

HealthAmerica Small Business Solutions

2011 Plan Year • PPO Products for Southeastern Pennsylvania (2-50 Eligible Employees)

| Plan Name | | Participating Providers | | | | | | | | | | | Non-participating Providers | | |
|----------------|--------------------------|--|-----------------------|---|--|---|--------------------------------|------------------------------------|---|-----------------------------------|-----------------------|------------------------|-----------------------------|--------------------------------|---------------------|
| | | Primary Care Physician & Specialist Office Visit | Preventive Care Copay | Medical Injectable Copay (after deductible) | Urgent Care/ Emergency Room Copay | Deductible | Coinsurance (after deductible) | Inpatient Copay | Outpatient Surgery Copay | Outpatient Diagnostic X-Ray Copay | Major Radiology Copay | Out-of-Pocket Maximum* | Deductible | Coinsurance (after deductible) | Coinsurance Maximum |
| Premier | Premier PPO \$10\$10 | \$10/\$10 | \$0 | \$75 | \$10/\$150 | \$0 | 0% | 0% | 0% | 0% | \$125 | None | \$500 (2x) | 30% | \$3,000 (2x) |
| | Premier PPO \$10\$20 | \$10/\$20 | \$0 | \$0 | \$50/\$150 | \$0 | 0% | \$100/day to 5 max | \$50 | \$20 | \$150 | \$3,000 (2x) | \$300 (3x) | 20% | \$3,000 (3x) |
| | Premier PPO \$15\$30 | \$15/\$30 | \$0 | \$75 | \$30/\$150 | \$0 | 0% | 0% | 0% | 0% | \$125 | None | \$750 (2x) | 30% | \$3,000 (2x) |
| | Premier PPO \$20\$40 | \$20/\$40 | \$0 | \$0 | \$50/\$150 | \$0 | 0% | \$250/day to 5 max | \$150 | \$40 | \$150 | \$3,000 (2x) | \$300 (3x) | 20% | \$3,000 (3x) |
| | Premier PPO \$25\$50 | \$25/\$50 | \$0 | \$75 | \$50/\$150 | \$0 | 0% | \$500/day to 5 max | 0% | \$50 | \$150 | None | \$2,000 (2x) | 30% | \$3,000 (2x) |
| | Premier PPO \$2500 (1x) | \$20/\$40 | \$0 | \$0 | \$40/\$125 | \$2,500 (1x) | 0% | ded/0% | ded/0% | ded/0% | ded/0% | None | \$5,000 (1x) | 20% | \$10,000 (1x) |
| | Premier PPO \$4000 (1x) | \$25/\$50 | \$0 | \$0 | \$50/\$125 | \$4,000 (1x) | 0% | ded/0% | ded/0% | ded/0% | ded/0% | None | \$6,000 (1x) | 20% | \$5,000 (1x) |
| | Premier PPO \$7500 (1x) | \$25/\$50 | \$0 | \$0 | \$50/\$125 | \$7,500 (1x) | 0% | ded/0% | ded/0% | ded/0% | ded/0% | None | \$10,000 (1x) | 20% | \$5,000 (1x) |
| | Premier PPO \$10000 (1x) | \$25/\$50 | \$0 | \$0 | \$50/\$125 | \$10,000 (1x) | 0% | ded/0% | ded/0% | ded/0% | ded/0% | None | \$12,000 (1x) | 20% | \$5,000 (1x) |
| | | Primary Care Physician & Specialist Office Visit | Preventive Care Copay | Medical Injectable Copay (after deductible) | Urgent Care/ Emergency Room Copay | Deductible (only applies to IP/OP surgery and services) | Coinsurance (after deductible) | Inpatient Copay (after deductible) | Outpatient Surgery Copay (after deductible) | Outpatient Diagnostic X-Ray Copay | Major Radiology Copay | Out-of-Pocket Maximum* | Deductible | Coinsurance (after deductible) | Coinsurance Maximum |
| Saver | Premier Saver PPO \$500 | \$10/\$20 | \$0 | \$0 | \$50/\$150 | \$500 (2x) | 0% | 0% | 0% | \$20 | \$150 | \$3,000 (2x) | \$500 (2x) | 50% | \$3,000 (2x) |
| | Premier Saver PPO \$1000 | \$15/\$30 | \$0 | \$0 | \$50/\$150 | \$1,000 (2x) | 0% | 0% | 0% | \$30 | \$150 | \$3,000 (2x) | \$1,000 (2x) | 50% | \$3,000 (2x) |
| | Premier Saver PPO \$1500 | \$15/\$30 | \$0 | \$0 | \$50/\$150 | \$1,500 (2x) | 0% | 0% | 0% | \$30 | \$150 | \$3,000 (2x) | \$1,500 (2x) | 50% | \$3,000 (2x) |
| | Premier Saver PPO \$2000 | \$20/\$40 | \$0 | \$0 | \$50/\$150 | \$2,000 (2x) | 0% | 0% | 0% | \$40 | \$150 | \$3,000 (2x) | \$2,000 (2x) | 50% | \$3,000 (2x) |
| | Premier Saver PPO \$2500 | \$25/\$50 | \$0 | \$0 | \$50/\$150 | \$2,500 (2x) | 0% | 0% | 0% | \$50 | \$150 | \$3,000 (2x) | \$5,000 (2x) | 30% | \$10,000 (2x) |
| | Premier Saver PPO \$3000 | \$25/\$50 | \$0 | \$0 | \$50/\$150 | \$3,000 (2x) | 0% | 0% | 0% | \$50 | \$150 | \$4,000 (2x) | \$5,000 (2x) | 30% | \$10,000 (2x) |
| | | Primary Care Physician & Specialist Office Visit | Preventive Care Copay | Medical Injectable Copay (after deductible) | Urgent Care/ Emergency Room Copay (after deductible) | Deductible | Coinsurance (after deductible) | Inpatient Copay (after deductible) | Outpatient Surgery Copay | Outpatient Diagnostic X-Ray Copay | Major Radiology Copay | Out-of-Pocket Maximum* | Deductible | Coinsurance (after deductible) | Coinsurance Maximum |
| Choice | *Choice PPO \$1500 | \$20/\$40 | \$0 | \$75 | \$40/\$150 | \$1,500 (3x) | 0% | 0% | \$100 | \$50 | \$125 | None | \$3,000 (3x) | 30% | \$10,000 (3x) |
| | *Choice PPO \$2500 | \$20/\$40 | \$0 | \$75 | \$40/\$150 | \$2,500 (3x) | 0% | 0% | \$100 | \$50 | \$125 | None | \$5,000 (3x) | 30% | \$10,000 (3x) |
| | *Choice PPO \$4000 | \$20/\$40 | \$0 | \$75 | \$40/\$150 | \$4,000 (3x) | 0% | 0% | \$100 | \$50 | \$125 | None | \$8,000 (3x) | 30% | \$10,000 (3x) |

HealthAmerica Small Business Solutions continued



| Plan Name | Participating Providers | | | | | | | | | | | Non-participating Providers | | | |
|-----------------------|--|-----------------------|---|--|------------|--------------------------------|------------------------------------|---|--|--|------------------------|-----------------------------|--------------------------------|---------------------|---------------|
| | Primary Care Physician & Specialist Office Visit | Preventive Care Copay | Medical Injectable Copay (after deductible) | Urgent Care/ Emergency Room Copay (after deductible) | Deductible | Coinsurance (after deductible) | Inpatient Copay (after deductible) | Outpatient Surgery Copay (after deductible) | Outpatient Diagnostic X-Ray Copay (after deductible) | Major Radiology Copay (after deductible) | Out-of-Pocket Maximum* | Deductible | Coinsurance (after deductible) | Coinsurance Maximum | |
| HSA Compatible | **FlexChoice QHDHP PPO \$1,250 | \$15/\$25 | \$0 | \$0 | \$50/\$150 | \$1,250 (2x) | 0% | 0% | 0% | 0% | \$150 | \$3,000 (2x) | \$2,500 (x2) | 20% | \$10,000 (2x) |
| | **FlexChoice QHDHP PPO \$1,500 | \$15/\$25 | \$0 | \$0 | \$25/\$125 | \$1,500 (2x) | 0% | 0% | 0% | 0% | 0% | \$3,000 (2x) | \$3,000 (2x) | 20% | \$10,000 (2x) |
| | **FlexChoice QHDHP PPO \$2,000 | \$15/\$25 | \$0 | \$0 | \$25/\$125 | \$2,000 (2x) | 0% | 0% | 0% | 0% | 0% | \$4,000 (2x) | \$4,000 (2x) | 20% | \$10,000 (2x) |
| | **FlexChoice QHDHP PPO \$2,500 (1x) | \$15/\$25 | \$0 | \$0 | \$50/\$150 | \$2,500 (1x) | 0% | 0% | 0% | 0% | \$150 | \$4,000 (1x) | \$5,000 (1x) | 20% | \$10,000 (1x) |
| | **FlexChoice QHDHP PPO \$2,500 | \$0 | \$0 | \$0 | \$50/\$150 | \$2,500 (2x) | 0% | 0% | 0% | 0% | \$150 | \$4,000 (2x) | \$5,000 (2x) | 30% | \$10,000 (2x) |
| | **FlexChoice QHDHP PPO \$4,000 (1x) | \$20/\$40 | \$0 | \$0 | \$50/\$150 | \$4,000 (1x) | 0% | 0% | 0% | 0% | \$150 | \$5,000 (1x) | \$5,000 (1x) | 20% | \$10,000 (1x) |

Notes Regarding All Plans

- Lifetime Maximums are unlimited.
 - Deductible at the participating provider level may not apply to qualified preventive services; see your Schedule of Benefits to determine if deductibles are waived for qualified preventive services.
 - Mandatory generic Rx riders apply an ancillary charge for any brand drugs when generic options are available in the same drug class.
 - * These plans include Rx plan \$10/\$35/\$60.
 - ** These plans include Rx plan \$3/\$10/\$20/\$45 and \$3/\$10/\$35/\$60.
- Pennsylvania in-area PPO and CCPPO (POS) products are underwritten by HealthAssurance Pennsylvania, Inc. (d.b.a. HealthAmerica). All out-of-area PPO products are underwritten by Coventry Health and Life Insurance Company (d.b.a. HealthAmerica). This brochure is not a contract. It is intended solely to provide you with an overview of the plan and you should not rely on it when trying to determine whether a service, etc. is covered under your health benefit plan. Complete details of benefits, terms and exclusions are set forth in the 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 any questions call us at 866-522-3886.**

Prescription Drug Plan – Retail

| Rx Plans Available | Tier 1A (if needed) | Tier 1 | Tier 2 | Tier 3 | Type |
|---------------------------------|---------------------|--------|----------------------|-------------|------------------------|
| \$3/\$10/\$20/\$45 | \$3 | \$10 | \$20 | \$45 | Mandatory generic |
| \$3/\$10/\$25/\$50 | \$3 | \$10 | \$25 | \$50 | Mandatory generic |
| \$3/\$10/\$35/\$60 | \$3 | \$10 | \$35 | \$60 | Incentive OR Mandatory |
| \$3/\$15/\$30/\$55 | \$3 | \$15 | \$30 | \$55 | Mandatory generic |
| \$3/\$15/\$35/\$60 | \$3 | \$15 | \$35 | \$60 | Mandatory generic |
| \$3/\$20/\$40/\$70 | \$3 | \$20 | \$40 | 70 | Incentive OR Mandatory |
| \$3/\$10/\$50% Closed Formulary | \$3 | \$10 | 50% (50% Mail Order) | No Coverage | Mandatory generic |
| Mail Order | 2 | 2 | 2.5 | 3 | |

Prescription Drug Tier Level Descriptions

- Tier 1A:** Includes common antibiotics, pain relievers, acid reducers, anti-depressants, blood pressure and cholesterol lowering drugs, and more.
- Tier 1:** Includes more generic and a few selected OTC (over-the-counter) drugs.
- Tier 2:** Preferred brand-name drugs.
- Tier 3:** Nonpreferred brand-name, and a few nonpreferred generic drugs. These drugs may have a lower cost alternative on Tier 1 or Tier 2.
- *No deductible Tier 1.
- **Riders available for qualified benefit plans.