



SOUTH CAROLINA CoventryOneSM Plans

Beginning January 1, 2008



Underwritten by WellPath Select, Inc.

Plan Name	Deductible	Coinsurance Member Pays	Max Coinsurance	PCP	Spec	ER	UC	IP	OP	RX
Plan 1	\$500	10%	\$1,500	\$20	\$40	\$150	\$40	Ded/10%	Ded/10%	\$10/25/50
Plan 2	\$1,000	10%	\$1,500	\$20	\$40	\$150	\$40	Ded/10%	Ded/10%	\$10/25/50
Plan 3	\$1,500	10%	\$1,500	\$20	\$40	\$150	\$40	Ded/10%	Ded/10%	\$10/25/50
Plan 4	\$3,000	10%	\$1,500	\$20	\$40	\$150	\$40	Ded/10%	Ded/10%	\$10/25/50
Plan 5	\$5,000	10%	\$1,500	\$20	\$40	\$150	\$40	Ded/10%	Ded/10%	\$10/25/50
Plan 6	\$500	20%	\$2,500	\$25	\$50	\$150	\$50	Ded/20%	Ded/20%	\$10/25/50
Plan 7	\$1,000	20%	\$2,500	\$25	\$50	\$150	\$50	Ded/20%	Ded/20%	\$10/25/50
Plan 8	\$1,500	20%	\$2,500	\$25	\$50	\$150	\$50	Ded/20%	Ded/20%	\$10/25/50
Plan 9	\$3,000	20%	\$2,500	\$25	\$50	\$150	\$50	Ded/20%	Ded/20%	\$10/25/50
Plan 10	\$5,000	20%	\$2,500	\$25	\$50	\$150	\$50	Ded/20%	Ded/20%	\$10/25/50
Plan 11	\$500	30%	\$3,000	\$25	\$50	\$150	\$60	Ded/30%	Ded/30%	\$10/25/50
Plan 12	\$1,000	30%	\$3,000	\$25	\$50	\$150	\$60	Ded/30%	Ded/30%	\$10/25/50
Plan 13	\$1,500	30%	\$3,000	\$25	\$50	\$150	\$60	Ded/30%	Ded/30%	\$10/25/50
Plan 14	\$3,000	30%	\$3,000	\$25	\$50	\$150	\$60	Ded/30%	Ded/30%	\$10/25/50
Plan 15	\$5,000	30%	\$3,000	\$25	\$50	\$150	\$60	Ded/30%	Ded/30%	\$10/25/50
Plan 20	\$1,500	30%	\$3,000	\$25	\$50	\$500	\$50	Ded/30%	Ded/30%	\$200 ded \$10/35/50*
Plan 21	\$2,500	30%	\$3,000	\$25	\$50	\$500	\$50	Ded/30%	Ded/30%	\$200 ded \$10/35/50*
Plan 22	\$3,500	30%	\$3,000	\$25	\$50	\$500	\$50	Ded/30%	Ded/30%	\$200 ded \$10/35/50*
Plan 23	\$5,000	30%	\$3,000	\$25	\$50	\$500	\$50	Ded/30%	Ded/30%	\$200 ded \$10/35/50*
Plan 24	\$1,500	30%	\$3,000	\$30	\$60	\$500	\$60	Ded/30%	Ded/30%	\$500 ded \$10/50/75*
Plan 25	\$2,500	30%	\$3,000	\$30	\$60	\$500	\$60	Ded/30%	Ded/30%	\$500 ded \$10/50/75*
Plan 26	\$3,500	30%	\$3,000	\$30	\$60	\$500	\$60	Ded/30%	Ded/30%	\$500 ded \$10/50/75*
Plan 27	\$5,000	30%	\$3,000	\$30	\$60	\$500	\$60	Ded/30%	Ded/30%	\$500 ded \$10/50/75*
Plan 28	\$1,500	30%	\$3,000	\$40	\$80	\$500	\$80	Ded/30%	Ded/30%	\$1000 ded \$10/70/100*
Plan 29	\$2,500	30%	\$3,000	\$40	\$80	\$500	\$80	Ded/30%	Ded/30%	\$1000 ded \$10/70/100*
Plan 30	\$3,500	30%	\$3,000	\$40	\$80	\$500	\$80	Ded/30%	Ded/30%	\$1000 ded \$10/70/100*
Plan 31	\$5,000	30%	\$3,000	\$40	\$80	\$500	\$80	Ded/30%	Ded/30%	\$1000 ded \$10/70/100*
Plan 32	\$1,000	20%	\$2,500	\$30	\$60	Ded/20%	Ded/20%	Ded/20%	Ded/20%	Ded/20%
Plan 33	\$1,500	20%	\$2,500	\$30	\$60	Ded/20%	Ded/20%	Ded/20%	Ded/20%	Ded/20%
Plan 34	\$1,000	30%	\$3,000	\$30	\$60	Ded/30%	Ded/30%	Ded/30%	Ded/30%	Ded/30%
Plan 35	\$1,500	30%	\$3,000	\$30	\$60	Ded/30%	Ded/30%	Ded/30%	Ded/30%	Ded/30%
Plan 36	\$2,500	30%	\$3,000	\$30	\$60	Ded/30%	Ded/30%	Ded/30%	Ded/30%	Ded/30%
Plan 37	\$3,500	30%	\$3,000	\$30	\$60	Ded/30%	Ded/30%	Ded/30%	Ded/30%	Ded/30%
QHDHP 1	\$1,500	0%	\$1,500	Ded	Ded	Deductible	Deductible	Deductible	Deductible	Deductible
QHDHP 2	\$3,000	0%	\$3,000	Ded	Ded	Deductible	Deductible	Deductible	Deductible	Deductible
QHDHP 3	\$5,000	0%	\$5,000	Ded	Ded	Deductible	Deductible	Deductible	Deductible	Deductible
QHDHP 4	\$1,500	20%	\$5,000	Ded/20%	Ded/20%	Ded/20%	Ded/20%	Ded/20%	Ded/20%	Ded/20%
QHDHP 5	\$3,000	20%	\$5,000	Ded/20%	Ded/20%	Ded/20%	Ded/20%	Ded/20%	Ded/20%	Ded/20%

*PHARMACY DEDUCTIBLE DOES NOT APPLY TO GENERICS (FIRST TIER) and \$2000 max on non-generics.
 Family Deductible equal 3 times Individual on copay plans and 2 times on QHDHP. Family Max Coinsurance equals 2 times Individual.



The **One** making health insurance more affordable

Pre-existing conditions limitations apply. This means that your new CoventryOneSM health plan will not cover items or expenses incurred from a condition for which treatment or diagnosis was given within the 12-month period prior to the insurance effective date. The exclusion period for pre-existing medical conditions ends no later than twelve (12) months without medical care, treatment, or supplies ending after the Effective Date of coverage or twelve (12) months after the Effective Date of coverage, whichever occurs first.

Many insurance plans have a list of items that are excluded from coverage. Here are some of the excluded items as you consider this product:

- Routine maternity services
- Mental health and substance abuse services
- Infertility and sexual dysfunction
- Vision hardware

Please note: The CoventryOneSM plan designs identified as 'Plan 1' through 'Plan 37' in this brochure are not intended to be used with a Health Savings Account.

This brochure is for informational purposes only. It contains only a partial, general description of Coverage features and benefits and does not constitute a contract or any part of one. The complete terms of Coverage are contained in the official Coverage documents, which are the Certificate of Coverage, the Schedule of Payments, and any applicable Riders, Amendments, Supplemental Benefits or Endorsements. In the event of any differences between this brochure and the official Coverage documents, the Coverage documents will control.

CoventryOneSM is an individual product underwritten by WellPath Select, Inc.