

		In-Network Coverage		
Plan facts	Member services	(800) 257-4692 Annual enrollment information: (800) 257-4692		
	Member services hours	Mon-Fri: 8:00 AM-6:00 PM CT		
	Web address	www.chciowa.com		
	Product name	Coventry Health Care of Iowa		
Your medical expenses	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)		
	Urgent care facility	Covered at 90% after deductible. Out-of-area: Not covered		
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$45 copay (non-preferred brand) 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		
Preventive care	Routine physical and GYN exam	Covered at 100%, no deductible. Limit 1 visit per year		
	Routine vision exam	\$10 copay 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		
Mental health	Inpatient	Covered at 90% after deductible. Prior authorization required		
	Outpatient	Covered at 90% after deductible. Prior authorization required		
Substance abuse	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		
Other professional care	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		
Out-of-network coverage	Out-of-network non-emergency care	Not covered		
Key facts	NCQA status:	URAC Fully Accredited	Domestic partner coverage available:	Yes
	PCP referral required for specialist:	No	Domestic partner children coverage avail.:	Yes
	Lifetime maximum benefit:	NA		
	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.