   | 100% after Deductible. After initial evaluation, treatment plan must be approved by Coventry Health Care to authorize additional visits. |  |  |  | 80% after Deductible. After initial evaluation, treatment plan must be approved by Coventry Health Care to authorize additional visits. |  |  |  |
| <b>Prescription Drug Coverage</b>  | <i>Retail must be obtained from participating pharmacies (except in an emergency). Mail order is a 90-day supply.</i>                    |  |  |  | <i>Retail must be obtained from participating pharmacies (except in an emergency). Mail order is a 90-day supply.</i>                   |  |  |  |
| <b>Prescription Deductible</b>   | After your Annual Deductible is met you have tiered copays.  |  |  |  | After your Annual Deductible is met you have tiered copays.   |  |  |  |
| <b>Tier 1: Preferred Generic</b> (not subject to brand name deductible)  | \$20 Copay   |  |  |  | \$20 Copay  |  |  |  |
| <b>Tier 2: Formulary Brand</b>   | \$40 Copay   |  |  |  | \$40 Copay  |  |  |  |
| <b>Tier 3: Non-Formulary</b>   | \$80 Copay   |  |  |  | \$80 Copay  |  |  |  |
| <b>Tier 4: Self-Administered Injectable Drugs and some Specialty Medications</b>   | \$100 Copay  |  |  |  | \$100 Copay   |  |  |  |
| Out-of-Network Benefits  | HDHP<br>\$1700/0%  | HDHP<br>\$2500/0%                      | HDHP<br>\$5000/0%                      | HDHP<br>\$2500/0%<br>Universal         | HDHP<br>\$1700/20%  | HDHP<br>\$2500/20%                     | HDHP<br>\$5000/20%                     | HDHP<br>\$2500/20%<br>Universal        |
| <b>Coinsurance</b>   | 80 / 20  |  |  |  | 60 / 40   |  |  |  |
| <b>Deductible</b>  | \$3,400 Individual<br>\$6,800 Family   | \$5,000 Individual<br>\$10,000 Family  | \$10,000 Individual<br>\$20,000 Family | \$5,000 Individual<br>\$5,000 Family   | \$3,400 Individual<br>\$6,800 Family  | \$5,000 Individual<br>\$10,000 Family  | \$10,000 Individual<br>\$20,000 Family | \$5,000 Individual<br>\$5,000 Family   |
| <b>Annual Out of Pocket Maximum</b>  | \$5,400 Individual<br>\$10,800 Family  | \$10,000 Individual<br>\$20,000 Family | \$20,000 Individual<br>\$22,000 Family | \$10,000 Individual<br>\$10,000 Family | \$5,400 Individual<br>\$10,800 Family   | \$10,000 Individual<br>\$20,000 Family | \$20,000 Individual<br>\$22,000 Family | \$10,000 Individual<br>\$10,000 Family |
| <b>Physician Office Services, Urgent Care Facility Services and Emergency Room Services</b>  | Subject to deductible and coinsurance  |  |  |  | Subject to deductible and coinsurance   |  |  |  |
| <b>Inpatient and Outpatient Hospital Services</b>  | Subject to deductible and coinsurance  |  |  |  | Subject to deductible and coinsurance   |  |  |  |

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