

2012 BENEFITS AT A GLANCE

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
Deductible – per plan year •One person •Two or more persons	\$225 \$450	\$1,750 \$3,500	None None
Out-of-pocket expense limit – per plan year •One person •Two or more persons	\$1,500 \$3,000	\$5,000 \$10,000	\$3,500 \$9,400
Doctor's visits •Primary care physician •Specialist	\$25 \$40	20% after deductible 20% after deductible	\$10 \$20
Hospital services •Inpatient •Outpatient	\$300 per stay \$125 per visit	20% after deductible 20% after deductible	\$100 per admission \$50 per visit
Emergency room visits	\$125 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)
Ambulance travel	20% after deductible (no plan year limit)	20% after deductible (no plan year limit)	\$50 per service
Outpatient diagnostic, laboratory, tests, shots and x-rays	20% after deductible	20% after deductible	\$0 lab, pathology, radiology, diagnostic testing \$75 specialty imaging
Infusion services (includes IV or injected chemotherapy)	20% after deductible	20% after deductible	\$10 PCP \$20 specialty
Outpatient therapy visits •Occupational, physical and speech therapy •Chiropractic (up to 30 visit plan year limit per member)	\$25 PCP/\$35 specialist \$35	20% after deductible 20% after deductible	\$20 \$20
Applied behavior analysis (ABA) for autism spectrum disorder—ages 2 through 6 •\$35,000 annual limit	\$25 per service	20% after deductible	\$10 per visit
Behavioral health visits	\$25	20% after deductible	\$20
Employee Assistance Program (EAP) •Up to 4 visits per incident	\$0	\$0	\$0
Prescription drugs – mandatory generic •Retail Pharmacy	<i>Up to 34-day supply</i> \$15/\$25/\$40/\$50	<i>Up to 34-day supply</i> 20% after deductible	<i>Up to 30-day supply</i> Medical center: \$15/\$25/\$40 Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)
•Home Delivery Pharmacy	<i>Up to 90-day supply</i> \$30/\$50/\$80/\$100	<i>Up to 90-day supply</i> 20% after deductible	<i>Up to 30-day supply</i> \$13/\$23/\$38 (2 x copayment for 90 days)

