



Care | PPO

An alternate funded PPO plan with flexibility and options for small employers with 10 to 200 employees



Marketed Exclusively Through the
TAB Broker Network
<http://www.tabinsurancemarketplace.com>

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 insurance is underwritten by Montgomery Management and provided through Companion Life.

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

Care| PPO_2014



An Alternate Funded Program

CCare_CSG_0614



Care | PPO Plan Options

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

<p>Physician Office Visit If selected, the copay applies to the physician consultation charge per PPO visit with a primary care physician, a specialist or at an urgent care facility. After the copay, the plan pays 100 percent of the office visit consultation charge and other services performed during the visit and billed directly by the physician's office.</p>	<p><u>Primary Care</u></p> <p>\$15 \$20 \$25 \$30 \$35 \$40 No Copay</p>	<p><u>Specialist</u></p> <p>\$20 \$25 \$30 \$35 \$40 \$50 No Copay</p>	<p><u>Urgent Care</u></p> <p>\$35 \$40 \$50 \$60 \$75 \$100 No Copay</p>												
<p>Deductible* The deductible options listed apply per plan member to covered PPO charges within the plan year. PPO and non-PPO deductibles accumulate separately. <i>*The plan will allow credit for any Deductibles satisfied, in whole or in part, under the Employer's previous plan of benefits, provided the Plan Member submits sufficient evidence of having satisfied them within 60 days. Deductible credit is available only for calendar year deductibles, and is not available if the employer selects a contract (plan) year deductible.</i></p>	<p>\$250 \$2,500 \$500 \$3,000 \$750 \$3,500 \$1,000 \$4,000 \$1,500 \$4,500 \$2,000 \$5,000</p> <p>Family Deductible: Two times the individual deductible amount. Non –PPO deductible: Two times the PPO deductible amount.</p>														
<p>Payment Percentage After the deductible has been satisfied the plan will pay the selected payment percentage of covered PPO charges.</p>	<table border="0"> <thead> <tr> <th><u>PPO</u></th> <th><u>Non-PPO</u></th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>70%</td> </tr> <tr> <td>90%</td> <td>70%</td> </tr> <tr> <td>80%</td> <td>60%</td> </tr> <tr> <td>70%</td> <td>50%</td> </tr> <tr> <td>60%</td> <td>40%</td> </tr> </tbody> </table>			<u>PPO</u>	<u>Non-PPO</u>	100%	70%	90%	70%	80%	60%	70%	50%	60%	40%
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100%	70%														
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<p>Payment Percentage Limit After the deductible has been satisfied the plan member is responsible for the selected payment percentage limit for covered PPO charges per plan year. PPO and Non-PPO payment percentage limits accumulate separately.</p>	<table border="0"> <tbody> <tr> <td>\$0</td> <td>\$3,000</td> </tr> <tr> <td>\$1,500</td> <td>\$3,500</td> </tr> <tr> <td>\$2,000</td> <td>\$4,000</td> </tr> <tr> <td>\$2,500</td> <td>\$4,500</td> </tr> <tr> <td>\$3,000</td> <td>\$5,000</td> </tr> </tbody> </table> <p>Non-PPO payment percentage limit: Two times the PPO payment percentage limit. When \$0 is selected, the non-PPO payment percentage limit is \$4,500.</p>			\$0	\$3,000	\$1,500	\$3,500	\$2,000	\$4,000	\$2,500	\$4,500	\$3,000	\$5,000		
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¹ 2014 maximum out-of-pocket (including deductible): \$6,350 individual, \$12,700 family for in-network benefits.

²For 2014, copayments with the exception of Rx copayments accumulate towards the out-of-pocket. Beginning in 2015, Rx copayments will also accumulate towards the out-of-pocket.

The Out-of-Pocket Limit is a combination of the deductible and the payment percentage.



Benefits

Prescription Drug Coverage

Deductible Options:	<p>\$100, \$250, \$500</p> <p>(1) Deductible does not accumulate with the medical deductible. (2) Deductible does not apply to Generic medications.</p>
Copay Options:	<p>Generic: \$5, \$10, \$15, \$20, \$25</p> <p>Brand (Formulary): \$20, \$25, \$30, \$35, \$40</p> <p>Non-Brand (Non-Formulary): \$35, \$40, \$50, \$60, \$75, \$80, \$100</p> <p>(1) There must be at least a \$15 differential between copayment options.</p>
Specialty Drugs:	<p>Member pays 20% coinsurance to a maximum of \$200 per prescription.</p> <p>Mail Order copayments will be two times the retail copayment options.</p>

The Plan will pay the designated percentage of Covered Charges until the out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar/Plan Year unless stated otherwise. The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%:

- 1) Prescription Drug Deductibles or Copayments (only if Prescription Drug Deductible is not integrated with Medical Deductible) - Beginning in 2015, Rx copayments will also accumulate towards the out-of-pocket.
- 2) Cost Containment Penalties
- 3) Non-Covered Expenses
- 4) Amounts that exceed the Usual and Reasonable Charge or Benefit Maximums

Features

All benefits listed apply per plan member

<p>Preventive Services</p> <p>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.</p>	<p>PPO providers: 100% - covered charges are not subject to the plan copay, deductible or payment percentage</p> <p>Non-PPO providers: Not a covered benefit</p>
<p>Independent X-ray Services</p> <p>Independent Laboratory Services</p>	<p>Subject to the deductible and payment percentage</p>
<p>MRI/MRA, CT/CTA Scan, PET Scan</p> <p>Free-Standing Diagnostic Center</p>	<p>Subject to the deductible and payment percentage</p>
<p>Outpatient Hospital</p>	<p>\$250 copay, then subject to deductible and payment percentage</p>



Features

All benefits listed apply per plan member	
Ambulance (Air and ground services only)	Subject to the deductible and payment percentage
Emergency Services (Copayment waived if admitted to Hospital)	\$250 copay and then payment percentage, deductible waived In an emergency, as defined by the plan, non-PPO covered charges will be paid at the PPO benefit level
Inpatient Facilities and Surgical Services	Subject to the deductible and payment percentage
Maternity/ Prenatal Services Office Visits Only	One-time PCP copayment
All Other Services	Subject to the deductible and payment percentage
Chiropractic Care	If a physician office visit copay benefit is elected, chiropractic care visits are subject to the specialist copay amount up to a maximum of 20 visits per plan year. No copay benefit will be subject to deductible and payment percentage.
Allergy Testing	PPO provider: Primary Care or Specialist copayment applies Non-PPO provider: Subject to deductible and payment percentage
Mental, Nervous and Substance Abuse Disorders	Covered as any other illness
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
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 overview 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.

