

**Rewards Program**

Earn Cash Rewards	Rewards Incentive
<b>Complete Smoking Cessation Program<sup>1</sup></b> ( <i>Smokers only: enroll with QuitNet to stop smoking.</i> )	<b>Earn \$100</b>
<b>Complete Online Health Risk Assessment Questionnaire<sup>2</sup></b>	<b>Earn \$100</b>
<b>Improve Personal Health through ePHIT<sup>3</sup></b> ( <i>electronic Personal Health Improvement Training</i> )	<b>Earn \$50</b>

Members 18 years of age and older are eligible to participate in the rewards program. Rewards are paid to the policyholder during the tenth month of the policy year; must be a member at time of payment to collect cash rewards.

<sup>1</sup>To enroll in Smoking Cessation Program, call 1-866-577-8210 or go to [www.coventrywellbeing.com](http://www.coventrywellbeing.com). When online locate and click the smoking cessation link, "Who says quitters never win?" Review description of services provided. Click "Enroll Online Now" button. Enter "employee" if you're the primary, date of birth and authentication code, which is your 11-digit member ID number.

<sup>2</sup>The online Health Risk Assessment Questionnaire and ePHIT are available at *My Online Services* via [www.healthamerica.cvtv.com](http://www.healthamerica.cvtv.com). Register to access *My Online Services*; 11-digit member ID number, zip code and date of birth are required for registration.

<sup>3</sup>Improve your Personal Health by logging in five times a month for six months through *My Online Services* and ePHIT. Create a Customized Fitness Plan, a Personalized Nutrition Plan or a Life Management Plan to help achieve your personal health improvement goals, or simply surf the ePHIT site for health improvement information.

**Rewards Plan Benefits**

DEDUCTIBLES AND MAXIMUMS	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Annual Deductible</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Out-of-Pocket Maximum</b> ( <i>includes copays, coinsurance and deductible</i> )		
Individual	\$10,000	\$20,000
Family	\$20,000	\$40,000
OUTPATIENT SERVICES	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Physician Services</b> ( <i>for illness or injury</i> )		
Primary Care Visit (PCP)	\$40 Copay (after annual deductible)	50% Eligible Charges (after annual deductible)
Specialist Visit (SCP)	\$60 Copay (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Preventive Services*</b>		
Gynecological Exam (PCP/SCP)	No Charge	50% Eligible Charges (after annual deductible)
Well Child Visit ( <i>up to age 9, no deductible</i> )	No Charge	50% Eligible Charges (not subject to deductible)
Adult Physical Visit	No Charge	50% Eligible Charges (after annual deductible)
Preventive Pediatric Immunizations	No Charge	50% Eligible Charges (not subject to deductible)
Preventive Adult Immunizations	No Charge	50% Eligible Charges (after annual deductible)
Hearing Exams ( <i>under age 18</i> )	No Charge	50% Eligible Charges (after annual deductible)
Routine Mammograms ( <i>reimbursement limited to 130% of Medicare</i> )	No Charge	50% Eligible Charges (after annual deductible) <b>\$30 Copay</b>
<b>Allergy Testing &amp; Injections</b> ( <i>serum is NOT covered</i> )	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Chiropractic Care</b>	<i>Not Covered</i>	
<b>Outpatient Surgery</b>	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Lab Services</b>	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Diagnostic X-Ray</b>	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Radiology</b> ( <i>CAT, MRI, Ultrasound</i> )	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
HOSPITAL SERVICES	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Hospital Care</b>		
Semi-Private Room ( <i>private room if medically necessary</i> )	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Physician and Surgeon Fees	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Surgery	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Lab and X-Ray Services	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
All Medically Necessary Ancillary Services	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Anesthesia	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Administration of Blood	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Blood Products	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
Therapy Services ( <i>Chemotherapy &amp; Radiation Therapy</i> )	15% (after annual deductible)	50% Eligible Charges (after annual deductible)
EMERGENCY CARE	Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Emergency Room Services</b>	\$400 Copay (after annual deductible); <i>ER Copay waived if admitted</i>	
<b>Urgent Care</b>	\$60 Copay (after annual deductible)	

PRESCRIPTION DRUGS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<i>Includes oral contraceptives &amp; managed formulary. Mandatory generic substitution may apply.</i>		\$15 Tier 1 / \$50 Tier 2 / Closed Formulary (after annual deductible) Mail Order - \$30/\$100 Copay (after annual deductible); 90-day supply <i>Refer to the Rx select formulary to identify which drugs do not require authorization. Quantity limits still apply.</i>	
MATERNITY SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Pregnancy Care &amp; Delivery</b>		<i>Not Covered (except for complications)</i>	
FAMILY PLANNING		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Infertility Counseling/Testing/Services</b>		<i>Not Covered</i>	
<b>Tubal Ligation/Vasectomy</b>		<i>Not Covered</i>	
REHABILITATION SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Occupational, Speech, Physical Therapy</b>		15% (after annual deductible) <i>45 inpatient days per contract year; 24 outpatient visits per contract year</i>	50% Eligible Charges (after annual deductible)
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>General Mental Illness</b> Inpatient Physician Services ( <i>Outpatient</i> )		<i>Not Covered</i> \$60 Copay (after annual deductible); 10 visits per contract year	
<b>Biologically Based Mental Illness</b> Inpatient Physician Services ( <i>Outpatient</i> )		15% (after annual deductible) \$60 Copay (after annual deductible)	50% Eligible Charges (after annual deductible) 50% Eligible Charges (after annual deductible)
<b>Substance Abuse</b> Inpatient Detoxification		15% (after annual deductible)	50% Eligible Charges (after annual deductible) <i>7 days per admission; 4 admissions benefit maximum</i>
Inpatient Rehabilitation		15% (after annual deductible)	50% Eligible Charges (after annual deductible) <i>30 days per contract year; 90 days benefit maximum</i>
Outpatient Visits and Transitional Partial Hospitalization		15% (after annual deductible)	50% Eligible Charges (after annual deductible) <i>60 visits per contract year; 120 visits benefit maximum 30 outpatient visits may be exchanged on a two-for-one basis for up to 15 additional non-hospital residential or inpatient treatment days</i>
OTHER BENEFITS		Participating MEMBER RESPONSIBILITY	Non-Participating MEMBER RESPONSIBILITY
<b>Claim Forms Required</b>		<b>No</b>	<b>Yes</b>
<b>Durable Medical Equipment (DME)</b> – Limited to once every 2 years for irreparable damage and/or normal wear.		50% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Corrective Appliances</b>		50% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Home Health Care Services</b>		15% (after annual deductible)	50% Eligible Charges (after annual deductible) <i>120 visits per contract year</i>
<b>Hospice Care</b>		15% (after annual deductible)	50% Eligible Charges (after annual deductible)
<b>Skilled Nursing Facility</b>		15% (after annual deductible)	50% Eligible Charges (after annual deductible) <i>50 days per contract year</i>
<b>Dental Services</b> Emergency Treatment of Dental Injury Removal of Third Molars		15% (after annual deductible) 15% (after annual deductible)	50% Eligible Charges (after annual deductible) 50% Eligible Charges (after annual deductible)
<b>Vision Services</b>	<b>Vision One Eyecare Program<sup>®</sup></b> Receive immediate savings on all eye care needs – discounts on frames, lenses, disposable contacts and even LASIK surgery – at participating providers through the EyeMed Vision Care network.		
<b>Health Education</b>	Members receive reimbursement of the cost of approved wellness programs offered through local hospitals and organizations.**		
<b>PRECERTIFICATION REQUIREMENT</b>		By Physician	By Patient
<b>Penalty (By Patient)</b>		None	\$0
<i>When using a nonparticipating provider, the member must obtain precertification of nonemergency hospital and other facility (e.g., skilled nursing facilities, rehabilitation facilities, drug and alcohol treatment facilities) admissions, outpatient surgery and certain other services as stated in the Group Contract. If these services or admissions are not precertified, the member may be responsible for an additional financial penalty stated above or, if the service is not medically necessary, 100% of the cost of the services.</i>			
<b>LIFETIME MAXIMUM</b>		<b>Unlimited</b>	

This is not a contract. It is intended solely to provide you with an overview of the plan. Complete details of benefits, terms and exclusions are governed by your Group Contract. **This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you have questions call us at 866.874.2624 in Central/Eastern Pennsylvania or 866.874.2624 in Western Pennsylvania and Ohio.**

Benefits are administered on a contract year basis. Coinsurance is based on Eligible Charges as defined in your Certificate of Insurance. For non-participating providers, Eligible Charges are based on the lesser of the provider's billed charges or our Out-of-Network rate, which is defined in your Certificate of Insurance. **In addition to your copay or coinsurance, you are responsible for paying nonparticipating providers the difference between our Out-of-Network rate and their actual charge for non-emergency services. Your out-of-pocket costs for nonemergency care from nonparticipating providers may be substantial.**

*Dependent Coverage Age Limit is up to age 26.*

\*If your Schedule of Benefits indicates that you have a Qualified High Deductible Health Plan (QHDHP), you must consult your group benefit documents for a specific description and the terms and conditions of your coverage for these benefits. Also, some covered services that you receive during a preventive service office visit may not qualify as preventive services under the group contract, and consequently, will be subject to applicable deductibles. In order to be exempt from applicable deductibles, preventive services must qualify as preventive services under the group contract and Section 223 of the Internal Revenue Code.

\*\*Reimbursement for Weight Management programs is limited to \$350 per calendar year, per member.