

Coventry Health and Life Insurance Company: Qualified Health Plans

Health Plan Name	Coventry OP11B02515 20 (90/60%)
O-EPIC Health Plan ID	H01193
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11B05020 20 (90/60%)
O-EPIC Health Plan ID	H01194
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11C05020 20 (80/50%)
O-EPIC Health Plan ID	H01195
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11C10020 20 (80/50%)
O-EPIC Health Plan ID	H01196
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11FF05010 20 (50/50%)
O-EPIC Health Plan ID	H01197
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,000
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11FF05020 20L (50/50%)
O-EPIC Health Plan ID	H01198
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11FF10010 20 (50/50%)
O-EPIC Health Plan ID	H01199
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,000
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11B07520 20 (90/60%)
O-EPIC Health Plan ID	H01273
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,750
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11B07520 20L (90/60%)
O-EPIC Health Plan ID	H01386
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,750
Office Visit Copay	\$20/20
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP 11C05025 25 (80/50%)
O-EPIC Health Plan ID	H01510
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$25/50
Pharmacy	\$10/35/60 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP 11C07525 25 (80/50%)
O-EPIC Health Plan ID	H01511
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,250
Office Visit Copay	\$25/50
Pharmacy	\$10/35/60 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	COVENTRY OP 11A20010 20 (100/70%)
O-EPIC Health Plan ID	H01515
Individual Annual Deductible (in-network)	\$2000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$20/40
Pharmacy	\$15/40/65 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	COVENTRY OP 11C07520 20
O-EPIC Health Plan ID	H01521
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$2000
Office Visit Copay	\$20/40
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11C05010 15
O-EPIC Health Plan ID	H01548
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,000
Office Visit Copay	\$15/30
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11FF15015 25
O-EPIC Health Plan ID	H01562
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$25/50
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70

Health Plan Name	Coventry OP11D15015 25
O-EPIC Health Plan ID	H01563
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$25/50
Pharmacy	\$10/35/60 or \$10/30/55 50% or \$10/ 50% or \$35/ 50% or \$60 \$12/45/70