

Coventry Health and Life Insurance Company: Qualified Health Plans (2-50 lives)

Health Plan Name	Coventry OP14F15030 20
O-EPIC Health Plan ID	H01710
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry OS14C10030 20
O-EPIC Health Plan ID	H01712
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry OS14F15030 20
O-EPIC Health Plan ID	H01713
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry OP14C10030 20
O-EPIC Health Plan ID	H01714
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry OP14F15030 20
O-EPIC Health Plan ID	H01742
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$12/\$45

Health Plan Name	Coventry Gold HMO 500 80
O-EPIC Health Plan ID	H01783
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$25/50
Pharmacy Tiers	\$3/\$10/\$50/\$75/20%/30%

Health Plan Name	Coventry Gold HMO 1000 80
O-EPIC Health Plan ID	H01784
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry Gold HMO 1500 50
O-EPIC Health Plan ID	H01785
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry Gold POS 500 80/50
O-EPIC Health Plan ID	H01786
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$25/50
Pharmacy Tiers	\$3/\$10/\$50/\$75/20%/30%

Health Plan Name	Coventry Gold POS 1000 80/40
O-EPIC Health Plan ID	H01787
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$10/\$40/\$75/30%/40%

Health Plan Name	Coventry Gold POS 1500 50
O-EPIC Health Plan ID	H01788
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry Gold PPO 500 80/50
O-EPIC Health Plan ID	H01789
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$25/50
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry Gold PPO 1000 80/40
O-EPIC Health Plan ID	H01790
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Health Plan Name	Coventry Gold PPO 1500 50
O-EPIC Health Plan ID	H01791
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$3,000
Office Visit Copay	\$20/40
Pharmacy Tiers	\$3/\$15/\$40/\$75/30%/40%

Coventry Health and Life Insurance Company: Qualified Health Plans (51+ lives)

Health Plan Name	Coventry OP14F10020 20
O-EPIC Health Plan ID	H01715
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$2,000
Office Visit Copay	\$20/40
Pharmacy Available Plans/Tiers	\$3/\$12/\$45/\$70/\$150 \$3/\$10/\$35/\$60/20% \$10/\$35/\$60 \$20/\$40/\$70/30%

Health Plan Name	Coventry OP14F05015 20
O-EPIC Health Plan ID	H01716
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network includes deductible)	\$1,500
Office Visit Copay	\$20/40
Pharmacy Available Plans/Tiers	\$3/\$12/\$45/\$70/\$150 \$3/\$10/\$35/\$60/20% \$10/\$35/\$60 \$20/\$40/\$70/30%