



Health Care Coverage for Louisiana Individuals & Families



...the One making health insurance more affordable.

CoventryOne

Coventry One is health insurance for individuals offered through Coventry Health Care of Louisiana, Inc., an affiliate of Coventry Health Care, Inc. a Fortune 500 company which delivers affordable health coverage to over 4 million members nationwide.

Coventry Health Care of Louisiana has been delivering quality, affordable health coverage for over twenty years.

CoventryOne is ideal for self-employed individuals, part-time employees, singles or families. We offer several plans to choose from, including low-cost, high-deductible plans which can be used with a Health Savings Account (HSA).



Quality *health care*

About the Plans

CoventryOne gives you direct access to specialists without requiring referrals. All plans allow you to choose, each time you need medical services, whether or not you use a health care provider that participates in Coventry Health Care of Louisiana's Provider Network. By using a network provider you significantly reduce your out-of-pocket costs and avoid the paper work involved with filing claims. To verify if your doctor or hospital is in our network, simply visit our website at www.chclouisiana.com and click on "Search for Provider", located on the upper right corner of the page and then click on "CHC of LA Provider Search". Make sure to select the product CoventryOne Individual Plan.



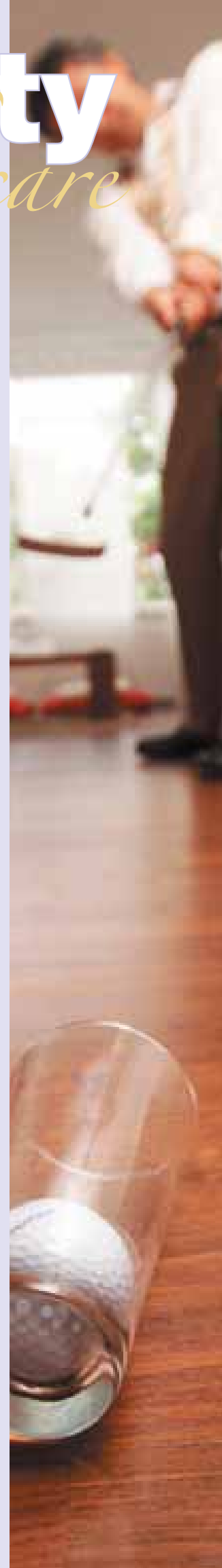
Eligibility

Eligible persons are healthy individuals between the ages of 30 days and 64 years, 11 months, who reside in participating Louisiana parishes. Spouses and children are considered as independent applicants and all applicants must reside in the service area. Please refer to the service area map located in the back pocket of this brochure.

*Covered services **

- Hospital and surgical care
- Routine gynecological exams
- Prescription drug coverage
- Pap tests and mammograms
- Emergency room care
- Home health care
- Urgent care centers
- Routine eye exams
- Ambulance services
- Immunizations for adults and children
- Durable medical equipment and supplies
- Doctor's office visits
- Diagnostic services
- Routine physicals
- Specialist visits
- Preventative Care

**Copays, deductible, coinsurance and limitations may apply.*





Coverage cost and premium payments

You choose the deductible and coinsurance level that best meets your needs and budget, from the enclosed product grids. Use the enclosed rate cards and calculation sheet to determine your monthly premium.

Premium can only be paid via automatic debit from either your checking or savings account. Premium is deducted on the 10th day of each month. Your first premium payment will not be deducted from your bank account until the 10th day following the effective date of coverage.

Signing up

Fully complete, sign and date the Application/Health Statement Form (application is valid for 60 days from the signature date on the application). Indicate the plan you have selected by checking off the appropriate box on the application.

Fax the completed Application/Health Statement Form to:
CoventryOne Individual Underwriting Dept.
Fax toll-free: (866) 560-6328

When coverage begins

The earliest coverage can begin is the first of the month following underwriting review and written acceptance of the application. Allow a minimum of 5 days to review and process your application. Applications for coverage may be denied based upon the health status of the applicant.

Affordable *premiums*

Online services

Our website makes managing your health easy. Besides searching for providers, Coventry Health Care members can download forms, order ID cards, review claim status, ask questions and check the status of new prescription requests. Or they can simply call Member Services to receive prompt, one-on-one attention.



Reliable coverage

Policy Limitations

Services that are not covered include, but are not limited to:

- Maternity care
- Treatment of mental disorders or alcohol and/or drug abuse
- Cosmetic services & surgery
- Eyeglasses & corrective lenses
- Services not medically necessary
- Family planning, sterilization & infertility
- Experimental procedures or treatments
- Corrections for refractive errors of the eye
- Food or food supplements
- Custodial care
- Dental services
- Treatment for obesity
- Foot care

We may also exclude coverage for pre-existing medical conditions for a period of 12 months from the effective date of the policy. A pre-existing condition is a condition for which medical advice, diagnosis, care, treatment, or prescribed drug was recommended or received within the 12-month period prior to your effective date of coverage. All pre-existing condition exclusions may be reduced for time served under a prior plan's coverage as per state and federal regulations.

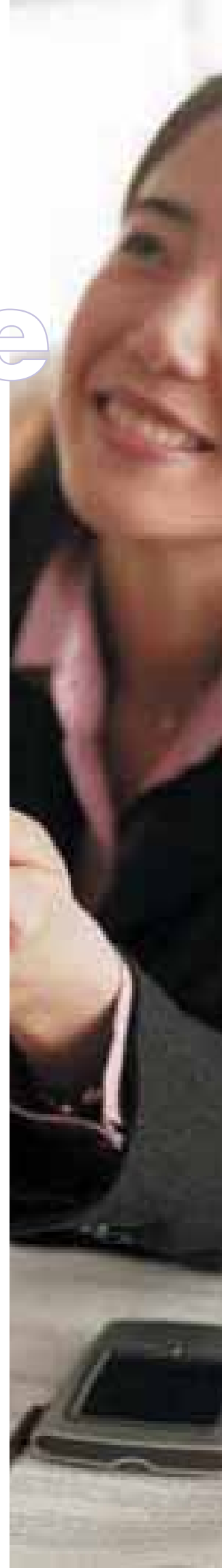
Canceling coverage

You may cancel your coverage for any reason by written notice to us. Such cancellation would be effective the last day of the month in which we received notice.

We may terminate your coverage for non-payment of premium, fraud, material misrepresentation, loss of eligibility, relocation outside of our service area, repeatedly refusing to accept procedures or treatment recommended by a Participating Physician and/or impairing the physician's ability to coordinate your care, failure to cooperate in the coordination of benefits, and if we discontinue the product through which your coverage is provided.

For more information

Contact your authorized CoventryOne agent or email us at coventryonela@cvty.com.





Vision Benefits

*available through Avesis Incorporated,
Vision Provider Service*

Core Benefit – Services to be provided to members covered under a CoventryOne POS or HDHP plan

Eye Examinations

Eye exams (one per year) to include a comprehensive exam with dilation, which includes, but is not limited to, the following:

- Case History
- External and Internal eye health examinations to include direct and/or indirect ophthalmoscopy
- Neurological Integrity – oyoillary reflexes and extra ocular muscle assessment
- Biomicroscopy
- Visual Field screening
- Tonometry (glaucoma testing)
- Refractive analysis (determining prescriptions for eyewear)
- Dilation BIO, and/or Volk fundus lenses
- Binocular Function tests
- Diagnosis and Treatment Plan



\$15 Copay

Providers agree to provide a 20% discount off of UCR to Members for frames, lenses and all other noncovered eye care services / materials

For Provider updates, please check the Avesis website at: www.avesis.com

Vision
screening & discounts

Louisiana

Cajun

Value-Added Programs

As a CoventryOne member, you will receive valuable discounts on health care products and services through the following programs:

United Networks of America Nutritional Supplements

- Save up to 40% on nutritional supplements
- Save up to 33% on retail prices when you check out by entering your ID information

United Networks of America Smoking Cessation

- Save up to 45% on retail FDA-approved cessation devices
- Free Stop Smoking Program



Doctor On-Call

- Save 50% on membership, which gives you access to 240 board-certified physicians to answer your medical questions, 24/7

United Networks of America Discount Drug Card

- With a United Networks of America Discount Drug Card, you can save up to 75% on drugs **NOT** covered by your health plan. Pharmacies such as Rite-Aid, CVS, Phar-Mor, Wal-Mart, Eckerd, Publix, Winn Dixie, Kroger, Safeway, Medicine Shoppe and Target participate in the program.





Value-Added Programs

continued

Louisiana Dental Plan (LDP)

- Save up to 70% on LDP Provider fees for dentistry and orthodontics
- Discounts apply to routine procedures, restorative, crowns & bridge work, endodontics, oral surgery, prosthetics, periodontics and orthodontics
- www.louisianadentalplan.com

USVisionPlan.com

The following discounts are in addition to your benefits offered by Avesis:

- Save up to 60% on eye exams, glasses, contact lenses, LASIK surgery, sunglasses & accessories
- Ophthalmologists & optometrists featured in a Discount Preferred Provider Network (DPPN)



United Networks of America Hearing Benefits

- Free UNA hearing tests, office visits and evaluations plus a 20% discount on all hearing devices purchased through an authorized provider

American Cosmetic Surgery Network

- Save 20% on provider physicians' fees including breast augmentation, liposuction, laser surgery, facelift, tummy tuck and more



United Networks of America Massage Therapy

- Save up to 55% on UNA provider fees
- Save up to 15% on products



As a CoventryOne member, you will have access to the CoventryWellBeing Program ePhit. ePhit is an online personal health improvement training program to enhance your overall WellBeing.



GetPHIT

- Customized fitness program including cardiovascular, strength and flexibility exercises
- Virtual demonstrations of each exercise



EatPHIT

- Personalized nutrition plan
- Meal planner providing menus and shopping lists
- Calorie and food servings tracker



LivePHIT

- Personal self-improvement program focusing on community and core values
- Life skills management
- Life challenges assessments



FamilyPHIT

- Health and wellness practices for families
- Activity calendar
- Nutritional navigator
- KidPHIT, TeenPHIT - motivational programs and tools created to help children and adolescents become healthier





Coaching

- Certified personal trainers, registered dietitians and psychologists available online
- 24-hour response
- One-on-one instruction



Clubhouse

- Recipes
- Library of information
- Health and wellness related articles
- How-to's and instruction



My ePHIT Mall

- Place where My ePHIT points can be used to buy down the price or purchase valuable fitness merchandise



Rewards

- Enticing prizes awarded to individuals who make progress towards improving their health



HSA Qualified High-Deductible Health Plans (HDHP)

IN-NETWORK				OUT-OF-NETWORK			
Coventry HDHP Plans	Annual Deductible Individual/Family	Coinsurance You Pay After Deductible	Annual OOP* Maximum Individual/Family	In-Network Pharmacy Benefit All Plans	Annual Deductible Individual/Family	Coinsurance You Pay After Deductible	Annual OOP* Maximum Individual/Family
HDHP \$1,700/0%	\$1,700/\$3,400	0%	\$2,700/\$5,400	After the Annual Deductible is met you pay: Tier 1 = \$20 copay Tier 2 = \$40 copay Tier 3 = \$80 copay Tier 4 = \$100 copay for Self-Administered Injectibles	\$3,400/\$6,800	20%	\$5,400/\$10,800
HDHP \$1,700/20%	\$1,700/\$3,400	20%	\$2,700/\$5,400		\$3,400/\$6,800	40%	\$5,400/\$10,800
HDHP \$2,500/0%	\$2,500/\$5,000	0%	\$5,000/\$10,000		\$5,000/\$10,000	20%	\$10,000/\$20,000
HDHP \$2,500/20%	\$2,500/\$5,000	20%	\$5,000/\$10,000		\$5,000/\$10,000	40%	\$10,000/\$20,000
HDHP \$5,000/0%	\$5,000/\$10,000	0%	\$5,500/\$11,000		\$10,000/\$20,000	20%	\$20,000/\$22,000
HDHP \$5,000/20%	\$5,000/\$10,000	20%	\$5,500/\$11,000		\$10,000/\$20,000	40%	\$20,000/\$22,000
HDHP Universal \$2,500/0%	\$2,500/\$2,500	0%	\$5,000/\$5,000		\$5,000/\$5,000	20%	\$10,000/\$10,000
HDHP Universal \$2,500/20%	\$2,500/\$2,500	20%	\$5,000/\$5,000		\$5,000/\$5,000	40%	\$10,000/\$10,000

Notes

- Preventive Care as defined by HSA guidelines is covered in full when done in network. No Deductible or Coinsurance.
 - Annual Deductible and Out-of-Pocket Maximum coincide with your contract year.
 - No one family member can satisfy their own individual Deductible or Out-of-Pocket Maximum until the entire family Deductible and Out-of-Pocket Maximum is satisfied. Once the family Deductible and Out-of-Pocket Maximum is met by one or any combination of family members, the Deductible and Out-of-Pocket Maximum is met for all family members.
 - Out-of-Pocket Maximum includes Deductible, Coinsurance and Rx copays.
 - Coinsurance reflects member responsibility.
 - Payment for covered services received Out-of-Network is based upon Coventry's Out-of-Network reimbursement rates. In addition to your co-insurance, you are responsible for paying Out-of-Network providers the difference between the Out-of-Network rate and their actual charges for non-emergency services.
 - HDHP Universal Deductible – the Deductible and Out-of-Pocket Maximum remains the same regardless if you are an individual or family.
- * OOP = Out-of-Pocket

HSA Qualified High-Deductible Health Plans (HDHP)
Schedule of Benefits

<u>Benefit</u>	<u>In-Network Payment</u>	<u>Out-of-Network Payment</u>	<u>Limitation</u>
Lifetime Maximum Benefit	\$5,000,000	\$5,000,000	In & Out-of- Network combined.
Preventive Care	Covered in full.	No deductible. Co-insurance only.	As defined by HSA guidelines.
Routine Mammogram, Routine Gynecological Exam and Pap Test	Covered in full.	No deductible. Co-insurance only.	
Childhood Immunizations	Covered in full.	No deductible. Co-insurance only.	Up to age 21
Physician Office Visit (no referrals required)	Deductible & Co-insurance.	Deductible & Co-insurance.	
Lab & X-ray	Deductible & Co-insurance.	Deductible & Co-insurance.	
Urgent Care Facility or Urgent Care at a Physician's Office	Deductible & Co-insurance.	Deductible & Co-insurance.	
Hospital Emergency Room Visit	Deductible & Co-insurance.	Deductible & Co-insurance.	
Chiropractic Care Visit	Deductible & Co-insurance.	Deductible & Co-insurance.	After initial evaluation, treatment plan must be approved by Coventry Health Care to authorize additional visits.
Inpatient & Outpatient Hospital and Professional Services, Home Health Care, Hospice Care, Ambulance Services, Outpatient Facility Services, and Diagnostic Imaging	Deductible & Co-insurance.	Deductible & Co-insurance.	
Short-Term Rehabilitative Therapy, Durable Medical Equipment, and Skilled Nursing Facility Services	Deductible & Co-insurance.	Deductible & Co-insurance.	Short-Term Rehabilitative Therapy is limited to 20 visits per contract year per episode. Durable Medical Equipment limited to an maximum benefit of \$5,000 per contract year. Skilled Nursing Facility care is limited to 30 inpatient days per contract year.
Maternity Services	Not a covered benefit except for complications.	Not a covered benefit.	
Inpatient and Outpatient Mental Health Services	Not a covered benefit.	Not a covered benefit.	
Inpatient and Outpatient Alcohol and Drug Abuse Services	Not a covered benefit.	Not a covered benefit.	
Infertility, Custodial Care, Dental Services	Not a covered benefit.	Not a covered benefit.	
<u>Rx Outpatient Benefit</u> Retail Purchase	Deductible then: \$20 Tier One Copay \$40 Tier Two Copay \$80 Tier Three Copay \$100 Self Administered Injectables Copay	Not a covered benefit	
Mail Order (90-day supply)	Deductible then: \$40 Tier One Copay \$80 Tier Two Copay \$160 Tier Three Copay \$200 Self Administered Injectables Copay	Not a covered benefit	

Payment for covered services received out of network are based upon Coventry Health Care's out of network reimbursement rates. In addition to your copay or coinsurance, you are responsible for the difference between the out of network rate and the actual charge for non emergency services. This summary is designed as a partial description of the coverage being offered and in no way details all benefits, limitations, exclusions, terms, or conditions. Complete details of the exact terms, conditions, and scope of coverage including all limitations and exclusions governed by the Coventry Health Care Individual Membership Agreement.



POS Copay Value Plan

IN-NETWORK					OUT-OF-NETWORK			In-Network Pharmacy Benefit All Plans (Choose one)
Coventry One Plans	Office Visit or Emergency Room Visit	Annual Deductible Individual / Family	Coinsurance After Deductible	Annual OOP*** Maximum Indiv / Family	Annual Deductible Individual / Family	Coinsurance	Annual OOP*** Maximum Indiv / Family	
POS Copay Value 500	\$45 PCP** \$65 Specialist Unlimited Visits \$75 Urgent Care \$250 ER* copay	\$500 Individual \$1,000 Family	30%	\$3,500 Individual \$7,000 Family	\$1,000 Individual \$2,000 Family	50%	\$7,000 Individual \$14,000 Family	Option A \$10 Tier 1 Copay (no deductible) \$500 Rx Deductible on Tier 2 – Tier 4 (Family = 2x) \$35 Tier 2 Copay \$60 Tier 3 Copay \$100 Self-Administered Injectables Copay Or Option B \$10 Tier 1 Copay (no deductible) \$1,000 Rx Deductible on Tier 2 – Tier 4 (Family = 2x) \$35 Tier 2 Copay \$60 Tier 3 Copay \$100 Self-Administered Injectables Copay
POS Copay Value 1000	\$45 PCP** \$65 Specialist Unlimited Visits \$75 Urgent Care \$250 ER* copay	\$1,000 Individual \$2,000 Family	30%	\$4,000 Individual \$8,000 Family	\$2,000 Individual \$4,000 Family	50%	\$8,000 Individual \$16,000 Family	
POS Copay Value 2500	\$45 PCP** \$65 Specialist Unlimited Visits \$75 Urgent Care \$250 ER* copay	\$2,500 Individual \$5,000 Family	30%	\$5,500 Individual \$11,000 Family	\$5,000 Individual \$10,000 Family	50%	\$11,000 Individual \$22,000 Family	
POS Copay Value 5000	\$45 PCP** \$65 Specialist Unlimited Visits \$75 Urgent Care \$250 ER* copay	\$5,000 Individual \$10,000 Family	30%	\$8,000 Individual \$16,000 Family	\$10,000 Individual \$20,000 Family	50%	\$16,000 Individual \$32,000 Family	
POS Copay Value 7500	\$45 PCP** \$65 Specialist Unlimited Visits \$75 Urgent Care \$250 ER* copay	\$7,500 Individual \$15,000 Family	30%	\$10,500 Individual \$21,000 Family	\$15,000 Individual \$30,000 Family	50%	\$21,000 Individual \$42,000 Family	

Notes

- Annual Deductible and Out-of-Pocket Maximum coincide with your contract year.
- Out-of-Pocket Maximum includes Medical Copays (not Rx copays), Deductible and Coinsurance.
- Lab and x-rays are covered in full In-Network.
- Family Deductible and Out-of-Pocket = two times the Individual Deductible.
- Coinsurance reflects member responsibility.
- Payment for covered services received Out-of-Network are based upon Coventry's Out-of-Network reimbursement rates. In addition to your Coinsurance, you are responsible for paying Out-of-Network providers the difference between the Out-of-Network rate and their actual charges for non-emergency services.

* ER = Emergency Room

** Primary Care Physician

***OOP = Out-of-Pocket

POS Copay Value Plans

<u>Benefit</u>	<u>In-Network Payment</u>	<u>Out-of-Network Payment</u>	<u>Limitation</u>
Lifetime Maximum Benefit per person	\$5,000,000	\$5,000,000	In & Out-of-Network combined.
Physician Office Visit or Urgent Care (no referrals required)	\$45 PCP copay / \$65 Specialist copay \$75 Urgent Care copay Unlimited visits	Deductible & Co-insurance.	No limit on number of office visits.
Routine Eye Exam (Through Avesis Provider)	\$15 Copay – one per year	Not a covered benefit.	
Routine Mammogram, Lab & X-ray	No copay necessary. Covered in full.	Deductible & Co-insurance.	
Hospital Emergency Room Visit	\$250 Copay (Waived if admitted)	\$250 Copay (Waived if admitted)	
Chiropractic Care Visit	\$65 Copay	Deductible & Co-insurance.	After initial evaluation, treatment plan must be approved by Coventry Health Care to authorize additional visits.
Inpatient & Outpatient Hospital and Professional Services, Home Health Care, Hospice Care, Ambulance Services, Outpatient Facility Services, and Diagnostic Imaging	Deductible & Co-insurance.	Deductible & Co-insurance.	
Short Term Rehabilitative Therapy, Durable Medical Equipment, and Skilled Nursing Facility Services	Deductible & Co-insurance.	Deductible & Co-insurance.	Short Term Rehabilitative Therapy is limited to 20 visits per contract year per episode. Durable Medical Equipment limited to a maximum benefit of \$5,000 per contract year. Skilled Nursing Facility care is limited to 30 inpatient days per contract year.
Maternity Services	Not a covered benefit except for complications.	Not a covered benefit.	
Inpatient & Outpatient Mental Health Services	Not a covered benefit.	Not a covered benefit.	
Inpatient & Outpatient Alcohol and Drug Abuse Services	Not a covered benefit.	Not a covered benefit.	
Infertility, Custodial Care, Dental Services	Not a covered benefit.	Not a covered benefit.	
Rx Outpatient Benefit (Option A) Retail Purchase	\$10 Tier 1 Copay (no deductible) \$500 Rx Deductible on Tier 2 – Tier 4 \$35 Tier 2 Copay \$60 Tier 3 Copay \$100 Tier 4 Self-Administered Injectables Copay	Not a covered benefit.	Rx deductible for a family is 2x the individual deductible
Mail Order (90 day supply)	\$20 Tier 1 Copay (no deductible) \$500 Rx Deductible on Tier 2 – Tier 4 \$70 Tier 2 Copay \$120 Tier 3 Copay Self-Administered Injectables not available via mail order	Not a covered benefit.	
Rx Outpatient Benefit (Option B) Retail Purchase	\$10 Tier 1 Copay (no deductible) \$1000 Rx Deductible on Tier 2 – Tier 4 \$35 Tier 2 Copay \$60 Tier 3 Copay \$100 Tier 4 Self-Administered Injectables Copay	Not a covered benefit.	Rx deductible for a family is 2x the individual deductible
Mail Order (90-day supply)	\$20 Tier 1 Copay (no deductible) \$1000 Rx Deductible on Tier 2 – Tier 4 \$70 Tier 2 Copay \$120 Tier 3 Copay Self-Administered Injectables not available via mail order	Not a covered benefit.	

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POS Copay Plans (Point-of-Service)

IN-NETWORK						OUT-OF-NETWORK			In-Network Pharmacy Benefit All Plans
Coventry One Plans	Office Visit Copay	ER* Visit Copay	Annual Deductible Individual/Family	Coinsurance After Deductible	Annual OOP** Maximum	Annual Deductible	Coinsurance	Annual OOP** Maximum	
POS Copay 500	\$40 Unlimited Visits	\$200	\$500 Individual \$1,000 Family	20%	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family	40%	\$3,000 Individual \$6,000 Family	\$10 Tier One Copay \$35 Tier Two Copay \$60 Tier Three Copay \$100 Self-Administered Injectables Copay
POS Copay 750	\$40 Unlimited Visits	\$200	\$750 Individual \$1,500 Family	20%	\$1,750 Individual \$3,500 Family	\$1,500 Individual \$3,000 Family	40%	\$3,500 Individual \$7,000 Family	
POS Copay 1000	\$40 Unlimited Visits	\$200	\$1,000 Individual \$2,000 Family	20%	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	40%	\$4,000 Individual \$8,000 Family	
POS Copay 1500	\$40 Unlimited Visits	\$200	\$1,500 Individual \$3,000 Family	20%	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	40%	\$5,000 Individual \$10,000 Family	
POS Copay 2500	\$40 Unlimited Visits	\$200	\$2,500 Individual \$5,000 Family	20%	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	40%	\$7,000 Individual \$14,000 Family	
POS Copay 5000	\$40 Unlimited Visits	\$200	\$5,000 Individual \$10,000 Family	20%	\$6,000 Individual \$12,000 Family	\$10,000 Individual \$20,000 Family	40%	\$12,000 Individual \$24,000 Family	

Notes

- Annual Deductible and Out-of-Pocket Maximum coincide with your contract year.
- Lab and x-rays are covered in full In-Network.
- Out-of-Pocket Maximum includes medical copays (does not include Rx copays), Deductible and Coinsurance.
- Family Deductible and Out-of-Pocket = 2x Individual.
- Coinsurance reflects member responsibility.
- Payment for covered services received Out-of-Network are based upon Coventry's Out-of-Network reimbursement rates. In addition to your Coinsurance, you are responsible for paying Out-of-Network providers the difference between the Out-of-Network rate and their actual charges for non-emergency services.

* ER = Emergency Room

**OOP = Out-of-Pocket

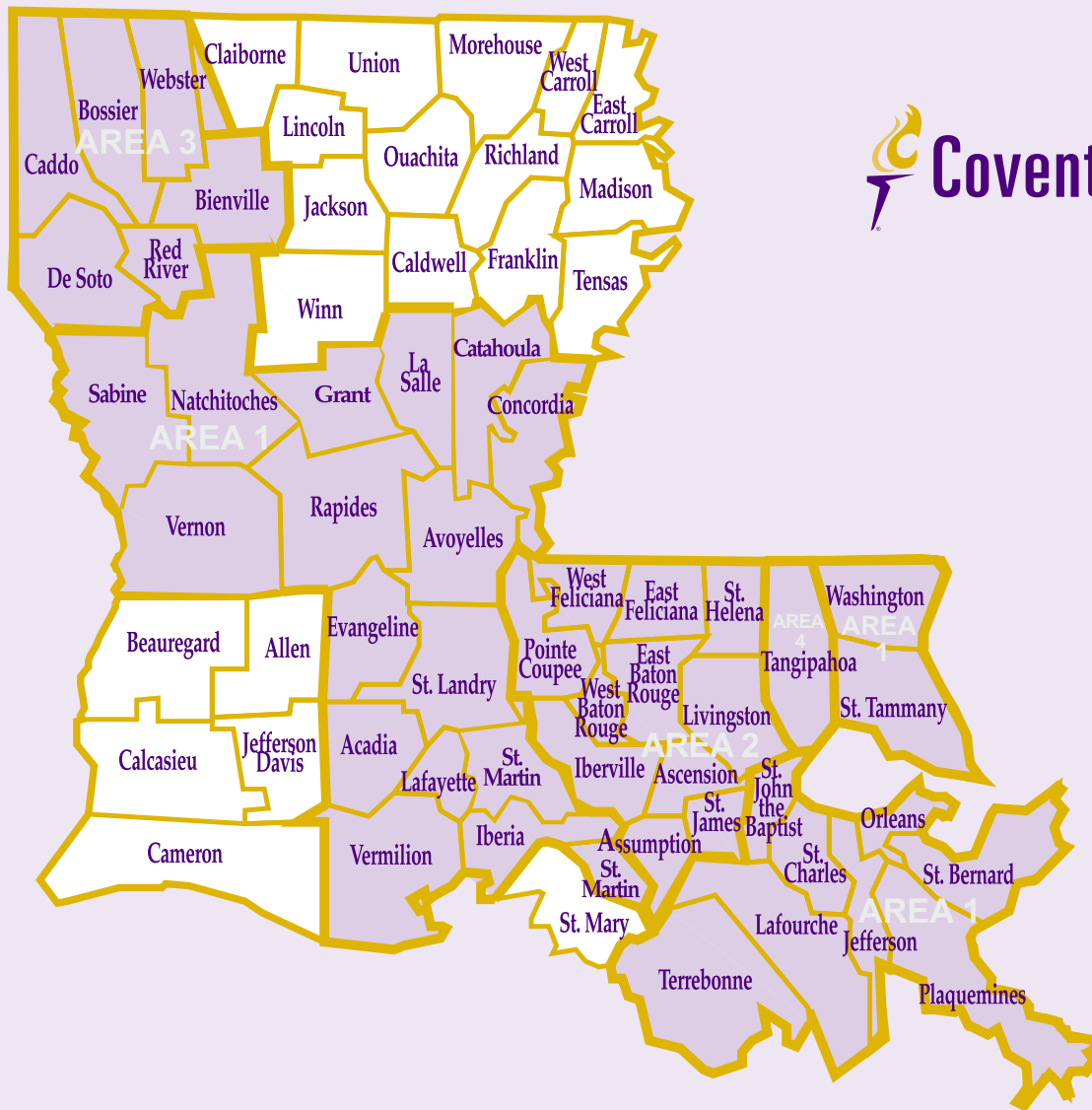
POS Copay Plans Schedule of Benefits

<u>Benefit</u>	<u>In-Network Payment</u>	<u>Out-of-Network Payment</u>	<u>Limitation</u>
Lifetime Maximum Benefit	\$5,000,000 per person	\$5,000,000 per person	In & Out-of-Network combined.
Physician Office Visit (no referrals required)	\$40 Copay – Unlimited visits	Deductible & Co-insurance.	
Routine Eye Exam (Through Avesis Provider)	\$15 Copay	Not a covered benefit.	One eye exam per year
Routine Mammogram, Lab & X-ray	No Copay necessary. Covered in full.	Deductible & Co-insurance.	
Urgent Care Facility or Urgent Care at a Physician's Office	\$40 Copay	\$40 Copay	
Hospital Emergency Room Visit	\$200 Copay (Waived if admitted)	\$200 Copay (Waived if admitted)	
Chiropractic Care Visit	\$40 Copay	Deductible & Co-insurance.	After initial evaluation, treatment plan must be approved by Coventry Health Care to authorize additional visits.
Inpatient & Outpatient Hospital and Professional Services, Home Health Care, Hospice Care, Ambulance Services, Outpatient Facility Services, and Diagnostic Imaging	Deductible & Co-insurance.	Deductible & Co-insurance.	
Short Term Rehabilitative Therapy, Durable Medical Equipment, and Skilled Nursing Facility Services	Deductible & Co-insurance.	Deductible & Co-insurance.	Short Term Rehabilitative Therapy is limited to 20 visits per contract year per episode. Durable Medical Equipment limited to an maximum benefit of \$5,000 per contract year. Skilled Nursing Facility care is limited to 30 inpatient days per contract year.
Maternity Services	Not a covered benefit except for complications.	Not a covered benefit.	
Inpatient & Outpatient Mental Health Services	Not a covered benefit.	Not a covered benefit.	
Inpatient & Outpatient Alcohol and Drug Abuse Services	Not a covered benefit.	Not a covered benefit.	
Infertility, Custodial Care, Dental Services	Not a covered benefit.	Not a covered benefit.	
Rx Outpatient Benefit Retail Purchase	\$10 Tier One Copay \$35 Tier Two Copay \$60 Tier Three Copay \$100 Self Administered Injectables Copay	Not a covered benefit	
Mail Order (90 day supply)	\$20 Tier One Copay \$70 Tier Two Copay \$120 Tier Three Copay \$200 Self Administered Injectables Copay	Not a covered benefit	

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CoventryOne

Louisiana Parishes Service Area Map



AREA 1

Acadia	NEW	Plaquemines	
Avoyelles	NEW	Rapides	NEW
Catahoula	NEW	Sabine	NEW
Concordia	NEW	St Bernard	
Evangeline	NEW	St Charles	
Grant	NEW	St John the Baptist	
Iberia	NEW	St Landry	NEW
Jefferson		St Martin	NEW
Lafayette	NEW	St Tammany	
Lafourche		Terrebonne	
La Salle	NEW	Vermilion	NEW
Natchitoches	NEW	Vernon	NEW
Orleans		Washington	

AREA 2

Acension
Assumption
East Baton Rouge
East Felicia
Iberville
Livingston
Point Coupee
St Helena
St James
West Baton Rouge
West Feliciana

AREA 3

Caddo
Bienville
Bossier
De Soto
Red River
Webster

AREA 4

Tangipahoa



CoventryOne
Coventry Health Care of Louisiana, Inc.
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Metairie, LA 70002

This brochure is not a contract. It is intended solely to provide you with a general overview of our health insurance products. Complete details of benefits, terms and exclusions that apply to your health care coverage are governed by the Individual Membership Agreement filed with the State of Louisiana. CoventryOne is underwritten by Coventry Health Care of Louisiana, Inc.

