

HealthAmerica Small Business Solutions

PPO Products for Central and Western Pennsylvania • Out-of-Area Plans

Effective 10/1/2011

Plan Name		Participating Providers											Non-participating Providers			
		Primary Care Physician & Specialist Office Visit	Preventive Care Copay	Medical Injectable (after deductible)	Urgent Care/ Emergency Room Copay (after deductible)	Deductible Single (3x)	Coinsurance (after deductible)	Inpatient Copay Per Admission (after deductible)	Outpatient Surgery Copay (after deductible)	Outpatient Lab Services (after deductible)	Outpatient Diagnostic X-Ray Copay (after deductible)	Major Radiology Copay (after deductible)	Out-of-Pocket Max. Single (3x)	Deductible Single (3x)	Coinsurance (after deductible)	Out-of-Pocket Max. Single (3x)
Choice	OOA Choice PPO \$1500 +	Level 1 \$20; Level 2 ded/\$40	\$0	\$75	\$40/\$150	\$1,500	0%	0%	\$100	\$25	\$50	\$125	None	\$3,000	30%	\$10,000
	OOA Choice PPO \$2500 +	Level 1 \$20; Level 2 ded/\$40	\$0	\$75	\$40/\$150	\$2,500	0%	0%	\$100	\$25	\$50	\$125	None	\$5,000	30%	\$10,000
	OOA Choice PPO \$4000 +	Level 1 \$20; Level 2 ded/\$40	\$0	\$75	\$40/\$150	\$4,000	0%	0%	\$100	\$25	\$50	\$125	None	\$8,000	30%	\$10,000

Level 1 providers: internists, family doctors, pediatricians, OB/Gyns, dermatologists and chiropractors. Level 2 providers: all others.

Plan Name		Primary Care Physician & Specialist Office Visit	Preventive Care Copay	Medical Injectable (after deductible)	Urgent Care/ Emergency Room Copay	Deductible Single*	Coinsurance (after deductible)	Inpatient Copay Per Admission (after deductible)	Outpatient Surgery Copay (after deductible)	Outpatient Lab Services (after deductible)	Outpatient Diagnostic X-Ray Copay (after deductible)	Major Radiology Copay (after deductible)	Out-of-Pocket Max. Single*	Deductible Single*	Coinsurance (after deductible)	Out-of-Pocket Max. Single*
		Premier	OOA Premier PPO \$10\$10	\$10/\$10	\$0	\$75	\$10/\$150	\$0	0%	\$0	\$0	0%	\$0	\$125	None	\$500
OOA Premier PPO \$15\$30	\$15/\$30		\$0	\$75	\$30/\$150	\$0	0%	\$0	\$0	0%	\$0	\$125	None	\$750	30%	\$3,000
OOA Premier PPO \$250	\$15/\$30		\$0	0%	\$30/\$125	\$250	0%	0%	0%	0%	0%	0%	None	\$500	30%	\$3,000
OOA Premier PPO \$500	\$15/\$30		\$0	0%	\$30/\$125	\$500	0%	0%	0%	0%	0%	0%	None	\$1,000	30%	\$3,000
OOA Premier PPO \$1000	\$15/\$30		\$0	0%	\$30/\$125	\$1,000	0%	0%	0%	0%	0%	0%	None	\$2,000	30%	\$3,000
OOA Premier PPO \$1250	\$15/\$30		\$0	0%	\$30/\$125	\$1,250	0%	0%	0%	0%	0%	0%	None	\$2,500	40%	\$5,000
OOA Premier PPO \$2000	\$20/\$40		\$0	0%	\$40/\$125	\$2,000	0%	0%	0%	0%	0%	0%	None	\$4,000	40%	\$5,000
OOA Premier PPO \$3000	\$20/\$40		\$0	0%	\$40/\$125	\$3,000	0%	0%	0%	0%	0%	0%	None	\$6,000	40%	\$7,000

Premier 1x	OOA Premier PPO \$2500 1x	\$20/\$40	\$0	0%	\$40/\$125	\$2,500 1x	0%	0%	0%	0%	0%	0%	None	\$5,000 1x	20%	\$10,000 1x
	OOA Premier PPO \$3250 1x	\$20/\$40	\$0	0%	\$40/\$125	\$3,250 1x	0%	0%	0%	0%	0%	0%	None	\$5,000 1x	20%	\$10,000 1x
	OOA Premier PPO \$4000 1x	\$25/\$50	\$0	0%	\$50/\$125	\$4,000 1x	0%	0%	0%	0%	0%	0%	None	\$6,000 1x	20%	\$5,000 1x
	OOA Premier PPO \$5000 1x	\$20/\$40	\$0	0%	\$40/\$125	\$5,000 1x	0%	0%	0%	0%	0%	0%	None	\$7,500 1x	20%	\$10,000 1x
	OOA Premier PPO \$6000 1x	\$20/\$40	\$0	0%	\$40/\$125	\$6,000 1x	0%	0%	0%	0%	0%	0%	None	\$8,500 1x	20%	\$10,000 1x
	OOA Premier PPO \$7500 1x	\$25/\$50	\$0	0%	\$50/\$125	\$7,500 1x	0%	0%	0%	0%	0%	0%	None	\$10,000 1x	20%	\$5,000 1x
	OOA Premier PPO \$10000 1x	\$25/\$50	\$0	0%	\$50/\$125	\$10,000 1x	0%	0%	0%	0%	0%	0%	None	\$12,000 1x	20%	\$5,000 1x

Plan Name		Participating Providers												Non-participating Providers		
		Primary Care Physician & Specialist Office Visit	Preventive Care Copay	Medical Injectable (after deductible)	Urgent Care/ Emergency Room Copay	Deductible Single*	Coinsurance (after deductible)	Inpatient Copay Per Admission (after deductible)	Outpatient Surgery Copay (after deductible)	Outpatient Lab Services (after deductible)	Outpatient Diagnostic X-Ray Copay (after deductible)	Major Radiology Copay (after deductible)	Out-of-Pocket Max. Single*	Deductible Single*	Coinsurance (after deductible)	Out-of-Pocket Max. Single*
Classic	OOA Classic PPO \$250	\$15/\$30	\$0	10%	\$30/\$125	\$250	10%	10%	10%	10%	10%	10%	\$1,500	\$750	30%	\$3,000
	OOA Classic PPO \$500	\$15/\$30	\$0	10%	\$30/\$125	\$500	10%	10%	10%	10%	10%	10%	\$1,500	\$1,000	30%	\$3,000
Value	OOA Value PPO \$250	\$20/\$40	\$0	20%	\$40/\$125	\$250	20%	20%	20%	20%	20%	20%	\$2,500	\$750	40%	\$3,000
	OOA Value PPO \$500	\$20/\$40	\$0	20%	\$40/\$125	\$500	20%	20%	20%	20%	20%	20%	\$2,500	\$1,000	40%	\$3,000
		Primary Care Physician & Specialist Office Visit (after deductible)	Preventive Care Copay	Medical Injectable (after deductible)	Urgent Care/ Emergency Room Copay (after deductible)	Deductible Single*	Coinsurance (after deductible)	Inpatient Copay Per Admission (after deductible)	Outpatient Surgery Copay (after deductible)	Outpatient Lab Services (after deductible)	Outpatient Diagnostic X-Ray Copay (after deductible)	Major Radiology Copay (after deductible)	Out-of-Pocket Max. Single*	Deductible Single*	Coinsurance (after deductible)	Out-of-Pocket Max. Single*
HSA Compatible**	OOA FlexChoice QHDHP PPO \$1250 ++	\$15/\$25	\$0	0%	\$25/\$125	\$1,250	0%	0%	0%	0%	0%	0%	\$3,000	\$2,500	20%	\$10,000
	OOA FlexChoice QHDHP PPO \$1250 II ++	\$0	\$0	0%	0%/\$125	\$1,250	0%	0%	0%	0%	0%	0%	\$3,000	\$2,500	20%	\$10,000
	OOA FlexChoice QHDHP PPO \$1500 ++	\$15/\$25	\$0	0%	\$25/\$125	\$1,500	0%	0%	0%	0%	0%	0%	\$3,000	\$3,000	20%	\$10,000
	OOA FlexChoice QHDHP PPO \$2000 ++	\$15/\$25	\$0	0%	\$25/\$125	\$2,000	0%	0%	0%	0%	0%	0%	\$4,000	\$4,000	20%	\$10,000
	OOA FlexChoice QHDHP PPO \$2500 ++	\$0	\$0	0%	0%/\$125	\$2,500	0%	0%	0%	0%	0%	0%	\$4,000	\$5,000	30%	\$10,000
	OOA FlexChoice QHDHP Value PPO \$2500 ++	\$20/\$40	\$0	20%	\$40/20%	\$2,500	20%	20%	20%	20%	20%	20%	\$5,000	\$5,000	40%	\$10,000
HSA 1x	OOA FlexChoice QHDHP PPO \$2500 1x ++	\$15/\$25	\$0	0%	\$25/\$125	\$2,500 1x	0%	0%	0%	0%	0%	0%	\$4,000 1x	\$5,000 1x	20%	\$10,000 1x
	OOA FlexChoice QHDHP PPO \$5000 1x ++	\$0	\$0	0%	0%/\$125	\$5,000 1x	0%	0%	0%	0%	0%	0%	\$5,950 1x	\$5,000 1x	30%	\$10,000 1x

Notes Regarding All Plans

* Unless otherwise indicated, family deductible is 2x the single deductible. Family OOP max is 2x the single OOP max.

** 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.

*** Lifetime maximum is unlimited.

† Choice plans include Rx plan Tier 1A \$3 – Tier 1 \$10 – Tier 2 ded/\$35 – Tier 3 ded/\$60.

†† Qualified plans include Rx plan \$3/\$10/\$20/\$45 and/or Rx plan \$3/\$10/\$35/\$60.

Provided for demonstration purposes only. Actual benefits, cost sharing provisions, limitations and exclusions are set forth in the Certificate of Insurance issued to members. **Non-covered services:** The following are some, but not all, of the services that are not covered: services not medically necessary or authorized in advance for payment in accordance with HealthAmerica policies and procedures; and services available through government or school programs or covered by workers' compensation, personal comfort or convenience items, surgery or other treatments primarily cosmetic in nature, surgical procedures to reverse elective sterilization or for sex transformation, experimental procedures or treatments, hearing aids, dental services, non-skilled nursing care, and disposable medical supplies.

Pennsylvania in-area PPO and CCPPPO (POS) products are underwritten by HealthAmerica Pennsylvania, Inc. (d.b.a. HealthAmerica). All indemnity products, out-of-area PPO products, HealthAmericaOne products, and Ohio in-area PPO products are underwritten by Coventry Health and Life Insurance company (d.b.a. HealthAmerica). HMO products are underwritten by HealthAmerica Pennsylvania, Inc. Self-funded PPO, POS and indemnity plans are administered by Coventry Health Care Management Corporation (d.b.a. HealthAmerica). Self-funded HMO plans are administered by HealthAmerica Pennsylvania, Inc. **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.** 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.

Prescription Drug Plan – Retail

Rx Plans Available	Tier 1A	Tier 1	Tier 2	Tier 3
\$3/\$10/\$20/\$45	\$3	\$10	\$20	\$45
\$3/\$10/\$25/\$50	\$3	\$10	\$25	\$50
\$3/\$10/\$35/\$60	\$3	\$10	\$35	\$60
\$3/\$15/\$30/\$55	\$3	\$15	\$30	\$55
\$3/\$15/\$35/\$60	\$3	\$15	\$35	\$60
\$3/\$20/\$40/\$70	\$3	\$20	\$40	\$70
Mail Order	2	2	2.5	3

Note: Mandatory generics required for all prescription drug plans.

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: Formulary brand-name drugs.

Tier 3: Nonformulary brand-name, and a few nonformulary 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.

*Lifestyle Drug Discount for certain non-covered prescription medications: smoking cessation, weight loss, vitamins and fertility drugs. Automatically taken at the pharmacy when ID card is used to fill a prescription.