### Important Questions

#### What is the overall deductible?

<table>
<thead>
<tr>
<th>In network: IN-UPG: $0 person/family IN: $100 person/$200 family Doesn’t apply: provider visits, outpatient surgery, immediate medical attention, hospitalization, mental health, pregnancy, rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of network: $150 person/ $300 family applies to all OON services</td>
</tr>
</tbody>
</table>

You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductibles**.

#### Are there other deductibles for specific services?

No

#### Is there an out-of-pocket limit on my expenses?

- **In network:** Yes. $2,500 person $5,000 family
- **Out of network:** Yes. $5,000 person $10,000 family

The **out-of-pocket** limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.

#### What is not included in the out-of-pocket limit?

Premiums, balance-billed charges, health care this plan does not cover, prescription drugs, vision

Even though you pay these expenses, they don’t count toward the out-of-pocket limit.

#### Is there an overall annual limit on what the plan pays?

No

The chart starting on page 2 describes any limits on what the plan will pay for **specific** covered services, such as office visits.

#### Does this plan use a network of providers?

Yes. For a list of in-network providers, see www.chcva.com or call 1-800-627-4872.

If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.

#### Do I need a referral to see a specialist?

No

You can see the **specialist** you choose without permission from this plan.

#### Are there services this plan doesn’t cover?

Yes

Some of the services this plan doesn’t cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.
Co-payments are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.

**Co-insurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan’s **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance payment** of 20% would be $200. This may change if you haven't met your **deductible**.

The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)

This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **copayments**, and **coinsurance** amounts.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your cost if you use a</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In network (UVA/UPG) Provider</td>
<td>In network Provider</td>
<td>Out of network Provider</td>
</tr>
<tr>
<td>If you visit a health care provider's office or clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visit to treat an injury or illness</td>
<td>$10 co-pay/visit</td>
<td>$20 co-pay/visit</td>
<td>25% co-insurance (co-ins)</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$20 co-pay/visit</td>
<td>$40 co-pay/visit</td>
<td>25% co-ins</td>
</tr>
<tr>
<td>Other practitioner office visit</td>
<td>$40 co-pay/visit chiro</td>
<td>$40 co-pay/visit chiro</td>
<td>25% co-ins</td>
</tr>
<tr>
<td>Preventive care/Screening/Immunization</td>
<td>$0</td>
<td>$0</td>
<td>25% co-ins</td>
</tr>
<tr>
<td>If you have a test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic test (x-ray, blood work)</td>
<td>10% co-ins x-ray</td>
<td>10% co-ins x-ray</td>
<td>25% co-ins x-ray</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$100 co-pay/visit</td>
<td>$200 co-pay/visit</td>
<td>25% co-ins</td>
</tr>
</tbody>
</table>

**Coventry Health and Life Insurance Company: UVA Postdocs High Premium Plan**

**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs

**Coverage Period:** 01/01/2013 - 12/31/2013

**Coverage for:** EE, EE/Sp., EE/1Ch., EE/Children, Fam.

**Plan Type:** POS

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**Questions:** Call 1-800-627-4872 or visit us at www.chcva.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

## Coventry Health and Life Insurance Company: UVA Postdocs High Premium Plan

**Coverage Period:** 01/01/2013 - 12/31/2013

### Summary of Benefits and Coverage: What this Plan Covers & What it Costs

#### Common Medical Event

<table>
<thead>
<tr>
<th>Services You May Need</th>
<th>Your cost if you use a Service Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In network (UVA/UPG) Provider</td>
<td>In network Provider</td>
</tr>
<tr>
<td><strong>If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at <a href="http://www.chcva.com">www.chcva.com</a>.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic drugs</td>
<td>$6 co-pay/fill retail, $14 co-pay/fill mail</td>
<td>$6 co-pay/fill retail, $14 co-pay/fill mail</td>
</tr>
<tr>
<td>Preferred brand drugs</td>
<td>$24 co-pay/fill or 20% up to $100 max retail, $56 co-pay/fill or 20% up to $300 max mail</td>
<td>$24 co-pay/fill or 20% up to $100 max retail, $56 co-pay/fill or 20% up to $300 max mail</td>
</tr>
<tr>
<td>Non-preferred brand drugs</td>
<td>$48 co-pay/fill or 20% up to $100 max retail, $112 co-pay/fill or 20% up to $300 max mail</td>
<td>$48 co-pay/fill or 20% up to $100 max retail, $112 co-pay/fill or 20% up to $300 max mail</td>
</tr>
<tr>
<td>Speciality drugs</td>
<td>$50 co-pay/fill or 20% up to $100 max retail, $100 co-pay/fill or 20% up to $300 max mail</td>
<td>$50 co-pay/fill or 20% up to $100 max retail, $100 co-pay/fill or 20% up to $300 max mail</td>
</tr>
<tr>
<td><strong>If you have outpatient surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>$100 co-pay/visit</td>
<td>$200 co-pay/visit</td>
</tr>
<tr>
<td>Physician/surgeon fees</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>If you need immediate medical attention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency room services</td>
<td>$125 co-pay/visit</td>
<td>$125 co-pay/visit</td>
</tr>
<tr>
<td>Emergency medical transportation</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$40 co-pay/visit</td>
<td>$40 co-pay/visit</td>
</tr>
</tbody>
</table>

**Questions:** Call 1-800-627-4872 or visit us at www.chcva.com. If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 1-800-627-4872 to request a copy.

**SNO:** 1054683  
**SBC Name:** 002_79941 002_8953 002_9634  
**Coverage for:** EE, EE/Sp., EE/1Ch., EE/Children, Fam.  
**Plan Type:** POS  
**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs  
**Coverage Period:** 01/01/2013 - 12/31/2013  
**Coventry Health and Life Insurance Company: UVA Postdocs High Premium Plan**
## Common Medical Event

### Services You May Need

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your cost if you use a Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In network (UVA/UPG) Provider</td>
<td>In network Provider</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>$200 co-pay/stay</td>
<td>$400 co-pay/stay</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fee</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Mental/Behavioral health outpatient services</td>
<td>$10 co-pay/visit</td>
<td>$20 co-pay/visit</td>
</tr>
<tr>
<td></td>
<td>Mental/Behavioral health inpatient services</td>
<td>$200 co-pay/stay</td>
<td>$400 co-pay/stay</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder outpatient services</td>
<td>$10 co-pay/visit</td>
<td>$20 co-pay/visit</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder inpatient services</td>
<td>$200 co-pay/stay</td>
<td>$400 co-pay/stay</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Prenatal and postnatal care</td>
<td>$10 co-pay</td>
<td>10% co-ins</td>
</tr>
<tr>
<td></td>
<td>Delivery and all inpatient services</td>
<td>$200 co-pay/stay</td>
<td>$400 co-pay/stay</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>0%</td>
<td>10% co-ins</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>$200 co-pay/stay</td>
<td>Inpatient $400 co-pay/stay</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care (facility)</td>
<td>$200 co-pay/stay</td>
<td>$400 co-pay/stay</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>20% co-ins</td>
<td>20% co-ins</td>
</tr>
</tbody>
</table>
# Coventry Health and Life Insurance Company: UVA Postdocs High Premium Plan

## Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2013 - 12/31/2013  
Coverage for: EE, EE/Sp., EE/1Ch., EE/Children, Fam.  
Plan Type: POS

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<tr>
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<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In network (UVA/UPG) Provider</td>
<td>In network Provider</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Hospice Services</td>
<td>0%</td>
<td>10% co-ins</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Requires preauth</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Eye exam</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Limited: routine screenings by PCPs</td>
</tr>
<tr>
<td></td>
<td>Glasses</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Dental check-up</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

## Excluded Services & Other Covered Services:

### Services Your Plan Does NOT Cover (This isn’t a complete list. Check your policy for others.)

- Acupuncture
- Bariatric Surgery
- Child/Dental Check-up
- Child/Glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Habilitation services
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs
- Non-Emergency Care when Traveling Outside the U.S.
- Routine Eye Care (Adult)

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-627-4872. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

Your Appeals and Grievances:

For group health coverage subject to ERISA, you may contact 1-800-627-4872. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or your state department of insurance at Office of the Managed Care Ombudsman Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 877-310-6560 (Toll Free) E-Mail: ombudsman@scc.virginia.gov.

For non-federal governmental group health plans and church plans that are group health plans, you may contact 1-800-627-4872 or your state department of insurance at Office of the Managed Care Ombudsman Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 877-310-6560 (Toll Free) E-Mail: ombudsman@scc.virginia.gov.

Additionally, a consumer assistance program can help you file your appeal. Contact Virginia State Corporation Commission Life & Health Division, Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 (877) 310-6560 [http://www.scc.virginia.gov/boi bureauofinsurance@scc.virginia.gov](http://www.scc.virginia.gov/boi bureauofinsurance@scc.virginia.gov).

Language Access Services:

Spanish (Espanol): Para obtener asistencia en Espanol, llame al 1-800-627-4872.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-627-4872.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-627-4872.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-627-4872.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.
### Having a baby (normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays:** $6,890
- **You pay:** $650

### Sample care costs:

- Hospital charges (mother): $2,700
- Routine Obstetric Care: $2,100
- Hospital Charges (baby): $900
- Anesthesia: $900
- Laboratory tests: $500
- Prescriptions: $200
- Radiology: $200
- Vaccines, other preventive: $40

**Total:** $7,540

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays:** $3,730
- **You pay:** $1,670

### Sample care costs:

- Prescriptions: $2,900
- Medical equipment and supplies: $1,300
- Office Visits and Procedures: $700
- Education: $300
- Laboratory tests: $100
- Vaccine, other preventive: $100

**Total:** $5,400

### You pay:

- **Deductibles:** $0
- **Co-pays:** $1,600
- **Coinsurance:** $10
- **Limits or exclusions:** $60

**Total:** $1,670

*Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact: 1-800-627-4872*
Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don’t include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- The patient’s condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn’t covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor’s advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ No. Coverage Examples are not cost estimators. You can’t use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you’ll find the same Coverage Examples. When you compare plans, check the “Patient Pays” box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you’ll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

SNO: 1054683  SBC Name: 002_79941 002_8953 002_9634
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