

# Product

# Geography



Geography

Network

Deductible and coinsurance

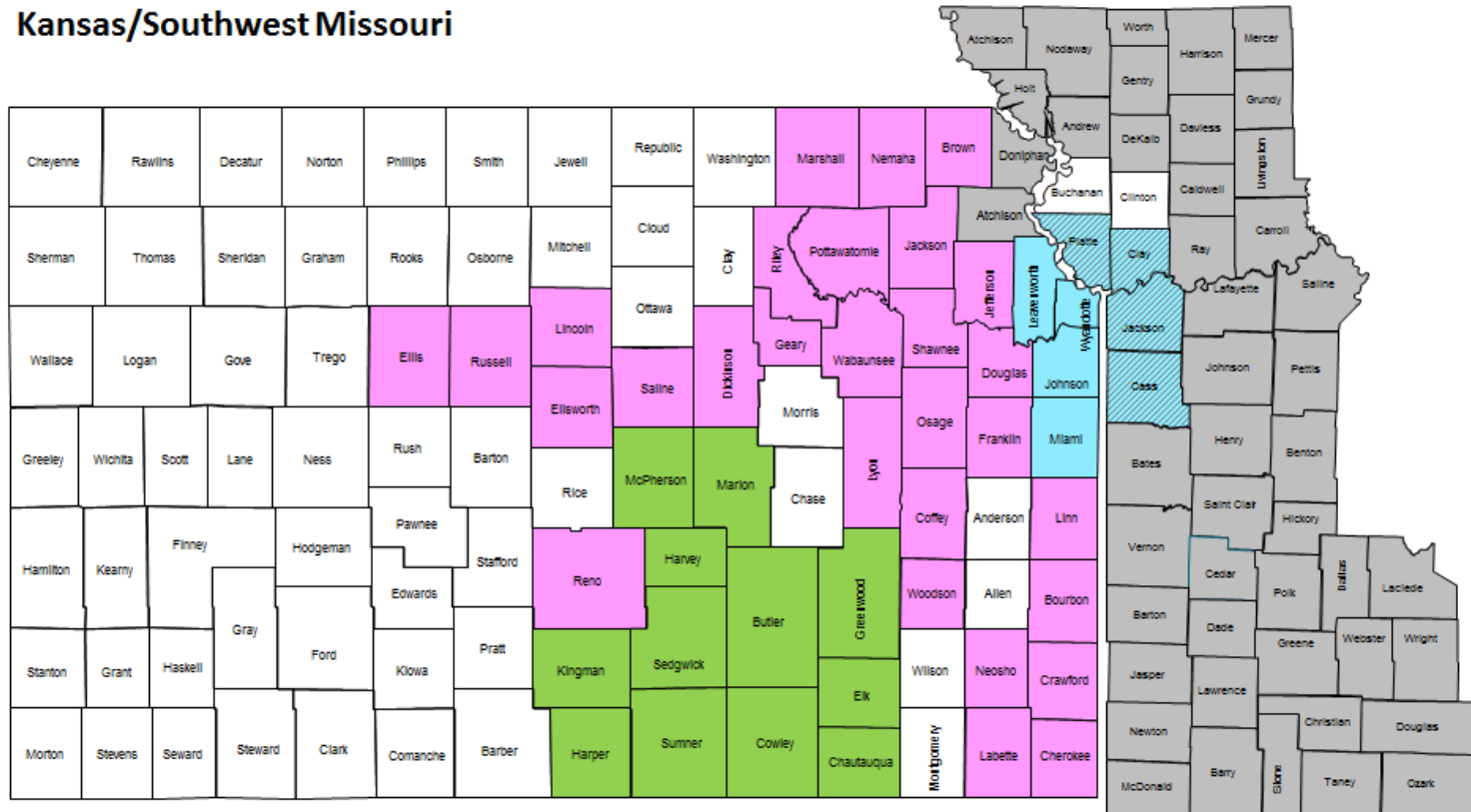
Member benefits

Pediatric vision

Pediatric dental

Pharmacy

## Individual Exchange Networks Kansas/Southwest Missouri



### Kansas

PPO in all Kansas Counties

- Wichita Preferred Exchange HMO
- Open Access Preferred Exchange HMO
- Kansas City PPO - on exchange only
- Open Access Preferred Exchange HMO

### Southwest Missouri

PPO in all Missouri counties (excluding Buchanan and Clinton)

- Open Access EPO Preferred
- Kansas City PPO - on exchange only
- Open Access EPO

# Network



Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$10 Copay PD
- Coventry Silver \$10 Copay PD
- Coventry Silver \$10 Copay \$2750 PD
- Coventry Silver HSA PPO PD
- Coventry Bronze \$15 Copay PD
- Coventry Bronze Deductible Only HSA Eligible PD

**Network within KS:**

Number of providers: [Enter info]  
 Major hospitals: [Enter info]  
 Reciprocity: Yes between Kansas, Missouri, Oklahoma, Illinois and Arkansas

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	No/No	Broad	Statewide

# Network

Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	No/No	Broad	Allen, Anderson, Atchison, Barber, Barton, Bourbon, Brown, Butler, Chase, Chautauqua, Cherokee, Cheyenne, Clark, Clay, Cloud, Coffey, Comanche, Cowley, Crawford, Decatur, Dickinson, Doniphan, Douglas, Edwards, Elk, Ellis, Ellsworth, Finney, Ford, Franklin, Geary, Gove, Graham, Grant, Gray, Greeley, Greenwood, Hamilton, Harper, Harvey, Haskell, Hodgeman, Jackson, Jefferson, Jewell, Kearny, Kingman, Kiowa, Labette, Lane, Lincoln, Linn, Logan, Lyon, Marion, Marshall, McPherson, Meade, Mitchell, Montgomery, Morris, Morton, Nemaha, Neosho, Ness, Norton, Osage, Osborne, Ottawa, Pawnee, Phillips, Pottawatomie, Pratt, Rawlins, Reno, Republic, Rice, Riley, Rooka, Rush, Russell, Saline, Scott, Sedgwick, Seward, Shawnee, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Sumner, Thomas, Trego, Wabaunsee, Wallace, Washington, Wichita, Wilson, Woodson

# Network



Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$5 Copay KCPPO
- Coventry Silver \$10 Copay KCPPO
- Coventry Silver \$10 Copay 2750 KCPPO
- Coventry Silver HSA KCPPO\*
- Coventry Bronze \$15 Copay KCPPO\*
- Coventry Bronze Deductible Only HSA Eligible KCPPO\*

\* Only 1 INN Tier

**Network within KS:**

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity:

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	N	2 Tier + OON	PPO	No/No	Multi-tier network	Johnson, Leavenworth, Miami, Wyandotte

# Network



Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$10 Copay Preferred PD
- Coventry Silver \$10 Copay Preferred PD
- Coventry Silver \$10 Copay 2750 Preferred PD
- Coventry Silver HSA Preferred PD
- Coventry Bronze \$15 Copay Preferred PD
- Coventry Bronze Ded Only HSA Eligible Preferred PD

**Network within KS:**

Number of providers: [Enter info]  
 Major hospitals: Salina Regional – Salina  
 Saint Frances – Topeka  
 Wesley Medical Center - Wichita  
 Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	HNOnly: OA HMO	No/No	Topeka Preferred	Brown, Chase, Cherokee, Coffey, Dickinson, Douglas, Ellis, Ellsworth, Franklin, Geary, Jackson, Jefferson, Labette, Lincoln, Linn, Lyon, Marshall, Nemaha, Neosho, Osage, Pottawatomie, Reno, Riley, Russell, Saline, Shawnee, Wabaunsee, Woodson

# Network



Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$10 Copay Joplin Preferred PD
- Coventry Silver \$10 Copay Joplin Preferred PD
- Coventry Silver \$10 Copay 2750 Joplin Preferred PD
- Coventry Bronze \$15 Copay Joplin Preferred PD
- Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD
- Coventry Silver HSA Joplin Preferred PD

**Network within KS:**

- Number of providers: [Enter info]
- Major hospitals: Mercy
- Reciprocity: No

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	HNOnly: OA HMO	No/No	Joplin Mercy Preferred	Bourbon, Crawford, Cherokee

# Network



Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$10 Copay Wichita Preferred PD
- Coventry Silver \$10 Copay Wichita Preferred PD
- Coventry Silver \$10 Copay 2750 Wichita Preferred PD
- Coventry Bronze \$15 Copay Wichita Preferred PD
- Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD
- Coventry Silver HSA Wichita Preferred PD

**Network within KS:**

Number of providers: [Enter info]  
 Major hospitals: Wesley Medical Center – Wichita KS  
 Reciprocity: No

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	HMO	Yes / Yes	Wichita Preferred	Butler, Chautauqua, Cowley, Elk, Greenwood, Harper, Harvey, Kingman, Marion, McPherson, Sedgwick, Sumner



# Network



Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

Coventry Gold \$10 Copay OAHMO  
 Coventry Silver \$10 Copay OAHMO

**Network within KS:**

Number of providers: [Enter info]  
 Major hospitals: [Enter info]  
 Reciprocity:

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	N	1 Tier No OON	HNOnly: OA HMO	No/No	Broad HMO	Johnson, Leavenworth, Miami, Wyandotte

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Bronze \$15 Copay Preferred PD</b> <b>KS Coventry Bronze \$15 Copay Joplin Preferred PD</b> <b>KS Coventry Bronze \$15 Copay Wichita Preferred PD</b>			<b>KS Coventry Bronze \$15 Copay PD</b> <b>KS Coventry Bronze \$15 Copay KCPPPO</b>	
			In network you pay		In network you pay	
			\$6,850/\$13,700		\$6,850/\$13,700	
			0%		0%	
			\$6,850/\$13,700		\$6,850/\$13,700	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.  
 All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Bronze Ded Only HSA Eligible Preferred PD</b>  <b>KS Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD</b>  <b>KS Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD</b>			<b>KS Coventry Bronze Deductible Only HSA Eligible PD</b>  <b>KS Coventry Bronze Deductible Only HSA Eligible KCPPPO</b>	
		In network you pay			In network you pay	
		\$6,450/\$12,900			\$6,450/\$12,900	
		0%			0%	
		\$6,450/\$12,900			\$6,450/\$12,900	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Silver \$10 Copay OAHMO</b> <b>KS Coventry Silver \$10 Copay Preferred PD</b> <b>KS Coventry Silver \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Silver \$10 Copay Wichita Preferred PD</b>				
			In network you pay		In network you pay	
			\$3,500/\$7,000		\$3,500/\$7,000	
			30%		30%	
			\$6,250/\$12,500		\$6,250/\$12,500	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Silver \$10 Copay 2750 Preferred PD</b> <b>KS Coventry Silver \$10 Copay 2750 Joplin Preferred PD</b> <b>KS Coventry Silver \$10 Copay 2750 Wichita Preferred PD</b>				
			In network you pay		In network you pay	
			\$2,750/\$5,500		\$2,750/\$5,500	
			40%		40%	
			\$6,850/\$13,700		\$6,850/\$13,700	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Silver HSA Joplin Preferred PD</b> <b>KS Coventry Silver HSA Preferred PD</b> <b>KS Coventry Silver HSA Wichita Preferred PD</b>		<b>KS Coventry Silver HSA PPO PD</b> <b>KS Coventry Silver HSA KCPPO</b>	
			In network you pay		In network you pay	
			\$3,000/\$6,000		\$3,000/\$6,000	
			10%		10%	
			\$5,800/\$11,600		\$5,800/\$11,600	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		KS Coventry Gold \$10 Copay OAHMO KS Coventry Gold \$10 Copay Preferred PD KS Coventry Gold \$10 Copay Joplin Preferred PD KS Coventry Gold \$10 Copay Wichita Preferred PD			KS Coventry Gold \$10 Copay PD	
		<b>Deductible individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$1,400/\$2,800		\$1,400/\$2,800	
		<b>Member coinsurance</b>	20%		20%	
		<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$5,000/\$10,000		\$5,000/\$10,000	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.





# Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p><b>KS Coventry Bronze Ded Only HSA Eligible Preferred PD</b></p> <p><b>KS Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD</b></p> <p><b>KS Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD</b></p>		<p><b>KS Coventry Bronze Deductible Only HSA Eligible PD</b></p> <p><b>KS Coventry Bronze Deductible Only HSA Eligible KCPPO</b></p>	
<b>Primary care office visit</b>			Covered in full after ded		Covered in full after ded	
<b>Specialist office visit</b>			Covered in full after ded		Covered in full after ded	
<b>Hospital stay</b>			Covered in full after ded		Covered in full after ded	
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)			Covered in full after ded		Covered in full after ded	
<b>Emergency room</b> (copay waived if admitted)			Covered in full after ded		Covered in full after ded	
<b>Urgent care</b>			Covered in full after ded		Covered in full after ded	

# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Silver \$10 Copay OAHMO</b> <b>KS Coventry Silver \$10 Copay Preferred PD</b> <b>KS Coventry Silver \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Silver \$10 Copay Wichita Preferred PD</b>		<b>KS Coventry Silver \$10 Copay PD</b>	
<b>Primary care office visit</b>			\$10 copay; ded waived		\$10 copay; ded waived	
<b>Specialist office visit</b>			\$75 copay; ded waived		\$75 copay; ded waived	
<b>Hospital stay</b>			\$500 copay per admission after ded; then 30%		\$500 copay per admission after ded; then 30%	
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)			\$250 copay after ded; then 30%		\$250 copay after ded; then 30%	
<b>Emergency room</b> (copay waived if admitted)			\$500 copay after ded		\$500 copay after ded	
<b>Urgent care</b>			\$75 copay; ded waived		\$75 copay; ded waived	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.





# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Gold \$10 Copay OAHMO</b> <b>KS Coventry Gold \$10 Copay Preferred PD</b> <b>KS Coventry Gold \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Gold \$10 Copay Wichita Preferred PD</b>		<b>KS Coventry Gold \$10 Copay PD</b>	
			In network you pay		In network you pay	
<b>Primary care office visit</b>			\$10 copay; ded waived		\$10 copay; ded waived	
<b>Specialist office visit</b>			\$40 copay; ded waived		\$40 copay; ded waived	
<b>Hospital stay</b>			20% after ded		20% after ded	
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)			20% after ded		20% after ded	
<b>Emergency room</b> (copay waived if admitted)			\$250 copay after ded		\$250 copay after ded	
<b>Urgent care</b>			\$75 copay; ded waived		\$75 copay; ded waived	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Bronze \$15 Copay Preferred PD</b>  <b>KS Coventry Bronze \$15 Copay Joplin Preferred PD</b>  <b>KS Coventry Bronze \$15 Copay Wichita Preferred PD</b>		<b>KS Coventry Bronze \$15 Copay PD</b>  <b>KS Coventry Bronze \$15 Copay KCPPO</b>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full after ded		Covered in full after ded	
			Covered in full after ded		Covered in full after ded	
			Covered in full after ded		Covered in full after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Bronze Ded Only HSA Eligible Preferred PD</b>  <b>KS Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD</b>  <b>KS Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD</b>		<b>KS Coventry Bronze Deductible Only HSA Eligible PD</b>  <b>KS Coventry Bronze Deductible Only HSA Eligible KCPPO</b>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full after ded		Covered in full after ded	
			Covered in full after ded		Covered in full after ded	
			Covered in full after ded		Covered in full after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Silver \$10 Copay OAHMO</b> <b>KS Coventry Silver \$10 Copay Preferred PD</b> <b>KS Coventry Silver \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Silver \$10 Copay Wichita Preferred PD</b>			<b>KS Coventry Silver \$10 Copay PD</b>
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full; ded waived	
			30% after ded		30% after ded	
			30% after ded		30% after ded	
			\$250 copay after ded; then 30%		\$250 copay after ded; then 30%	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.



# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Silver \$10 Copay 2750 Preferred PD</b> <b>KS Coventry Silver \$10 Copay 2750 Joplin Preferred PD</b> <b>KS Coventry Silver \$10 Copay 2750 Wichita Preferred PD</b>		<b>KS Coventry Silver \$10 Copay 2750 PD</b>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full; ded waived	
			40% after ded		40% after ded	
			40% after ded		40% after ded	
			40% after ded		40% after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>KS Coventry Silver HSA Joplin Preferred PD</p> <p>KS Coventry Silver HSA Preferred PD</p> <p>KS Coventry Silver HSA Wichita Preferred PD</p>		<p>KS Coventry Silver HSA PPO PD</p> <p>KS Coventry Silver HSA KCPPO</p>	
			In network you pay		In network you pay	
<b>Preventive care/screening/immunization</b> (age and frequency limits apply)		Covered in full; ded waived			Covered in full; ded waived	
<b>Annual routine GYN exam</b> (annual pap/mammogram)		Covered in full; ded waived			Covered in full; ded waived	
<b>Diagnostic lab</b>		10% after ded			10% after ded	
<b>Diagnostic X-ray</b>		10% after ded			10% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)		10% after ded			10% after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Gold \$10 Copay OAHMO</b> <b>KS Coventry Gold \$10 Copay Preferred PD</b> <b>KS Coventry Gold \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Gold \$10 Copay Wichita Preferred PD</b>		<b>KS Coventry Gold \$10 Copay PD</b>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full; ded waived	
			20% after ded		20% after ded	
			20% after ded		20% after ded	
			20% after ded		20% after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p><b>KS Coventry Bronze Ded Only HSA Eligible Preferred PD</b></p> <p><b>KS Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD</b></p> <p><b>KS Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD</b></p>		<p><b>KS Coventry Bronze Deductible Only HSA Eligible PD</b></p> <p><b>KS Coventry Bronze Deductible Only HSA Eligible KCPPO</b></p>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full after ded		Covered in full after ded	
<b>Pediatric eye exam</b> (1 visit per year) <sup>2</sup>			Covered in full; ded waived		Covered in full; ded waived	
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) <sup>3</sup>			Covered in full after ded		Covered in full after ded	

# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p><b>KS Coventry Bronze \$15 Copay Preferred PD</b></p> <p><b>KS Coventry Bronze \$15 Copay Joplin Preferred PD</b></p> <p><b>KS Coventry Bronze \$15 Copay Wichita Preferred PD</b></p>		<p><b>KS Coventry Bronze \$15 Copay PD</b></p> <p><b>KS Coventry Bronze \$15 Copay KCPPO</b></p>	
			In network you pay		In network you pay	
<p><b>Pediatric eye exam</b> (1 visit per year)<sup>2</sup></p>			Covered in full; ded waived		Covered in full; ded waived	
<p><b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)<sup>3</sup></p>			Covered in full; ded waived		Covered in full; ded waived	

# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Silver \$10 Copay OAHMO</b> <b>KS Coventry Silver \$10 Copay Preferred PD</b> <b>KS Coventry Silver \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Silver \$10 Copay Wichita Preferred PD</b>		<b>KS Coventry Silver \$10 Copay PD</b>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full; ded waived	

**Pediatric eye exam** (1 visit per year)<sup>2</sup>

**Pediatric glasses/contacts** (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)<sup>3</sup>

# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p><b>KS Coventry Silver \$10 Copay 2750 Preferred PD</b></p> <p><b>KS Coventry Silver \$10 Copay 2750 Joplin Preferred PD</b></p> <p><b>KS Coventry Silver \$10 Copay 2750 Wichita Preferred PD</b></p>		<p><b>KS Coventry Silver \$10 Copay 2750 PD</b></p>	
			<p>In network you pay</p>		<p>In network you pay</p>	
<p><b>Pediatric eye exam (1 visit per year)<sup>2</sup></b></p>			<p>Covered in full; ded waived</p>		<p>Covered in full; ded waived</p>	
<p><b>Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)<sup>3</sup></b></p>			<p>Covered in full; ded waived</p>		<p>Covered in full; ded waived</p>	

# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>KS Coventry Silver HSA Joplin Preferred PD</p> <p>KS Coventry Silver HSA Preferred PD</p> <p>KS Coventry Silver HSA Wichita Preferred PD</p>		<p>KS Coventry Silver HSA PPO PD</p> <p>KS Coventry Silver HSA KCPPO</p>	
			In network you pay		In network you pay	
<p><b>Pediatric eye exam</b> (1 visit per year)<sup>2</sup></p>			Covered in full; ded waived		Covered in full; ded waived	
<p><b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)<sup>3</sup></p>			Covered in full after ded		Covered in full after ded	



# Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>KS Coventry Gold \$10 Copay OAHMO</p> <p>KS Coventry Gold \$10 Copay Preferred PD</p> <p>KS Coventry Gold \$10 Copay Joplin Preferred PD</p> <p>KS Coventry Gold \$10 Copay Wichita Preferred PD</p>		KS Coventry Gold \$10 Copay PD	
			In network you pay		In network you pay	
<p><b>Pediatric eye exam</b> (1 visit per year)<sup>2</sup></p>			Covered in full; ded waived		Covered in full; ded waived	
<p><b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)<sup>3</sup></p>			Covered in full; ded waived		Covered in full; ded waived	

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Bronze \$15 Copay Preferred PD</b>  <b>KS Coventry Bronze \$15 Copay Joplin Preferred PD</b>  <b>KS Coventry Bronze \$15 Copay Wichita Preferred PD</b>		<b>KS Coventry Bronze \$15 Copay PD</b>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full after ded		Covered in full after ded	
			Covered in full after ded		Covered in full after ded	
			Covered in full after ded		Covered in full after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Bronze Ded Only HSA Eligible Preferred PD</b>  <b>KS Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD</b>  <b>KS Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD</b>			<b>KS Coventry Bronze Deductible Only HSA Eligible PD</b>	
		In network you pay			In network you pay	
		Covered in full after ded			Covered in full after ded	
		Covered in full after ded			Covered in full after ded	
		Covered in full after ded			Covered in full after ded	
		Covered in full after ded			Covered in full after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Silver \$10 Copay Preferred PD</b> <b>KS Coventry Silver \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Silver \$10 Copay Wichita Preferred PD</b>			<b>KS Coventry Silver \$10 Copay PD</b>	
		In network you pay			In network you pay	
	<b>Dental check-up/preventive dental care</b> (1 visit every 6 months) <sup>2</sup>	Covered in full; ded waived			Covered in full; ded waived	
	<b>Basic dental care</b>	30% after ded			30% after ded	
	<b>Major dental care</b>	50% after ded			50% after ded	
	<b>Orthodontia</b> (medically necessary only)	50% after ded			50% after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Silver \$10 Copay 2750 Preferred PD</b>  <b>KS Coventry Silver \$10 Copay 2750 Joplin Preferred PD</b>  <b>KS Coventry Silver \$10 Copay 2750 Wichita Preferred PD</b>			<b>KS Coventry Silver \$10 Copay 2750 PD</b>	
		In network you pay			In network you pay	
		Covered in full; ded waived			Covered in full; ded waived	
		30% after ded			30% after ded	
		50% after ded			50% after ded	
		50% after ded			50% after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Silver HSA Joplin Preferred PD</b> <b>KS Coventry Silver HSA Preferred PD</b> <b>KS Coventry Silver HSA Wichita Preferred PD</b>			<b>KS Coventry Silver HSA PPO PD</b>	
		In network you pay			In network you pay	
		Covered in full after ded			Covered in full after ded	
		30% after ded			30% after ded	
		50% after ded			50% after ded	
		50% after ded			50% after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Gold \$10 Copay Preferred PD</b> <b>KS Coventry Gold \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Gold \$10 Copay Wichita Preferred PD</b>			<b>KS Coventry Gold \$10 Copay PD</b>	
		In network you pay			In network you pay	
	<b>Dental check-up/preventive dental care</b> (1 visit every 6 months) <sup>2</sup>	Covered in full; ded waived			Covered in full; ded waived	
	<b>Basic dental care</b>	30% after ded			30% after ded	
	<b>Major dental care</b>	50% after ded			50% after ded	
	<b>Orthodontia</b> (medically necessary only)	50% after ded			50% after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Bronze \$15 Copay Preferred PD</b>  <b>KS Coventry Bronze \$15 Copay Joplin Preferred PD</b>  <b>KS Coventry Bronze \$15 Copay Wichita Preferred PD</b>			<b>KS Coventry Bronze \$15 Copay PD</b>
			In network you pay			In network you pay
			Integrated with medical ded			Integrated with medical ded
			Generic: Covered in full after ded			Generic: Covered in full after ded
			Covered in full after ded			Covered in full after ded
			Generic & Brand: Covered in full after ded			Generic & Brand: Covered in full after ded
			P: Covered in full after ded NP: Covered in full after ded			P: Covered in full after ded NP: Covered in full after ded

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.



# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Bronze Ded Only HSA Eligible Preferred PD</b>  <b>KS Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD</b>  <b>KS Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD</b>			<b>KS Coventry Bronze Deductible Only HSA Eligible PD</b>  <b>KS Coventry Bronze Deductible Only HSA Eligible KCPPO</b>
			In network you pay			In network you pay
			Integrated with medical ded			Integrated with medical ded
			Generic: Covered in full after ded			Generic: Covered in full after ded
			Covered in full after ded			Covered in full after ded
			Generic & Brand: Covered in full after ded			Generic & Brand: Covered in full after ded
			P: Covered in full after ded NP: Covered in full after ded			P: Covered in full after ded NP: Covered in full after ded

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Silver \$10 Copay OAHMO</b> <b>KS Coventry Silver \$10 Copay Preferred PD</b> <b>KS Coventry Silver \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Silver \$10 Copay Wichita Preferred PD</b>		<b>KS Coventry Silver \$10 Copay PD</b>		
		In network preferred you pay	In network you pay	In network preferred you pay	In network you pay	
<b>Pharmacy deductible</b>		\$500 per member	\$500 per member	\$500 per member	\$500 per member	
<b>Preferred generic drugs</b>		Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived	
<b>Preferred brand drugs</b>		\$40 copay after ded	\$50 copay after ded	\$40 copay after ded	\$50 copay after ded	
<b>Non-preferred drugs</b>		Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded	
<b>Specialty drugs</b>		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>KS Coventry Silver \$10 Copay 2750 Preferred PD</b>  <b>KS Coventry Silver \$10 Copay 2750 Joplin Preferred PD</b>  <b>KS Coventry Silver \$10 Copay 2750 Wichita Preferred PD</b>				<b>KS Coventry Silver \$10 Copay 2750 PD</b>
		In network preferred you pay	In network you pay	In network preferred you pay	In network you pay	
<b>Pharmacy deductible</b>		Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
<b>Preferred generic drugs</b>		Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived
<b>Preferred brand drugs</b>		\$45 copay after ded	\$55 copay after ded	\$45 copay after ded	\$55 copay after ded	\$55 copay after ded
<b>Non-preferred drugs</b>		Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded	Generic & Brand: \$90 copay after ded
<b>Specialty drugs</b>		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>KS Coventry Silver HSA Joplin Preferred PD</b> <b>KS Coventry Silver HSA Preferred PD</b> <b>KS Coventry Silver HSA Wichita Preferred PD</b>					<b>KS Coventry Silver HSA PPO PD</b> <b>KS Coventry Silver HSA KCPPO</b>
		In network preferred you pay	In network you pay	In network preferred you pay	In network you pay	
<b>Pharmacy deductible</b>	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	
<b>Preferred generic drugs</b>	Low Cost Generic: \$3 copay after ded Generic: \$10 copay after ded	Low Cost Generic: \$15 copay after ded Generic: \$15 copay after ded	Low Cost Generic: \$3 copay after ded Generic: \$10 copay after ded	Low Cost Generic: \$15 copay after ded Generic: \$15 copay after ded	Low Cost Generic: \$3 copay after ded Generic: \$10 copay after ded	Low Cost Generic: \$15 copay after ded Generic: \$15 copay after ded
<b>Preferred brand drugs</b>	\$40 copay after ded	\$50 copay after ded	\$40 copay after ded	\$50 copay after ded	\$40 copay after ded	\$50 copay after ded
<b>Non-preferred drugs</b>	Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded
<b>Specialty drugs</b>	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>KS Coventry Gold \$10 Copay OAHMO</b> <b>KS Coventry Gold \$10 Copay Preferred PD</b> <b>KS Coventry Gold \$10 Copay Joplin Preferred PD</b> <b>KS Coventry Gold \$10 Copay Wichita Preferred PD</b>			<b>KS Coventry Gold \$10 Copay PD</b>
			In network preferred you pay	In network you pay	In network preferred you pay	In network you pay
<b>Pharmacy deductible</b>		\$250 per member	\$250 per member	\$250 per member	\$250 per member	\$250 per member
<b>Preferred generic drugs</b>		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$15 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$15 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$15 copay; ded waived Generic: \$15 copay; ded waived
<b>Preferred brand drugs</b>		\$35 copay after ded	\$45 copay after ded	\$35 copay after ded	\$45 copay after ded	\$45 copay after ded
<b>Non-preferred drugs</b>		Generic & Brand: \$65 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$65 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$80 copay after ded
<b>Specialty drugs</b>		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Member Benefits KCPPOs

KS Coventry Gold \$5 Copay KCPPO		
Member benefits	In network	Non-Designated
<b>Deductible individual/family<sup>1</sup></b> (applies towards out-of-pocket maximum)	\$1,250/\$2,500	\$3,500/\$7,000
<b>Member coinsurance</b>	20%	40%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$5,500/\$11,000	\$6,600/\$13,200
<b>Primary care visit</b>	\$5 copay; deductible waived	\$5 copay; deductible waived
<b>Specialist visit</b>	\$50 copay; deductible waived	\$50 copay; deductible waived
<b>Hospital stay</b>	20% after deductible	\$250 copay per admission after deductible; then 40%
<b>Outpatient surgery</b> (Ambulatory Surgical Center/ Hospital)	20% after deductible	40% after deductible
<b>Emergency room</b>	\$250 copay after deductible	\$250 copay after deductible
<b>Urgent care</b>	\$75 copay; deductible waived	Paid at the designated level
<b>Preventive care/screening/immunization</b> (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Diagnostic lab</b>	20% after deductible	40% after deductible
<b>Diagnostic X-ray</b>	20% after deductible	40% after deductible
<b>Imaging</b> (CT/PET scans, MRIs)	20% after deductible	\$100 copay after deductible; then 40%
Vision		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; deductible waived	Paid at the designated level
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; deductible waived	Paid at the designated level
Pharmacy		
	In Network Preferred	In Network
<b>Pharmacy deductible</b>	\$0 per Member	
<b>Preferred generic drugs</b>	Low Cost Generic: \$3 copay	Low Cost Generic: \$15 copay
	Generic: \$10 copay	Generic: \$15 copay
<b>Preferred brand drugs</b>	\$30 copay	\$40 copay
<b>Nonpreferred drugs</b>	Generic & Brand: \$65 copay	Generic & Brand: \$80 copay
<b>Specialty drugs</b>	Preferred Specialty: 40% Non-Preferred Specialty: 50%	Preferred Specialty: 40% Non-Preferred Specialty: 50%

# Member benefits KCPPOs

KS Coventry Silver \$10 Copay KCPPO		
Member benefits	In network	Non-Designated
<b>Deductible individual/family<sup>1</sup></b> (applies towards out-of-pocket maximum)	\$4,000/\$8,000	\$6,000/\$12,000
<b>Member coinsurance</b>	20%	40%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,000/\$12,000	\$6,850/\$13,700
<b>Primary care visit</b>	\$10 copay; deductible waived	\$10 copay; deductible waived
<b>Specialist visit</b>	\$75 copay; deductible waived	\$75 copay; deductible waived
<b>Hospital stay</b>	\$100 copay per admission after deductible; then 20%	\$500 copay per admission after deductible; then 40%
<b>Outpatient surgery</b> (Ambulatory Surgical Center/ Hospital)	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%
<b>Emergency room</b>	\$250 copay after deductible	\$250 copay after deductible
<b>Urgent care</b>	\$75 copay; deductible waived	Paid at the designated level
<b>Preventive care/screening/immunization</b> (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Diagnostic lab</b>	20% after deductible	40% after deductible
<b>Diagnostic X-ray</b>	20% after deductible	40% after deductible
<b>Imaging</b> (CT/PET scans, MRIs)	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%
Vision		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; deductible waived	Paid at the designated level
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; deductible waived	Paid at the designated level
Pharmacy		
	In Network Preferred	In Network
<b>Pharmacy deductible</b>	\$500 per Member	
<b>Preferred generic drugs</b>	Low Cost Generic: \$3 copay; deductible waived  Generic: \$10 copay; deductible waived	Low Cost Generic: \$15 copay; deductible waived  Generic: \$15 copay; deductible waived
<b>Preferred brand drugs</b>	\$35 copay after deductible	\$45 copay after deductible
<b>Nonpreferred drugs</b>	Generic & Brand: \$80 copay after deductible	Generic & Brand: \$90 copay after deductible
<b>Specialty drugs</b>	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible

# Member benefits KCPPOs

KS Coventry Silver \$10 Copay 2750 KCPPO		
Member benefits	In network	Non-Designated
<b>Deductible individual/family<sup>1</sup></b> (applies towards out-of-pocket maximum)	\$2,750/\$5,500	\$5,750/\$11,500
<b>Member coinsurance</b>	40%	40%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,850/\$13,700
<b>Primary care visit</b>	\$10 copay; deductible waived	\$10 copay; deductible waived
<b>Specialist visit</b>	\$70 copay; deductible waived	\$70 copay; deductible waived
<b>Hospital stay</b>	40% after deductible	\$500 copay per admission after deductible; then 40%
<b>Outpatient surgery</b> (Ambulatory Surgical Center/ Hospital)	40% after deductible	\$250 copay after deductible; then 40%
<b>Emergency room</b>	\$250 copay after deductible	\$250 copay after deductible
<b>Urgent care</b>	\$75 copay; deductible waived	Paid at the designated level
<b>Preventive care/screening/immunization</b> (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Diagnostic lab</b>	40% after deductible	40% after deductible
<b>Diagnostic X-ray</b>	40% after deductible	40% after deductible
<b>Imaging</b> (CT/PET scans, MRIs)	40% after deductible	\$250 copay after deductible; then 40%
Vision		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; deductible waived	Paid at the designated level
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; deductible waived	Paid at the designated level
Pharmacy		
	In Network Preferred	In Network
<b>Pharmacy deductible</b>	Integrated with Medical Deductible	
<b>Preferred generic drugs</b>	Low Cost Generic: \$5 copay; deductible waived Generic: \$15 copay; deductible waived	Low Cost Generic: \$20 copay; deductible waived Generic: \$20 copay; deductible waived
<b>Preferred brand drugs</b>	\$40 copay after deductible	\$50 copay after deductible
<b>Nonpreferred drugs</b>	Generic & Brand: \$80 copay after deductible	Generic & Brand: \$90 copay after deductible
<b>Specialty drugs</b>	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible



# W-MO Network



Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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## Product name:

- Coventry Gold \$10 Copay PD
- Coventry Silver \$10 Copay PD
- Coventry Silver \$10 Copay 2900 PD
- Coventry Bronze \$25 Copay PD
- Coventry Bronze Deductible Only HSA Eligible PD

## Network within West MO:

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity:

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	No/No	PPO	Andrew, Atchison, Barry, Barton, Bates, Benton, Caldwell, Carroll, Cedar, Christian, Dade, Dallas, Daviess, DeKalb, Douglas, Gentry, Greene, Grundy, Harrison, Henry, Hickory, Holt, Jasper, Johnson, Laclede, Lafayette, Lawrence, Livingston, McDonald, Mercer, Newton, Nodaway, Ozark, Pettis, Polk, Ray, Saint Clair, Saline, Stone, Taney, Vernon, Webster, Worth, Wright

# W-MO Network



Geography	<b>Network</b>	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	No/No	PPO	Andrew, Atchison, Barry, Barton, Bates, Benton, Caldwell, Carroll, Cass, Cedar, Christian, Clay, Dade, Dallas, Daviess, DeKalb, Douglas, Gentry, Greene, Grundy, Harrison, Henry, Hickory, Holt, Jackson, Jasper, Johnson, Laclede, Lafayette, Lawrence, Livingston, McDonald, Mercer, Newton, Nodaway, Ozark, Pettis, Platte, Polk, Ray, Saint Clair, Saline, Stone, Taney, Vernon, Webster, Worth, Wright

# W-MO Network



Geography	Network	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$5 Copay KCPPO
- Coventry Silver \$10 Copay KCPPO
- Coventry Silver \$10 Copay 2750 KCPPO
- Coventry Bronze \$25 Copay KCPPO
- Coventry Bronze Deductible Only HSA Eligible KCPPO

**Network within West MO:**

- Number of providers: [Enter info]
- Major hospitals:
  - No Saint Luke's
  - No Children's Mercy
  - All other major hospitals are in network
- Reciprocity:

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	N	1 Tier + OON	PPO	No/No	PPO	Cass, Clay, Jackson, Platte

# W-MO Network



Geography	<b>Network</b>	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$10 Copay OAEPO PD
- Coventry Silver \$10 Copay OAEPO PD
- Coventry Silver \$10 Copay 2900 OAEPO PD
- Coventry Silver HSA OAEPO PD
- Coventry Bronze \$25 Copay OAEPO PD

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	Open Access	No/No	OE EPO	Andrew, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Clay, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Ozark, Pettis, Platte, Ray, Saline, Stone, Taney, Vernon, Worth

# W-MO Network



Geography	<b>Network</b>	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$10 Copay Joplin Preferred PD
- Coventry Silver \$10 Copay Joplin Preferred PD
- Coventry Silver \$10 Copay 2900 Joplin Preferred PD
- Coventry Silver HSA Joplin Preferred PD
- Coventry Bronze \$25 Copay Joplin Preferred PD

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	Open Access Elect Choice	No/No	OE EPO	Barton, Jasper, McDonald, Newton

# W-MO Network



Geography	<b>Network</b>	Deductible and coinsurance	Member Benefits	Pediatric Dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$10 Copay Springfield Preferred PD
- Coventry Silver \$10 Copay Springfield Preferred PD
- Coventry Silver \$10 Copay 2900 Springfield Preferred PD

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	Open Access Elect Choice	No/No	OE EPO	Barry, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Lawrence, Laclede, Polk, Saint Clair, Webster, Wright

# Deductible coinsurance (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			W-MO Coventry Bronze \$25 Copay OAEPO PD W-MO Coventry Bronze \$25 Copay PD W-MO Coventry Bronze \$25 Copay KCPPO W-MO Coventry Bronze \$25 Joplin Preferred PD		W-MO Coventry Bronze Deductible Only HSA Eligible PD  W-MO Coventry Bronze Deductible Only HSA Eligible KCPPO	
			In network you pay		In network you pay	
		<b>Deductible individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$6,850/\$13,700		\$6,450/\$12,900	
		<b>Member coinsurance</b>	0%		0%	
		<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,850/\$13,700		\$6,450/\$12,900	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Deductible coinsurance (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			W-MO Coventry Silver \$10 Copay 2900 OAEPO PD  W-MO Coventry Silver \$10 Copay 2900 PD  W-MO Silver \$10 Copay 2900 Joplin Preferred PD  W-MO Coventry Silver \$10 Copay 2900 Springfield Preferred PD		W-MO Coventry Silver \$10 Copay OAEPO PD  W-MO Coventry Silver \$10 Copay PD  W-MO Coventry Silver \$10 Copay Joplin Preferred PD  W-MO Coventry Silver \$10 Copay Springfield Preferred PD	
			In network you pay		In network you pay	
			\$2,900/\$5,800		\$3,750/\$7,500	
			40%		30%	
			\$6,850/\$13,700		\$6,250/\$12,500	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.



# Deductible coinsurance (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>W-MO Coventry Gold \$10 Copay OAEPO PD                      W-MO Coventry Gold \$10 Copay PD                      W-MO Coventry Gold \$10 Copay Joplin Preferred PD                      W-MO Coventry Gold \$10 Copay Springfield Preferred PD</p>			
			In network you pay			
Deductible individual/family <sup>1</sup> (applies to out-of-pocket maximum)			\$1,400/\$2,800			
Member coinsurance			20%			
Out-of-pocket maximum individual/family <sup>1</sup> (maximum you will pay for all covered services)			\$5,000/\$10,000			

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.





# Member benefits (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>W-MO Coventry Gold \$10 Copay OAEPO PD</b> <b>W-MO Coventry Gold \$10 Copay PD</b> <b>W-MO Coventry Gold \$10 Copay Joplin Preferred PD</b> <b>W-MO Coventry Gold \$10 Copay Springfield Preferred PD</b>			
			In network you pay			
			<b>Primary care office visit</b>			
						\$10 copay; ded waived
			<b>Specialist office visit</b>			
						\$40 copay; ded waived
			<b>Hospital stay</b>			
						20% after ded
			<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)			
						20% after ded
			<b>Emergency room</b> (copay waived if admitted)			
						\$250 copay after ded
			<b>Urgent care</b>			
						\$75 copay; ded waived

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Member benefits (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>W-MO Coventry Bronze \$25 Copay OAEPO PD</p> <p>W-MO Coventry Bronze \$25 Copay PD</p> <p>W-MO Coventry Bronze \$25 Copay KCPPO</p> <p>W-MO Coventry Bronze \$25 Joplin Preferred PD</p>		<p>W-MO Coventry Bronze Deductible Only HAS Eligible PD</p> <p>W-MO Coventry Bronze Deductible Only HSA Eligible KCPPO</p>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full after ded		Covered in full after ded	
			Covered in full after ded		Covered in full after ded	
			Covered in full after ded		Covered in full after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.



# Member benefits (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p><b>W-MO Coventry Gold \$10 Copay OAEPO PD</b>  <b>W-MO Coventry Gold \$10 Copay PD</b>  <b>W-MO Coventry Gold \$10 Copay Joplin Preferred PD</b>  <b>W-MO Coventry Gold \$10 Copay Springfield Preferred PD</b></p>			
			<p>In network you pay</p>			
<p><b>Preventive care/screening/immunization</b> (age and frequency limits apply)</p>			<p>Covered in full; ded waived</p>			
<p><b>Annual routine GYN exam</b> (annual pap/mammogram)</p>			<p>Covered in full; ded waived</p>			
<p><b>Diagnostic lab</b></p>			<p>20% after ded</p>			
<p><b>Diagnostic X-ray</b></p>			<p>20% after ded</p>			
<p><b>Imaging (CT/PET scans, MRIs)</b></p>			<p>20% after ded</p>			

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric vision (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>W-MO Coventry Bronze \$25 Copay OAEPO PD</p> <p>W-MO Coventry Bronze \$25 Copay PD</p> <p>W-MO Coventry Bronze \$25 Copay KCPPO</p> <p>W-MO Coventry Bronze \$25 Joplin Preferred PD</p>		<p>W-MO Coventry Bronze Deductible Only HSA Eligible PD</p> <p>W-MO Coventry Bronze Deductible Only HSA Eligible KCPPO</p>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full after ded	
<b>Pediatric eye exam</b> (1 visit per year) <sup>2</sup>			Covered in full; ded waived		Covered in full; ded waived	
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) <sup>3</sup>			Covered in full; ded waived		Covered in full after ded	



# Pediatric vision (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>W-MO Coventry Silver \$10 Copay 2900 OAEPO PD</p> <p>W-MO Coventry Silver \$10 Copay 2900 PD</p> <p>W-MO Silver \$10 Copay 2900 Joplin Preferred PD</p> <p>W-MO Coventry Silver \$10 Copay 2900 Springfield Preferred PD</p>		<p>W-MO Coventry Silver \$10 Copay OAEPO PD</p> <p>W-MO Coventry Silver \$10 Copay PD</p> <p>W-MO Coventry Silver \$10 Copay Joplin Preferred PD</p> <p>W-MO Coventry Silver \$10 Copay Springfield Preferred PD</p>	
			In network you pay		In network you pay	
			Covered in full; ded waived		Covered in full; ded waived	
			Covered in full; ded waived		Covered in full; ded waived	
<b>Pediatric eye exam</b> (1 visit per year) <sup>2</sup>			Covered in full; ded waived		Covered in full; ded waived	
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) <sup>3</sup>			Covered in full; ded waived		Covered in full; ded waived	

# Pediatric vision (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
				<p>W-MO Coventry Gold \$10 Copay OAEPO PD                      W-MO Coventry Gold \$10 Copay PD                      W-MO Coventry Gold \$10 Copay Joplin Preferred PD                      W-MO Coventry Gold \$10 Copay Springfield Preferred PD</p>	In network you pay	
<p><b>Pediatric eye exam</b> (1 visit per year)<sup>2</sup></p>				Covered in full; ded waived		
<p><b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)<sup>3</sup></p>				Covered in full; ded waived		

# Pediatric dental (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p><b>W-MO Coventry Bronze \$25 Copay OAEPO PD</b></p> <p><b>W-MO Coventry Bronze \$25 Copay PD</b></p> <p><b>W-MO Coventry Bronze \$25 Joplin Preferred PD</b></p>		<p><b>W-MO Coventry Bronze Deductible Only HSA Eligible PD</b></p>	
			In network you pay		In network you pay	
	<b>Dental check-up/preventive dental care</b> (1 visit every 6 months) <sup>2</sup>		Covered in full; ded waived		Covered in full after ded	
	<b>Basic dental care</b>		Covered in full after ded		Covered in full after ded	
	<b>Major dental care</b>		Covered in full after ded		Covered in full after ded	
	<b>Orthodontia</b> (medically necessary only)		Covered in full after ded		Covered in full after ded	

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric dental (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>W-MO Coventry Silver \$10 Copay 2900 OAEPO PD</p> <p>W-MO Coventry Silver \$10 Copay 2900 PD</p> <p>W-MO Silver \$10 Copay 2900 Joplin Preferred PD</p> <p>W-MO Coventry Silver \$10 Copay 2900 Springfield Preferred PD</p>		<p>W-MO Coventry Silver \$10 Copay OAEPO PD</p> <p>W-MO Coventry Silver \$10 Copay PD</p> <p>W-MO Coventry Silver \$10 Copay Joplin Preferred PD</p> <p>W-MO Coventry Silver \$10 Copay Springfield Preferred PD</p>	
			In network you pay		In network you pay	
			Dental check-up/preventive dental care (2 visits per year) <sup>2</sup>		Covered in full; ded waived	Covered in full; ded waived
			Basic dental care		30% after ded	30% after ded
			Major dental care		50% after ded	50% after ded
			Orthodontia (medically necessary only)		50% after ded	50% after ded

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pediatric dental (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>W-MO Coventry Gold \$10 Copay OAEPO PD                      W-MO Coventry Gold \$10 Copay PD                      W-MO Coventry Gold \$10 Copay Joplin Preferred PD                      W-MO Coventry Gold \$10 Copay Springfield Preferred PD</p>			
			In network you pay			
<p><b>Dental check-up/preventive dental care</b>                      (2 visits per year)<sup>2</sup></p>			Covered in full; ded waived			
<p><b>Basic dental care</b></p>			30% after ded			
<p><b>Major dental care</b></p>			50% after ded			
<p><b>Orthodontia</b>                      (medically necessary only)</p>			50% after ded			

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pharmacy (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>W-MO Coventry Bronze \$25 Copay OAEPO PD</p> <p>W-MO Coventry Bronze \$25 Copay PD</p> <p>W-MO Coventry Bronze \$25 Copay KCPPO</p> <p>W-MO Coventry Bronze \$25 Joplin Preferred PD</p>			<p>W-MO Coventry Bronze Deductible Only HSA Eligible PD</p> <p>W-MO Coventry Bronze Deductible Only HSA Eligible KCPPO</p>
			In network you pay			In network you pay
			Integrated with medical ded			Integrated with medical ded
			Generic: Covered in full after ded			Generic: Covered in full after ded
			Covered in full after ded			Covered in full after ded
			Generic & Brand: Covered in full after ded			Generic & Brand: Covered in full after ded
			<p>P: Covered in full after ded</p> <p>NP: Covered in full after ded</p>			<p>P: Covered in full after ded</p> <p>NP: Covered in full after ded</p>

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pharmacy (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>W-MO Coventry Silver \$10 Copay 2900 OAEPO PD</b> <b>W-MO Coventry Silver \$10 Copay 2900 PD</b> <b>W-MO Silver \$10 Copay 2900 Joplin Preferred PD</b> <b>W-MO Coventry Silver \$10 Copay 2900 Springfield Preferred PD</b>				<b>W-MO Coventry Silver \$10 Copay OAEPO PD</b> <b>W-MO Coventry Silver \$10 Copay PD</b> <b>W-MO Coventry Silver \$10 Copay Joplin Preferred PD</b> <b>W-MO Coventry Silver \$10 Copay Springfield Preferred PD</b>
		In network preferred you pay	In network you pay	In network preferred you pay	In network you pay	
<b>Pharmacy deductible</b>		Integrated with medical ded	Integrated with medical ded	\$500 per member	\$500 per member	
<b>Preferred generic drugs</b>		Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived	
<b>Preferred brand drugs</b>		\$45 copay after ded	\$55 copay after ded	\$40 copay after ded	\$50 copay after ded	
<b>Non-preferred drugs</b>		Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded	
<b>Specialty drugs</b>		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

# Pharmacy (West MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p>W-MO Coventry Gold \$10 Copay OAEPO PD                      W-MO Coventry Gold \$10 Copay PD                      W-MO Coventry Gold \$10 Copay Joplin Preferred PD                      W-MO Coventry Gold \$10 Copay Springfield Preferred PD</p>			
			In network preferred you pay		In network you pay	
<b>Pharmacy deductible</b>			\$250 per member		\$250 per member	
<b>Preferred generic drugs</b>			Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived		Low Cost Generic: \$15 copay; ded waived Generic: \$15 copay; ded waived	
<b>Preferred brand drugs</b>			\$35 copay after ded		\$45 copay after ded	
<b>Non-preferred drugs</b>			Generic & Brand: \$65 copay after ded		Generic & Brand: \$80 copay after ded	
<b>Specialty drugs</b>			P: 40% after ded NP: 50% after ded		P: 40% after ded NP: 50% after ded	

P=Preferred specialty drugs; NP=non-preferred specialty drugs.

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.



# Member benefits KCPPOs



W-MO Coventry Gold \$5 Copay KCPPO		
Member benefits	In network	Non-Designated
<b>Deductible individual/family<sup>1</sup></b> (applies towards out-of-pocket maximum)	\$1,350/\$2,700	\$3,500/\$7,000
<b>Member coinsurance</b>	20%	40%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$5,500/\$11,000	\$6,600/\$13,200
<b>Primary care visit</b>	\$5 copay; deductible waived	\$5 copay; deductible waived
<b>Specialist visit</b>	\$50 copay; deductible waived	\$50 copay; deductible waived
<b>Hospital stay</b>	20% after deductible	\$250 copay per admission after deductible; then 40%
<b>Outpatient surgery</b> (Ambulatory Surgical Center/ Hospital)	20% after deductible	40% after deductible
<b>Emergency room</b>	\$250 copay after deductible	\$250 copay after deductible
<b>Urgent care</b>	\$75 copay; deductible waived	Paid at the designated level
<b>Preventive care/screening/immunization</b> (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Diagnostic lab</b>	20% after deductible	40% after deductible
<b>Diagnostic X-ray</b>	20% after deductible	40% after deductible
<b>Imaging</b> (CT/PET scans, MRIs)	20% after deductible	\$100 copay after deductible; then 40%
Vision		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; deductible waived	Paid at the designated level
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; deductible waived	Paid at the designated level
Pharmacy		
	In Network Preferred	In Network
<b>Pharmacy deductible</b>	\$0 per Member	
<b>Preferred generic drugs</b>	Low Cost Generic: \$3 copay	Low Cost Generic: \$15 copay
	Generic: \$10 copay	Generic: \$15 copay
<b>Preferred brand drugs</b>	\$30 copay	\$40 copay
<b>Nonpreferred drugs</b>	Generic & Brand: \$65 copay	Generic & Brand: \$80 copay
<b>Specialty drugs</b>	Preferred Specialty: 40% Non-Preferred Specialty: 50%	Preferred Specialty: 40% Non-Preferred Specialty: 50%

# Member benefits KCPPOs



W-MO Coventry Silver \$10 Copay KCPPO		
Member benefits	In network	Non-Designated
<b>Deductible individual/family<sup>1</sup></b> (applies towards out-of-pocket maximum)	\$4,400/\$8,800	\$6,000/\$12,000
<b>Member coinsurance</b>	20%	40%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,000/\$12,000	\$6,850/\$13,700
<b>Primary care visit</b>	\$10 copay; deductible waived	\$10 copay; deductible waived
<b>Specialist visit</b>	\$75 copay; deductible waived	\$75 copay; deductible waived
<b>Hospital stay</b>	\$100 copay per admission after deductible; then 20%	\$500 copay per admission after deductible; then 40%
<b>Outpatient surgery</b> (Ambulatory Surgical Center/ Hospital)	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%
<b>Emergency room</b>	\$250 copay after deductible	\$250 copay after deductible
<b>Urgent care</b>	\$75 copay; deductible waived	Paid at the designated level
<b>Preventive care/screening/immunization</b> (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Diagnostic lab</b>	20% after deductible	40% after deductible
<b>Diagnostic X-ray</b>	20% after deductible	40% after deductible
<b>Imaging</b> (CT/PET scans, MRIs)	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%
Vision		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; deductible waived	Paid at the designated level
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; deductible waived	Paid at the designated level
Pharmacy		
	In Network Preferred	In Network
<b>Pharmacy deductible</b>	\$500 per Member	
<b>Preferred generic drugs</b>	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived	Low Cost Generic: \$15 copay; deductible waived Generic: \$15 copay; deductible waived
<b>Preferred brand drugs</b>	\$35 copay after deductible	\$45 copay after deductible
<b>Nonpreferred drugs</b>	Generic & Brand: \$80 copay after deductible	Generic & Brand: \$90 copay after deductible
<b>Specialty drugs</b>	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible

# Member benefits KCPPOs



W-MO Coventry Silver \$10 Copay 2750 KCPPO		
Member benefits	In network	Non-Designated
<b>Deductible individual/family<sup>1</sup></b> (applies towards out-of-pocket maximum)	\$2,750/\$5,500	\$6,250/\$12,500
<b>Member coinsurance</b>	40%	40%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,850/\$13,700
<b>Primary care visit</b>	\$10 copay; deductible waived	\$10 copay; deductible waived
<b>Specialist visit</b>	\$75 copay; deductible waived	\$75 copay; deductible waived
<b>Hospital stay</b>	40% after deductible	\$500 copay per admission after deductible; then 40%
<b>Outpatient surgery</b> (Ambulatory Surgical Center/ Hospital)	40% after deductible	\$250 copay after deductible; then 40%
<b>Emergency room</b>	\$250 copay after deductible	\$250 copay after deductible
<b>Urgent care</b>	\$75 copay; deductible waived	Paid at the designated level
<b>Preventive care/screening/immunization</b> (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived
<b>Diagnostic lab</b>	40% after deductible	40% after deductible
<b>Diagnostic X-ray</b>	40% after deductible	40% after deductible
<b>Imaging</b> (CT/PET scans, MRIs)	40% after deductible	\$250 copay after deductible; then 40%
Vision		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; deductible waived	Paid at the designated level
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; deductible waived	Paid at the designated level
Pharmacy		
	In Network Preferred	In Network
<b>Pharmacy deductible</b>	Integrated with Medical Deductible	
<b>Preferred generic drugs</b>	Low Cost Generic: \$5 copay; deductible waived	Low Cost Generic: \$20 copay; deductible waived
	Generic: \$15 copay; deductible waived	Generic: \$20 copay; deductible waived
<b>Preferred brand drugs</b>	\$45 copay after deductible	\$55 copay after deductible
<b>Nonpreferred drugs</b>	Generic & Brand: \$80 copay after deductible	Generic & Brand: \$90 copay after deductible
<b>Specialty drugs</b>	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible

# New for 2016



Geography

Network

Deductible and  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

## Snapshot of 2016 benefit design changes in Kansas and Missouri

- Simplified plan design
- Bronze copay plan: copays for PCP visit and urgent care visit; copays removed from all benefits including Rx, except for primary care visits and urgent care
- Coventry Gold and Silver plans: copays for specialist and ER simplified (add details in the talking points)
- Office visit copays will include in-office services like lab/radiology
- Out-of-network (OON) benefits include OON deductible and 50% coinsurance
- Advanced imaging in ER included in copay
- Ultrasound for maternity care no longer separate cost share

# New for 2016



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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## Coventry in-network plan changes (non-KCPPOs)

<p><b>Bronze copay plan</b></p> <ul style="list-style-type: none"> <li>Pharmacy: all tiers 100% after deductible</li> </ul>	<p><b>Silver integrated plan</b></p> <ul style="list-style-type: none"> <li>Maximum out-of-pocket now \$6,850</li> <li>Deductible increased to \$2,900 in Missouri</li> <li>RX Tier 1A \$5</li> <li>Pharmacy tier 2 ded+\$45 preferred; ded+\$55 non-preferred</li> <li>Pharmacy tier 3 deductible + \$80 preferred; deductible + \$90 non-preferred</li> </ul>	<p><b>Silver Copay plan</b></p> <ul style="list-style-type: none"> <li>Maximum out-of-pocket now \$6,250</li> <li>Deductible now \$3,500 in Kansas</li> <li>Pharmacy tier 2 ded+\$40 preferred; ded+\$50 non-preferred</li> <li>Pharmacy tier 3 deductible + \$80 preferred; deductible + \$90 non-preferred</li> </ul>	<p><b>Gold copay plan</b></p> <ul style="list-style-type: none"> <li>Lower Specialist copay; now \$40</li> <li>Maximum out-of-pocket lowered to \$5000</li> <li>Pharmacy tier 4 increase to 40%</li> </ul>
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