

Sedgwick County Area Educational Services
Coventry Medical
Effective: October 1, 2015

	PHS - Coventry						
	HMO	POS SA1000	POS SA3000	POS SA4000	POS SA6000	PPO SA2000	PPO SA5000
Physician Services							
Office Visits							
Primary Care Physician	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$40 Copay	\$20 Copay	\$20 Copay
Specialist Physician	\$40 Copay	\$40 Copay After Deductible	\$40 Copay After Deductible	\$40 Copay After Deductible	\$80 Copay After Deductible	\$40 Copay After Deductible	\$40 Copay After Deductible
Preventive Services							
Health Care Reform Required	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Other Medical Services							
Deductible: Individual	\$0	\$1,000	\$3,000	\$4,000	\$6,000	\$2,000	\$5,000
Deductible: Family	\$0	\$2,000	\$6,000	\$8,000	\$12,000	\$4,000	\$10,000
Coinsurance Percentage	10%	0%	0%	0%	0%	0%	0%
Out of Pocket Maximum							
Individual Maximum	\$4,000	\$2,500	\$4,000	\$5,000	\$6,450	\$3,500	\$6,000
Family Maximum	\$8,000	\$5,000	\$8,000	\$10,000	\$12,900	\$7,000	\$12,000
Outpatient Surgery	10% Coinsurance	100% Covered After Deductible	100% Covered After Deductible	100% Covered After Deductible	100% Covered After Deductible	100% Covered After Deductible	100% Covered After Deductible
Emergency Services							
Urgent Care Facility	\$50 Copay	\$40 Copay After Deductible	\$40 Copay After Deductible	\$40 Copay After Deductible	\$40 Copay After Deductible	\$40 Copay After Deductible	\$40 Copay After Deductible
Hospital Emergency Room	\$200 Copay + 10% Coinsurance	\$200 Copay After Deductible	\$200 Copay After Deductible	\$200 Copay After Deductible	\$200 Copay After Deductible	\$200 Copay After Deductible	\$200 Copay After Deductible
In-Patient Services	10% Coinsurance	\$250 Copay After Deductible	\$250 Copay After Deductible	\$250 Copay After Deductible	\$250 Copay After Deductible	\$250 Copay After Deductible	\$250 Copay After Deductible
Prescription Drugs							
Tier 1A Generic	\$3 Copay	\$3 Copay	\$3 Copay	\$3 Copay	\$3 Copay	\$3 Copay	\$3 Copay
Tier 1B Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Name Brand Form (Tier 2)	\$30 Copay	\$30 Copay After Deductible	\$30 Copay After Deductible	\$30 Copay After Deductible	\$30 Copay After Deductible	\$30 Copay After Deductible	\$30 Copay After Deductible
Name Brand Non-Form (Tier 3)	\$55 Copay	\$55 Copay After Deductible	\$55 Copay After Deductible	\$55 Copay After Deductible	\$55 Copay After Deductible	\$55 Copay After Deductible	\$55 Copay After Deductible
Monthly Premium Rates							
	Rates	Rates	Rates	Rates	Rates	Rates	Rates
Employee Only	\$663.77	\$632.56	\$505.05	\$457.85	\$363.46	\$644.31	\$453.08
Employee + Spouse	\$1,493.47	\$1,265.09	\$1,010.11	\$915.71	\$726.93	\$1,288.59	\$906.16
Employee + Child(ren)	\$1,227.96	\$999.45	\$797.98	\$723.39	\$574.27	\$1,017.99	\$715.85
Family	\$1,924.92	\$1,631.97	\$1,303.05	\$1,181.28	\$937.75	\$1,662.29	\$1,168.96

This brief summary is to be used for comparative purposes only. While we believe the rates and information herein to be accurate based on the information provided, the final rates, benefits, and group acceptability will be determined by the insurance company at the time of final enrollment. Any changes in who is enrolled, pre-existing conditions and effective date of coverage may impact the final rates. This information is intended to present only an outline of the benefits. If any differences exist between this summary and the insurance company's proposal, the insurance company's proposal will be deemed accurate. The insurance company's proposal and/or certificate of insurance will have additional details, limitations and exclusions.