



HealthAmerica Small Business Solutions

Out of Area 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	Diagnostic X-Ray Copay	Major Radiology Copay	Out-of-Pocket Maximum*	Deductible	Coinsurance (after deductible)	Coinsurance Maximum
Premier	OOA Premier PPO \$10\$10	\$10/\$10	\$0	\$75	\$10/\$150	\$0	0%	0%	0%	0%	\$125	None	\$500 (2x)	30%	\$3,000 (2x)
	OOA 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)
	OOA Premier PPO \$15\$30	\$15/\$30	\$0	\$75	\$30/\$150	\$0	0%	0%	0%	0%	\$125	None	\$750 (2x)	30%	\$3,000 (2x)
	OOA 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)
	OOA 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)
	OOA 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)
	OOA 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)
	OOA 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	Outpatient Surgery Copay (after deductible)	Diagnostic X-Ray Copay	Major Radiology Copay	Out-of-Pocket Maximum*	Deductible	Coinsurance (after deductible)	Coinsurance Maximum
Saver	OOA Premier Saver PPO \$1000	\$15/\$30	\$0	\$0	\$50/\$150	\$1,000 (2x)	0%	ded/0%	0%	\$30	\$150	\$3,000 (2x)	\$1,000 (2x)	50%	\$3,000 (2x)
	OOA Premier Saver PPO \$1500	\$15/\$30	\$0	\$0	\$50/\$150	\$1,500 (2x)	0%	ded/0%	0%	\$30	\$150	\$3,000 (2x)	\$1,500 (2x)	50%	\$3,000 (2x)
	OOA Premier Saver PPO \$2500	\$25/\$50	\$0	\$0	\$50/\$150	\$2,500 (2x)	0%	ded/0%	0%	\$50	\$150	\$3,000 (2x)	\$5,000 (2x)	30%	\$10,000 (2x)
	OOA Premier Saver PPO \$3000	\$25/\$50	\$0	\$0	\$50/\$150	\$3,000 (2x)	0%	ded/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	Diagnostic X-Ray Copay	Major Radiology Copay	Out-of-Pocket Maximum*	Deductible	Coinsurance (after deductible)	Coinsurance Maximum
Choice	*OOA 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)
	*OOA 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)
	*OOA 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)	Diagnostic X-Ray Copay (after deductible)	Major Radiology Copay (after deductible)	Out-of-Pocket Maximum*	Deductible	Coinsurance (after deductible)	Coinsurance Maximum
HSA	**OOA FlexChoice QHDHP PPO \$2000	\$15/\$25	\$0	\$0	\$25/\$125	\$2,000 (2x)	0%	0%	0%	0%	0%	\$4,000 (2x)	\$4,000 (2x)	20%	\$10,000 (2x)
	**OOA FlexChoice QHDHP PPO \$2500	\$0	\$0	\$0	\$50/\$150	\$2,500 (2x)	0%	0%	0%	0%	\$150	\$4,000 (2x)	\$5,000 (2x)	30%	\$10,000 (2x)

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 CCPPPO (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, cholesterol-lowering drugs and more.
- Tier 1:** Includes most 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.
- Mail Order:** Through the convenience of mail order, customers can receive their prescription drugs that fall under any tier at a 90-day supply.
- * No deductible Tier 1