

# Coventry Health Care of Iowa – New Plan Design



State: IA

Benefits 2010

		<b>In-Network Coverage</b>	
<b>Plan facts</b>	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	
<b>Your medical expenses</b>	Annual deductible	\$500 (individual) / \$1,000 (family max)*	
	Out-of-pocket maximum (includes deductible)	\$3,000 (individual) / \$6,000 (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	\$100 copay/visit (waived if admitted)*	
<b>Your prescription drug expenses</b>	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), \$135 copay (non-preferred) per prescription up to 90-day supply*	
<b>Preventive care</b>	Routine physical and GYN exam	Covered at 100%, no deductible. Limit 1 visit per year*	
	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. Limit 1 visit per year*	
<b>Mental health</b>	Inpatient	Covered at 90% after deductible. Prior authorization required*	
	Outpatient	Covered at 90% after deductible*	
<b>Substance abuse</b>	Inpatient detoxification	Covered at 90% after deductible. Prior authorization required*	
	Inpatient rehabilitation	Covered at 90% after deductible. Prior authorization required*	
	Outpatient detoxification	Covered at 90% after deductible. Prior authorization required*	
	Outpatient rehabilitation	Covered at 90% after deductible. Prior authorization required*	
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy	Covered at 90% after deductible. Limit 24 visits per year for physical, speech and occupational 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	
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered	
<b>Key facts</b>	NCQA status:	URAC Full Accreditation	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.