



Care|HD PPO

An alternate funded PPO plan with HSA-qualified options for small employers with between 10-200 employees



Marketed Exclusively Through the
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CovenantCare provides a program to establish and maintain a self-funded health plan coordinated with stop-loss insurance protection for employers 10 to 200 employees. Coverage may vary by state. Administrative services are provided through The Covenant Services Group, and the stop-loss coverage is underwritten by Montgomery Management and insurance provided through Companion Life.

Note: This plan overview must be presented with CovenantCare brochure (CCare PG 0614).



An Alternate Funded Program



Care | HD PPO Plan Options

Design your group's health plan using the following options. Not all benefit combinations are possible.¹

<p>Physician Office Visit All physician office charges are applied to the deductible and any payment percentage.</p>	<p>Primary Care Physician / Specialist / Urgent Care No copay, covered charges apply to the deductible and payment percentage</p> <p>Non-PPO provider visit: Deductible and payment percentage</p>																							
<p>Deductible The deductible options listed apply per plan member to covered PPO charges within the plan year. Covered charges for all covered family members accumulate to satisfy the family deductible within the plan year. PPO and non-PPO deductibles accumulate separately.</p>	<table border="1"> <thead> <tr> <th><u>Individual</u></th> <th><u>Family</u></th> <th><u>Individual</u></th> <th><u>Family</u></th> </tr> </thead> <tbody> <tr> <td colspan="4">Minimum Requirement</td> </tr> <tr> <td>\$1,500</td> <td>\$3,000</td> <td>\$3,500</td> <td>\$7,000</td> </tr> <tr> <td>\$2,000</td> <td>\$4,000</td> <td>\$5,000</td> <td>\$10,000</td> </tr> <tr> <td>\$2,500</td> <td>\$5,000</td> <td></td> <td></td> </tr> </tbody> </table> <p>Non-PPO deductible: Two times the PPO deductible amount Family deductible: When family coverage is elected, the family deductible must be fully satisfied within the plan year before covered charges are applied to the payment percent.</p>				<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>	Minimum Requirement				\$1,500	\$3,000	\$3,500	\$7,000	\$2,000	\$4,000	\$5,000	\$10,000	\$2,500	\$5,000		
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¹2014 maximum allowable HSA contribution and out of pocket: \$6,350 individual, \$12,700 family. For tax-related questions and/or advice regarding health savings accounts (HSA), please consult your accountant or attorney.

The plan year deductible and payment percentage limits on HSA-qualified plans are subject to annual cost-of-living adjustments as may be required by federal guidelines to maintain the plan's eligibility.

The out-of-pocket maximum is a combination of the deductible and payment percentage.

²If Cigna Network is selected, payment percentage of 50% is not allowed.



Benefits

Prescription Drug Coverage	All drugs apply to major medical plan deductible and payment percentage
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Expenses incurred for the following charges do not accumulate toward the payment percentage limit: inpatient notification penalties and charges excluded under the self-funded Plan Document. The Payment Percentage Limit is distinct from the Out-of-Pocket Maximum, which is the amount of Covered Charges, including Deductibles, Copayments and Co-Payment Percentage payments and certain specific charges for a Balance Bill received from a Provider that the Plan Member must pay per Calendar Year before the Plan begins to pay benefits for Covered Charges at 100%. The Out-of-Pocket Maximum does not include any charge in excess of the established plan maximums/limitations, penalties for non-compliance with Plan provisions, and ineligible expenses.

Features

All benefits listed apply per plan member

Preventive Services Covered preventive services are those rated with an "A" or "B" by the United States Preventive Services Task Force (USPSTF), along with immunizations and screenings as outlined in the self-funded Plan Document.	PPO providers: 100% - covered charges are not subject to the deductible or payment percentage Non-PPO providers: Not a covered benefit
Out patient diagnostic tests, lab and x-ray	Subject to deductible and payment percentage
Ambulance (Air and ground services only)	Subject to the deductible and payment percentage
Emergency Services	Subject to the deductible and payment percentage In an emergency, as defined by the plan, non-PPO covered charges will be paid at the PPO benefit level



Features

All benefits listed apply per plan member

In patient Facilities and Surgical Services	Subject to the deductible and payment percentage
Maternity Services	Subject to the deductible and payment percentage
Physical , Speech or Occupational Therapy	Maximum benefit per plan year of 20 treatments for each type of therapy. Benefits are subject to the deductible and payment percentage
Chiropractic Care	Subject to deductible and payment percentage and a maximum of 20 visits per plan year.
Allergy Testing	Subject to deductible and payment percentage
Mental , Nervous and Substance Abuse Disorders	Subject to deductible and payment percentage
Skilled Nursing Care	Subject to the deductible and payment percentage up to a maximum benefit of 90 days per plan year
Home Health Care	Subject to the deductible and payment percentage up to a maximum benefit of 100 days per plan year

This plan is intended as a summary only. Availability varies by state. For complete details regarding benefits, conditions, limitations and exclusions that apply, ask your representative for a sample of the self-funded Plan Document. All benefits are in compliance with the federal Patient Protection and Affordable Coverage Act of 2009 (PPACA) and other relevant laws.

