

## MoDOT & MSHP Medical Plan Benefits-at-a-Glance for Non-Medicare Participants Effective January 1, 2014

Listed below is a partial outline of health services covered under the MoDOT/MSHP Summary Plan Document (SPD). This should not be relied upon to fully determine coverage. See the MoDOT/MSHP SPD for applicable limits and exclusions to coverage for these health services. If differences exist between this document and the SPD, the SPD governs.

Benefit	Coventry PPO PLAN Available Statewide	
	In Network Provider	Out of Network Provider *
	Member's Responsibility	
<b>Annual Deductible</b>		
Individual	\$ 450	\$ 450
Family	\$1,350 maximum	\$1,350 maximum
<b>Coinsurance</b>	10% (up to out-of-pocket maximum)	20% (up to out-of-pocket maximum)
<b>Annual Out-of-Pocket Maximum</b>	Includes copayments and deductible	Includes copayments and deductible. Does not include cost above out-of-network rate
Individual	\$1,600	\$2,425
Family	\$4,800	\$7,275
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Office Visit</b>	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
<b>Emergency Room Services</b>	\$75 copayment and 10% coinsurance after deductible Copayment waived if admitted or accidental injury	\$75 copayment and 20% coinsurance of out-of-network rate after deductible Copayment waived if admitted or accidental injury
<b>Immunizations</b> According to Recommended Schedules	Covered 100%	<b>Not covered</b>
<b>Inpatient Hospital Care</b>	10% coinsurance after deductible Pre-admission certification required	20% coinsurance of out-of-network rate after deductible Pre-admission certification required
<b>Maternity</b>	10% coinsurance after deductible	20% coinsurance of out-of-network rate after deductible
<b>Preventive Care</b>	Covered 100%	<b>Not covered</b>
<b>Surgery Inpatient and Outpatient</b>	10% coinsurance after deductible Pre-admission certification required.	20% coinsurance of out-of-network rate after deductible Pre-admission certification required.
<b>Urgent Care</b>	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
<b>Pharmacy Benefit - Available Through Participating Pharmacies Only</b>		
<b>Deductible</b>	\$100 per participant per calendar year	
<b>Coinsurance</b>	30% of costs after deductible is met (minimum \$5 copay)	
<b>Starter Quantity</b>	30 day starter quantity for new medication, including change in strength, or the medication has not been filled for the previous six months	
<b>Generic Policy</b>	<b>If a generic is available:</b> 30% coinsurance of brand drug's cost plus the difference between the brand and generic after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment <b>If no generic is available:</b> 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment <b>If brand is medically necessary and approved by Catalyst Rx:</b> 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment	
<b>Quantity</b>	Purchase 90 days at participating retail pharmacies or the mail order pharmacy for maintenance medications	
<b>Prior Authorization</b>	Some drugs may require a prior authorization. Contact the pharmacy benefits number on your prescription drug card	

\* Out of Network Provider service insurance payments are subject to Out-of-Network Rate only. The Member will be responsible 100% for amounts above Out-of-Network Rate.