Coventry Health Care of Iowa - New Plan Design

State: IA

citi **Benefits 2009**

		In-Network Coverage
Plan facts	Member services	(800) 257-4692 Annual enrollment information: (800) 257-4692
	Member services hours	Mon-Fri: 8:00 AM-5:00 PM CT
	Web address	www.chciowa.com
	Product name	Coventry Health Care of Iowa
Your medical expenses	Annual deductible	$100 (individual) / $200 (family max)*
	Out-of-pocket maximum (includes deductible)	$2,000 (individual) / $4,000 (family max) per calendar year*
	Office visits	Covered at 90% after deductible*
	Maternity care prenatal office visits	Covered at 90% after deductible*
	Inpatient hospitalization	Covered at 90% after deductible*
	Outpatient surgical care	Covered at 90% after deductible*
	Outpatient lab and X-ray	Covered at 90% after deductible*
	Emergency room care	$50 copay/visit (waived if admitted)
	Urgent care facility	Covered at 90% after deductible*
Your prescription drug expenses	Retail	$10 copay (generic), $20 copay (preferred brand), $45 copay (non-preferred) per prescription up to 31-day supply
	Mail order	$20 copay (generic), $40 copay (preferred brand), $90 copay (non-preferred) per prescription up to 90-day supply*
Preventive care	Routine physical and GYN exam	Covered at 100%, no deductible*
	Routine vision exam	$10 copay per visit. Limit 1 exam per 24 months*
	Well-child care and immunizations	Covered at 100%, no deductible*
	Routine mammography	Covered at 100%, no deductible*
Mental health	Inpatient	Covered at 80% after deductible. Limit 30 days per year combined with inpatient substance abuse. Prior authorization required*
	Outpatient	Covered at 80% after deductible. Limit 52 visits per year combined with outpatient substance abuse*
Substance abuse	Inpatient detoxification	Covered at 80% after deductible. Limit 30 days per year combined with inpatient mental health. Prior authorization required*
	Inpatient rehabilitation	Covered at 80% after deductible. Limit 30 days per year combined with inpatient mental health. Prior authorization required*
	Outpatient detoxification	Covered at 80% after deductible. Limit 52 visits per year combined with outpatient mental health*
	Outpatient rehabilitation	Covered at 80% after deductible. Limit 52 visits per year combined with outpatient mental health*
Other professional care	Outpatient physical/speech/ occupational therapy	Covered at 90% after deductible. Limit 24 visits per year for physical, speech and occuptional therapy combined*
	Chiropractic care	Covered at 90% after deductible. Limit 18 visits per year*
	Infertility	Covered at 90% after deductible for diagnosis only. Contact plan for details*
Out-of-network coverage	Out-of-network non-emergency care	Not covered

Key facts	NCQA status:	Excellent	Domestic partner coverage available:	Yes
	PCP referral required for specialist:	No	Domestic partner children coverage avail.:	Yes
	Lifetime maximum benefit:	$2,000,000*		
	Provider network:	See website for details		

*** Indicates a benefit change**

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.