

		In-Network Coverage	
Plan facts	Member services Member services hours Web address Product name	(800) 257-4692 Annual enrollment information: (800) 257-4692 Mon-Fri: 8:00 AM-6:00 PM CT www.chciowa.com Coventry Health Care of Iowa	
Your medical expenses	Annual deductible Out-of-pocket maximum (includes deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$500 (individual) / \$1,000 (family max) \$3,000 (individual) / \$6,000 (family max) per calendar year Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible Covered at 90% after deductible \$100 copay/visit (waived if admitted) 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 Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%, no deductible. Limit 1 visit per year \$10 copay copay per visit. Limit 1 exam per 24 months Covered at 100%, no deductible Covered at 100%, no deductible. Limit 1 visit per year	
Mental health	Inpatient Outpatient	Covered at 90% after deductible. Prior authorization required Covered at 90% after deductible. Prior authorization required	
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible. Prior authorization required Covered at 90% after deductible. Prior authorization required Covered at 90% after deductible. Prior authorization required Covered at 90% after deductible. Prior authorization required	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible. Limit 20 visits per year per therapy* Covered at 90% after deductible. Limit 18 visits per year 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: PCP referral required for specialist: Lifetime maximum benefit: Provider network:	URAC Fully Accredited No NA See website for details	Domestic partner coverage available: Yes Domestic partner children coverage avail.: Yes

* Indicates a benefit change

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