

aetna®



Geography

Geography

Network

Deductible and coinsurance

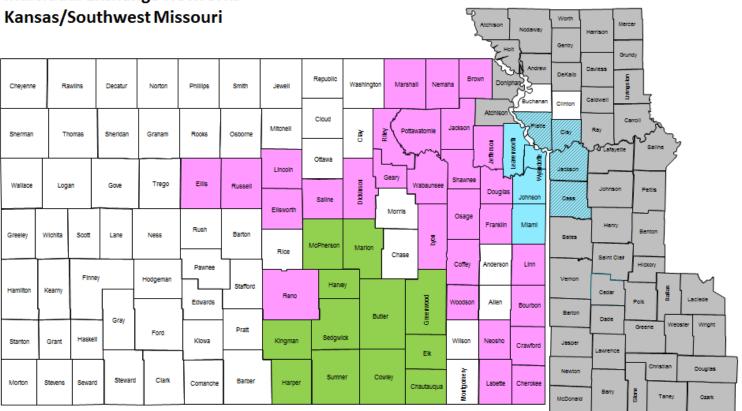
Member benefits

Pediatric vision

Pediatric dental

Pharmacy

Individual Exchange Networks

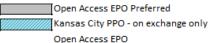




PPO in all Kansas Counties Wichita Preferred Exchange HMO Open Access Preferred Exchange HMO Kansas City PPO - on exchange only Open Access Preferred Exchange HMO

Southwest Missouri

PPO in all Missouri counties (excluding Buchanan and Clinton)





Geography	Network	Deductible and coinsurance	- 0.	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
Υ	Υ	1 Tier + OON	PPO	No/No	Broad	Statewide



Geography	Network	Deductible and coinsurance	- 0.	Pediatric Dental	Vision	Pharmacy
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On	Off	Product structure	Product	PCP / referral	Network used	Service area
Υ	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



Geography	Network	Deductible and coinsurance	- 0.	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
Υ	N	2 Tier + OON	PPO	No/No	Multi-tier network	Johnson, Leavenworth, Miami, Wyandotte



Geography	Network	Deductible and coinsurance	- 0.		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	Υ	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



Geography	Network	Deductible and coinsurance	- 0.	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
Υ	Υ	1 Tier No OON	HNOnly: OA HMO	No/No	Joplin Mercy Preferred	Bourbon, Crawford, Cherokee



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	Υ	1 Tier No OON	НМО	Yes / Yes	Wichita Preferred	Butler, Chautauqua, Cowley, Elk, Greenwood, Harper, Harvey, Kingman, Marion, McPherson, Sedgwick, Sumner



Geography	Network	Deductible and coinsurance	- 0.	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
Υ	N	1 Tier No OON	HNOnly: OA HMO	No/No	Broad HMO	Johnson, Leavenworth, Miami, Wyandotte

			A MASS						
Geography	Network		ctible and Isurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy	
			KS Coventry Bronze \$15 Copay Preferred PD KS Coventry Bronze \$15 Copay Joplin Preferred PD KS Coventry Bronze \$15 Copay Wichita Preferred PD				KS Coventry Bronze \$15 Copay PD KS Coventry Bronze \$15 Copay KCPPO		
			In network you pay				etwork you pay		
Deductible individual/ family¹ (applies to out-of-pocket maximum)			\$6,850/\$13,700			\$6,850/\$13,700			
Member coinsurance			0%			0%			
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)			\$6,850/\$13,700			\$6,850/\$13,700			

COVENTRY® Health Care

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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.

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Geography	Network		ctible and Isurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy
			Preferred PD KS Coventry Joplin Prefer	Bronze Ded Only HSA red PD Bronze Ded Only HSA	Eligible	Eligil KS Co	oventry Bronze Deduct ole PD oventry Bronze Deduct ole KCPPO	
			In network you pay			In network you pay		
Deductible individual/ family¹ (applies to out-of-pocket maximum)			\$6,450/\$12,900			\$6,450/\$12,900		
Member coinsurance			0%			0%		
	u m individual/family¹ pay for all covered se		\$6,450/\$12,9	900		\$6,4!	50/\$12,900	

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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.

Geography	Network	Deductible and coinsurance		Member benefits	Pediatric vision	Pediatric dental		Pharmacy
			KS Coventry Silver \$10 Copay OAHMO KS Coventry Silver \$10 Copay Preferred PD KS Coventry Silver \$10 Copay Joplin Preferred PD KS Coventry Silver \$10 Copay Wichita Preferred PD					Copay PD
			In network you pay			In network you pay		
Deductible individual/ family¹ (applies to out-of-pocket maximum)		\$3,500/\$7,000			\$3,500/\$7,000			
Member coinsurance			30%			30%		
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)			\$6,250/\$12,500			\$6,250/\$12,500		

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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.

Geography	Network	Deductible and coinsurance		Member benefits	Pediatric vision	Pediatric dental	Pharmacy	
		PD KS Cove Preferre	entry Silver \$10 Copa	y 2750 Joplin	KS Coventry Silver \$10 Copay 2750 PD			
			In network you pay			In network you pay		
Deductible individual/ family¹ (applies to out-of-pocket maximum)			\$2,750/\$5,500			\$2,750/\$5,500		
Member coinsurance			40%			40%		
Out-of-pocket maximum individual/family ¹ (maximum you will pay for all covered services)			\$6,850/\$13,700			\$6,850/\$13,700		

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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.

						CONTRACTOR OF THE PROPERTY OF			
Geography	Network	Deductib coinsur		Member benefits	Pediatric vision		Pediatric dental	Pharmacy	
			KS Cove	entry Silver HSA Joplin entry Silver HSA Prefe entry Silver HSA Wich	rred PD	KS	Coventry Silver HSA Coventry Silver HSA		
			In network you pay			In ı	In network you pay		
Deductible individu family¹ (applies to out-of-pocket maxi	•		\$3,000	/\$6,000		\$3	,000/\$6,000		
Member coinsurance			10%			10%			
=	mum individual/fam	-	\$5,800	/\$11,600		\$5	,800/\$11,600		

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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.

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 Cove PD	entry Gold \$10 Copay	Joplin Preferred	KS Coventry Gold \$10 Copay PD			
			KS Coventry Gold \$10 Copay Wichita Preferred PD						
Deductible individual/ family¹ (applies to out-of-pocket maximum)		\$1,400/\$2,800			\$1,400/\$2,800				
Member coinsurance			20%			20%			
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)			\$5,000/\$10,000			\$5,000/\$10,000			

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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.

Specialist office visit

Outpatient surgery

(Ambulatory Surgical Center/Hospital)

Emergency room (copay waived if admitted)

Hospital stay

Urgent care

IVIOIIIK						Health An Aetn	Care na Company
Geography	Network	Deductible a coinsurance		Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			KS Cov Prefer	ventry Bronze \$15 Cop ventry Bronze \$15 Cop red PD ventry Bronze \$15 Cop red PD	ay Joplin	Coventry Bronze \$15 Co	. ,

CCOVENTRY°

Covered in full after ded

\$100 copay; ded waived

KS Coventry Bronze \$15 Copay Joplin Preferred PD KS Coventry Bronze \$15 Copay Wichita Preferred PD	KS Coventry Bronze \$15 Copay PD KS Coventry Bronze \$15 Copay KCPPO

	KS Coventry Bronze \$15 Copay Wichita Preferred PD	KS Coventry Bronze \$15 Copay KCPPO
Primary care office visit	\$15 copay: ded waived	\$15 copay: ded waived

Covered in full after ded

\$100 copay; ded waived

	KS Coventry Bronze \$15 Copay Wichita Preferred PD	
Primary care office visit	\$15 copay; ded waived	\$15 copay; ded waived

Emergency room (copay waived if admitted)

Urgent care

Geography	Network	Deductible and coinsurance		Member benefits	Pediatric vision		Pediatric dental	Pharmacy	
				KS Coventry Bronze Ded Only HSA Eligible Preferred PD KS Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD KS Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD			KS Coventry Bronze Deductible Only HSA Eligible PD KS Coventry Bronze Deductible Only HSA Eligible KCPPO		
Primary care office	visit		Cover	ed in full after ded		Cov	ered in full after ded		
Specialist office visit			Covered in full after ded			Covered in full after ded			
Hospital stay			Covered in full after ded			Covered in full after ded			
Outpatient surgery (Ambulatory Surgi	cal Center/Hospital))	Cover	ed in full after ded		Cov	ered in full after ded		

Covered in full after ded

Covered in full after ded

COVENTRY°

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Covered in full after ded

Covered in full after ded

Specialist office visit

Outpatient surgery

(Ambulatory Surgical Center/Hospital)

Emergency room (copay waived if admitted)

Hospital stay

						26 A.B.		
Geography	Network	Deductible and coinsurance		Member benefits	Pediatric vision		Pediatric dental	Pharmacy
			KS Covent KS Covent PD	ry Silver \$10 Copay C ry Silver \$10 Copay P ry Silver \$10 Copay J ry Silver \$10 Copay V	Preferred PD oplin Preferred	KS Coventry Silver \$10 Copay PD		
Primary care office visit			\$10 copay; ded waived			\$10 copay; ded waived		

\$500 copay per admission after ded; then 30%

\$75 copay; ded waived

\$500 copay after ded

\$250 copay after ded; then 30%

COVENTRY®

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\$75 copay; ded waived

\$500 copay after ded

\$250 copay after ded; then 30%

\$500 copay per admission after ded; then 30%

Urgent care \$75 copay; ded waived \$75 copay; ded waived

Specialist office visit

Outpatient surgery

(Ambulatory Surgical Center/Hospital)

Emergency room (copay waived if admitted)

Hospital stay

Geography	Network		tible and urance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy	
			KS Covent	ry Silver HSA Joplin F ry Silver HSA Preferr ry Silver HSA Wichita	ed PD	KSKS Coventry Silver HSA PPO PD KS Coventry Silver HSA KCPPO		
Primary care office	vicit		100/ aftau	ماء ما		100/ often ded		

COVENTRY°

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10% after ded

10% after ded

10% after ded

10% after ded

Primary care office visit 10% after ded 10% after ded

Urgent care 10% after ded 10% after ded All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

10% after ded

10% after ded

10% after ded

10% after ded

Hospital stay

Outpatient surgery

				1 年 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Geography	Network	uctible and insurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy		
		KS Coventry S	Silver \$10 Copay 2756 Silver \$10 Copay 2756 Silver \$10 Copay 2756	0 Joplin Preferred	KS Coventry Silver \$	10 Copay 2750 PD		
Drimary care office	wieit	440			4.0			

Primary care office visit \$10 copay; ded waived \$10 copay; ded waived

Specialist office visit \$75 copay; ded waived \$75 copay; ded waived

40% after ded 40% after ded (Ambulatory Surgical Center/Hospital) Emergency room (copay waived if admitted) \$500 copay after ded **Urgent care** \$75 copay; ded waived

40% after ded

40% after ded

COVENTRY° Health Care

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Mambar banafita

Primary care office visit

Specialist office visit

Outpatient surgery

(Ambulatory Surgical Center/Hospital)

Emergency room (copay waived if admitted)

Hospital stay

Urgent care

wiember benefits					Health Care An Aetna Company				
Geography	Network		uctible and nsurance	Pediatric vision		Pediatric dental	Pharmacy		
			KS Coventry KS Coventry	Gold \$10 Copay OAF Gold \$10 Copay Pref Gold \$10 Copay Jopl Gold \$10 Copay Wic	erred PD in Preferred PD	KS (Coventry Gold \$10 Co	opay PD	

KS Coventry Gold \$10 Copay Joplin Preferred PD KS Coventry Gold \$10 Copay Wichita Preferred PD	ks covenity dold \$10 copay i b
In network you pay	In network you pay

\$10 copay; ded waived

\$40 copay; ded waived

20% after ded

20% after ded

\$250 copay after ded

\$75 copay; ded waived

\$10 copay; ded waived

\$40 copay; ded waived

20% after ded

20% after ded

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

\$250 copay after ded

\$75 copay; ded waived

Diagnostic lab

Diagnostic X-ray

Imaging (CT/PET scans, MRIs)

A STATE OF THE PARTY OF THE PAR				A ALCOHOL	W-W		
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy	
			S Coventry Bronze \$15 S Coventry Bronze \$15 referred PD S Coventry Bronze \$15 referred PD	Copay Joplin	KS Coventry Bronze \$15 Copay PD KS Coventry Bronze \$15 Copay KCPPO		
		In	network you pay		In network you pay		
Preventive care/screening/immunization (age and frequency limits apply)			overed in full; ded wai	ved	Covered in full; ded waived		
Annual routine GYN (annual pap/mamr		Co	overed in full; ded wai	ved	Covered in full; ded v	waived	

Covered in full after ded

Covered in full after ded

Covered in full after ded

An Aetna Company

Covered in full after ded

Covered in full after ded

Covered in full after ded

Imaging (CT/PET scans, MRIs)

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy	
]]]	KS Coventry Bronze Dec Preferred PD KS Coventry Bronze Dec Joplin Preferred PD KS Coventry Bronze Dec Wichita Preferred PD	d Only HSA Eligible	KS Coventry Bronze Deductible Only HSA Eligible PD KS Coventry Bronze Deductible Only HSA Eligible KCPPO		
			n network you pay		In network you pay		
Preventive care/screening/immunization (age and frequency limits apply)			Covered in full; ded wai	ved	Covered in full; ded waived		
Annual routine GYN exam (annual pap/mammogram)			Covered in full; ded wai	ved	Covered in full; ded waived		
Diagnostic lab			Covered in full after ded		Covered in full after ded		
Diagnostic X-ray			Covered in full after ded		Covered in full after ded		

Covered in full after ded

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Covered in full after ded

					ATRICA	Y - W		
Geography	Network	Deductible an	-	Member penefits	Pediatric vision	Pediatric dental	Pharmacy	
			KS Coventry Silver \$10 Copay OAHMO					
			KS Coven	try Silver \$10 (Copay Preferred PD			
			KS Covent Preferred	try Silver \$10 (PD	Copay Joplin	KS Coventry Silver \$10 Copay PD		
			KS Coventry Silver \$10 Copay Wichita Preferred PD					
			In network you pay			In network you pay		
Preventive care/screening/immunization (age and frequency limits apply)			Covered in full; ded waived			Covered in full; ded waived		
Annual routine GYN (annual pap/mami			Covered in full; ded waived			Covered in full; ded waived		
Diagnostic lab			30% after ded			30% after ded		
Diagnostic X-ray			30% after ded			30% after ded		
Imaging (CT/PET scans, MRIs)			\$250 copay after ded; then 30%			\$250 copay after ded; then 30%		

				T-44				
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy		
		KS Coventry Silve	r \$10 Copay 2750 Pro r \$10 Copay 2750 Jop r \$10 Copay 2750 Wi					
		In network you pa	ay	In network you pay				
Preventive care/scr (age and frequence	eening/immunizatior by limits apply)	Covered in full; de	ed waived	Covered in full; ded waived				
Annual routine GYN (annual pap/mami		Covered in full; de	ed waived	Covered in full; ded waived				
Diagnostic lab		40% after ded	40% after ded			40% after ded		
Diagnostic X-ray		40% after ded	40% after ded					
Imaging (CT/PET s	scans, MRIs)	40% after ded		40% after ded				

				201		1	C-W.	
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy	
		KS Coventry Silve	er HSA Joplin Preferre er HSA Preferred PD er HSA Wichita Prefer			ntry Silver HSA PPO F ntry Silver HSA KCPP		
		In network you pa	у		In network you pay			
Preventive care/scr (age and frequence	eening/immunization by limits apply)	Covered in full; de	ed waived		Covered in full; ded waived			
Annual routine GYI (annual pap/mami		Covered in full; de	ed waived		Covered in full; ded waived			
Diagnostic lab		10% after ded	10% after ded			10% after ded		
Diagnostic X-ray		10% after ded			10% after ded			
Imaging (CT/PET s	scans, MRIs)	10% after ded			10% after ded			

Imaging (CT/PET scans, MRIs)

Geography	Network		oinsurance	benefits	vision	dental	Pharmacy
			KS Coventry (Gold \$10 Copay OAHI Gold \$10 Copay Prefe Gold \$10 Copay Joplir Gold \$10 Copay Wich	KS Coventry Gold \$10 Copay PD		
			In network yo	ou pay	In network you pay		
	e/screening/immunization uency limits apply) Covered in full; ded waived Covered in full; ded waived			vaived			
Annual routine GYN (annual pap/mamr			Covered in full; ded waived Covered in full; ded waived				vaived
Diagnostic lab			20% after dec	1		20% after ded	
Diagnostic X-ray			20% after dec	j		20% after ded	

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20% after ded

20% after ded

Pedia	tric visio	n				Health	ENTRY® Care a Company	
Geography	Network	Deductible coinsuran				Pediatric dental	Pharmacy	
			KS Coventry Bronze Ded Only HSA Eligible Preferred PD KS Coventry Bronze Ded Only HSA Eligible Joplin Preferred PD KS Coventry Bronze Ded Only HSA Eligible Wichita Preferred PD			KS Coventry Bronze Deductible Only HSA Eligible PD KS Coventry Bronze Deductible Only HSA Eligible KCPPO		
			In network you pay			In network you pay		
Pediatric eye exam (1 visit per year) ²			Covered in full; ded waived			Covered in full; ded waived		
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) ³			Covered in full after ded			Covered in full after ded		

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Geography	Network	Deductible coinsuran	-	Member benefits	Pediatric vision	Pediatric dental	Pharmacy	
			KS Co	oventry Bronze \$15 C oventry Bronze \$15 C erred PD oventry Bronze \$15 C erred PD	opay Joplin	KS Coventry Bronze \$15 Copay PD KS Coventry Bronze \$15 Copay KCPPO		
				twork you pay		In network you pay		
Pediatric eye exam (1 visit per year) ²				red in full; ded waive	d	Covered in full; ded waived		
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) ³			Cove	red in full; ded waive	d	Covered in full; ded	waived	

		The	E THE							
Geography	Network	Deductib coinsur		Member benefits	Pediatr visior	_	Pediatric dental	Pharmacy		
			KS Coventry Silver \$10 Copay OAHMO KS Coventry Silver \$10 Copay Preferred PD KS Coventry Silver \$10 Copay Joplin Preferred PD KS Coventry Silver \$10 Copay Wichita Preferred PD							
			In network you pay			In network you pay				
Pediatric eye exam (1 visit per year) ²			Covered in full; ded waived			Covered in full; ded waived				
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) ³			Covered in full; ded waived			Covered in full; ded waived				

		100								
Geography	Network	Deductib coinsur		Member benefits	Pediatr vision	_	Pediatric dental	Pharmacy		
			KS Cove Preferre	AS Coventry Silver \$10 Copay 2750 Preferred PD AS Coventry Silver \$10 Copay 2750 Joplin Preferred PD AS Coventry Silver \$10 Copay 2750 Preferred PD AS Coventry Silver \$10 Copay 2750 Proferred PD AS Coventry Silver \$10 Copay 2750 Proferred PD						
			In network you pay				In network you pay			
Pediatric eye exam (1 visit per year) ²			Covered in full; ded waived			Covered in full; ded waived				
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) ³			Covered in full; ded waived			Covered in full; ded waived				

		100						T-MA	
Geography	Network	Deductib coinsur				_	Pediatric dental	Pharmacy	
			PD KS Cove	ntry Silver HSA Jopli ntry Silver HSA Prefe	erred PD		ventry Silver HSA PPO ventry Silver HSA KCI		
			In network you pay				In network you pay		
Pediatric eye exam (1 visit per year) ²			Covered in full; ded waived			Covered in full; ded waived			
	ontacts (Coverage is d 1 set of contact le er calendar year) ³		Covered	l in full after ded		Covere	ed in full after ded		

					12712		100	7-42	
Geography	Network	Deducti coinsu		Member benefits	Pediatr vision		Pediatric dental	Pharmacy	
			KS Coven KS Coven Preferred	ntry Gold \$10 Copay \	Preferred PD Joplin	KS Coventry Gold \$10 Copay PD			
			In network you pay			In network you pay			
Pediatric eye exam (1 visit per year) ²			Covered in full; ded waived			Covered in full; ded waived			
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year) ³				in full; ded waived		Cover	ed in full; ded waived		

Pediatric dental

Geography	Network	Deductible ar coinsurance			Pediatric vision	Pediatric dental	Pharmacy	
			KS C	Coventry Bronze \$15	Copay Preferred PD			
				Coventry Bronze \$15 ferred PD	Copay Joplin	KS Coventry Bronze \$15 Copay PD		
				Coventry Bronze \$15 ferred PD	Copay Wichita			
				etwork you pay		In network you pay		
Dental check-up/preventive dental care (1 visit every 6 months) ²			Covered in full; ded waived			Covered in full; ded waived		
Basic dental care			Covered in full after ded			Covered in full after ded		
Major dental care			Covered in full after ded			Covered in full after ded		
Orthodontia (medically necessary only)			Covered in full after ded			Covered in full after ded		

COVENTRY[®] Health Care **An Aetna Company**

Pediatric dental

				ATTAKA			W ₂	
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy	
		KS Coventry Bronze [Ded Only HSA Eligible	e Preferred PD				
		KS Coventry Bronze I Preferred PD	Ded Only HSA Eligible	KS Coventry Bronze Deductible Only HSA Eligible PD				
		KS Coventry Bronze I Preferred PD	Ded Only HSA Eligible	e Wichita				
		In network you pay		In network you pay				
Dental check-up/preventive dental care (1 visit every 6 months) ²		Covered in full after ded				Covered in full after ded		
Basic dental care		Covered in full after dec	t	Covered in full after ded				
Major dental care		Covered in full after ded			Covered in full after ded			
Orthodontia (medically necess	ary only)	Covered in full after ded				Covered in full after ded		

Pediatric dental

				14.77	AVAILAS B				
Geography	Network	Deductible and Member Pedia coinsurance benefits visi			Pediatric dental	Pharmacy			
		KS Coventry Silver	\$10 Copay Preferred \$10 Copay Joplin Pre \$10 Copay Wichita P	eferred PD	KS Coventry Silver \$10 Copay PD				
		In network you pay	,		In network you pay				
Dental check-up/preventive dental care (1 visit every 6 months) ²		Covered in full; dec	d 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 necess	ary only)	50% after ded			50% after ded				

Pediatric dental

				ASTA				
Geography	Network	Deductible and coinsurance	Member benefits	Pedia visi		Pediatric dental	Pharmacy	
		KS Coventry Silver	\$10 Copay 2750 Pref	erred PD				
		KS Coventry Silver Preferred PD	\$10 Copay 2750 Jopl	in	KS Coventry Silver \$10 Copay 2750 PD			
		KS Coventry Silver Preferred PD	\$10 Copay 2750 Wic	hita				
		In network you pay	/	In netwo	In network you pay			
Dental check-up/preventive dental care (1 visit every 6 months) ²		Covered in full; ded waived			Covered in full; ded waived			
Basic dental care	care 30% after ded			30% after ded				
Major dental care		50% after ded			50% after ded			
Orthodontia (medically necess	ary only)	50% after ded			50% after ded			

Pediatric dental

	The second secon							
Geography	Network	Deductible and coinsurance	Member benefits	Pedia visi		Pediatric dental	Pharmacy	
		KS Coventry Silver	HSA Joplin Preferred HSA Preferred PD HSA Wichita Preferre		KS Coventry Silver HSA PPO PD			
		In network you pay	,		In network you pay			
Dental check-up/preventive dental care (1 visit every 6 months) ²		Covered in full after ded			Covered in full after ded			
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			

Pediatric dental

				ATT	100	3		
Geography	Network	Deductible and coinsurance	Pedia visio		Pediatric dental	Pharmacy		
		KS Coventry Gold \$10 KS Coventry Gold \$10 KS Coventry Gold \$10	Copay Joplin Preferr		KS Coventry Gold \$10 Copay PD			
		In network you pay		In network you pay				
Dental check-up/preventive dental care (1 visit every 6 months) ²		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				

						An Aecha Company		
Geography	Network		ctible and nsurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy
			KS Coventry Preferred PD	Bronze \$15 Copay W	pplin	KS Co	oventry Bronze \$15 C	opay PD
			In network y	ou pay		In net	twork you pay	
Pharmacy deductib	le		Integrated wi	th medical ded		Integr	rated with medical ded	
Preferred generic d	rugs		Generic: Cove	ered in full after ded		Gener	ric: Covered in full after	ded
Preferred brand dru	ıgs		Covered in fu	ll after ded		Cover	ed in full after ded	
Non-preferred drug	gs		Generic & Bra after ded	and: Covered in full		Gener after	ric & Brand: Covered in ded	full
Specialty drugs			P: Covered in	full after ded			vered in full after ded	

COVENTRY®

NP: 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.

Pharn	nacy		COVENTRY° Health Care An Aetna Company					
Geography	Network		uctible and nsurance				Pediatric dental	Pharmacy
			Preferred PD KS Coventry	Bronze Ded Only HS	_	KS Coventry Bronze Deductible Only HSA Eligible PD		
			Joplin Preferred PD KS Coventry Bronze Ded Unly HSA Eligible Wichita Preferred PD KS Coventry Bronze Deductible Eligible KCPPO					ctible Only HSA
			In network you pay				twork you pay	
Pharmacy deductib	le		Integrated wit	th medical ded		Integ	rated with medical ded	
Preferred generic d	rugs		Generic: Covered in full after ded			Generic: Covered in full after ded		ded
Preferred brand drugs			Covered in full after ded			Covered in full after ded		
Non-preferred drugs			Generic & Brand: Covered in full after ded			Generic & Brand: Covered in full after ded		
Specialty drugs			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.

						A	n Aetna	Company
Geography	Network	Deductible and coinsurance	Member benefits		diatric ision	Pediatri dental	С	Pharmacy
		KS Coventry Silver \$10 Co KS Coventry Silver \$10 Co	KS Coventry Silver \$10 Copay OAHMO KS Coventry Silver \$10 Copay Preferred PD KS Coventry Silver \$10 Copay Joplin Preferred PD KS Coventry Silver \$10 Copay Wichita Preferred PD					
		In network preferred you pay	In network you pa	ay	In network pay	preferred you	In net	work you pay
Pharmacy deductib	le	\$500 per member	\$500 per member		\$500 per me	mber	\$500 p	er member
Preferred generic d	rugs	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: copay; ded waived Generic: \$20 copay waived		copay; ded waived copay; ded Generic: \$15 copay; ded Gener		copay;	ost Generic: \$20 ded waived c: \$20 copay; ded
Preferred brand dru	ıgs	\$40 copay after ded	\$50 copay after de	d	\$40 copay af	ter ded	\$50 co	pay after ded
Non-preferred drug	es .	Generic & Brand: \$80 copay after ded	Generic & Brand: \$	590	Generic & Br after ded	and: \$80 copay	Generi after d	c & Brand: \$90 copay ed
Specialty drugs		P: 40% after ded	P: 40% after ded		P: 40% after			after ded % after ded

NP: 50% after ded

NP: 50% after ded

CCOVENTRY®

NP: 50% after ded

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

NP: 50% after ded

 $[\]label{eq:preferred} \textit{P=Preferred specialty drugs; NP=non-preferred specialty drugs.}$

Pharm	nacy					HARRY H	lealth C	ENTRY° are Company
Geography	Network	Deductible and coinsurance				Pediatri dental	С	Pharmacy
		KS Coventry Silver \$10 Cop KS Coventry Silver \$10 Cop PD KS Coventry Silver \$10 Cop PD	oay 2750 Joplin Pre	ferred	KS Coven	try Silver \$10 (Copay 2	750 PD
		In network preferred you pay	In network you pa	у	In networ you pay	k preferred	In net	work you pay
Pharmacy deductibl	e	Integrated with medical ded	Integrated with med	dical ded	Integrated ded	with medical	Integra	ted with medical ded
Preferred generic dr	ugs	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$ ded waived Generic: \$20 copay; waived		copay; ded	Generic: \$5 d waived 15 copay; ded	copay;	st Generic: \$20 ded waived c: \$20 copay; ded
Preferred brand dru	gs	\$45 copay after ded	\$55 copay after ded	I	\$45 copay	after ded	\$55 co	pay after ded
Non-preferred drug	S	Generic & Brand: \$80 copay after ded	Generic & Brand: \$9 after ded	0 copay	Generic & copay afte	Brand: \$80 r ded	Generi after d	c & Brand: \$90 copay ed
Specialty drugs		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded		P: 40% afte			after ded % 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.

Geography	Net	work	Deductible and coinsurance	Member benefits	I	Pediatric vision	Pediatric dental	Pharmacy	
		KS Coven	try Silver HSA Joplin P try Silver HSA Preferro try Silver HSA Wichita	ed PD	KS Coventry Silver HSA PPO PD KS Coventry Silver HSA KCPPO				
		In networ	k preferred you pay	In network you pay		In network preferred you pay		In network you pay	
Pharmacy deductib	le	Integrated	with medical ded	Integrated with medi ded	ical	Integrated with medical ded		Integrated with medica	al
Preferred generic d	rugs	ded	Generic: \$3 copay after	Low Cost Generic: \$1 copay after ded Generic: \$15 copay a ded		Low Cost Gene ded Generic: \$10 co	eric: \$3 copay after opay after ded	Low Cost Generic: \$15 copay after ded Generic: \$15 copay afte ded	
Preferred brand dru	ıgs	\$40 copay	after ded	\$50 copay after ded		\$40 copay afte	r ded	\$50 copay after ded	
Non-preferred drug	gs	Generic & ded	Brand: \$80 copay after	Generic & Brand: \$90 copay after ded)	Generic & Brar after ded	nd: \$80 copay	Generic & Brand: \$90 copay after ded	
Specialty drugs		P: 40% afto NP: 50% af		P: 40% after ded NP: 50% after ded		P: 40% after de NP: 50% after d		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.

						PATRICE.			W-xe,		
Geography	Network		ictible and nsurance	Mem bene		Pediatri vision	С	Pediatric dental	Pharmacy		
			KS Coventry	Gold \$10 (Copay OAI	ОМН					
			KS Coventry	Gold \$10 (Copay Pref	ferred PD					
			KS Coventry PD	Gold \$10 (Copay Jopl	lin Preferred	KS Co	KS Coventry Gold \$10 Copay PD			
			KS Coventry PD	Gold \$10 (Copay Wic	hita Preferred					
			In network p you pay	referred	In network you pay		In net you p	work preferred ay	In network you pa	У	
Pharmacy deductib	le		\$250 per mer	nber	\$250 per member		\$250 p	oer member	\$250 per member		
Preferred generic d	rugs		Low Cost Gen copay; ded wa Generic: \$10 waived	aived	copay; de	Generic: \$15 d waived \$15 copay; ded	copay	ost Generic: \$3 ; ded waived ic: \$10 copay; ded d	Low Cost Generic: \$ copay; ded waived Generic: \$15 copay; waived		
Preferred brand dru	ıgs		\$35 copay aft	er ded	\$45 copa	y after ded	\$35 cc	ppay after ded	\$45 copay after ded	1	
Non-preferred drug	;s		Generic & Bra		Generic 8 copay after	k Brand: \$80 er ded		ic & Brand: \$65 after ded	Generic & Brand: \$8 copay after ded	30	
Specialty drugs			P: 40% after o		P: 40% af NP: 50% a			after ded % 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.

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

KS Coventry Silver \$10 Copay KCPPO							
Member benefits	In network	Non-Designated					
Deductible individual/family ¹	\$4,000/\$8,000	\$6,000/\$12,000					
(applies towards out-of-pocket maximum)	\$4,000/\$8,000	\$0,000/\$12,000					
Member coinsurance	20%	40%					
Out-of-pocket maximum individual/family ¹ (maximum you will pay for all covered services)	\$6,000/\$12,000	\$6,850/\$13,700					
Primary care visit	\$10 copay; deductible waived	\$10 copay; deductible waived					
Specialist visit	\$75 copay; deductible waived	\$75 copay; deductible waived					
Hospital stay	\$100 copay per admission after deductible; then 20%	\$500 copay per admission after deductible; then 40%					
Outpatient surgery (Ambulatory Surgical Center/ Hospital)	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%					
Emergency room	\$250 copay after deductible	\$250 copay after deductible					
Urgent care	\$75 copay; deductible waived	Paid at the designated level					
Preventive care/screening/immunization (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived					
Annual routine gyn exam pap/mammogram) (annual	Covered in full; deductible waived	Covered in full; deductible waived					
Diagnostic lab	20% after deductible	40% after deductible					
Diagnostic X-ray	20% after deductible	40% after deductible					
Imaging (CT/PET scans, MRIs)	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%					
	Vision						
Pediatric eye exam (1 visit per year)	Covered in full; deductible waived	Paid at the designated level					
Pediatric glasses/contacts							
(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					
eyegiass ienses per carendar yeary	Pharmacy						
	In Network Preferred	In Network					
Pharmacy deductible	\$500 per	Member					
Preferred generic drugs	Low Cost Generic: \$3 copay; deductible waived	Low Cost Generic: \$15 copay; deductible waived					
Treferred generic drugs	Generic: \$10 copay; deductible waived	Generic: \$15 copay; deductible waived					
Preferred brand drugs	\$35 copay after deductible	\$45 copay after deductible					
Nonpreferred drugs	Generic & Brand: \$80 copay after deductible	Generic & Brand: \$90 copay after deductible					
Specialty drugs	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible					

кѕ с	oventry Silver \$10 Copay 2750 KCPPO	
Member benefits	In network	Non-Designated
Deductible individual/family ¹	\$2,750/\$5,500	\$5,750/\$11,500
(applies towards out-of-pocket maximum)	\$2,730/\$3,300	75,7507,711,500
Member coinsurance	40%	40%
Out-of-pocket maximum individual/family ¹	\$6,850/\$13,700	\$6,850/\$13,700
(maximum you will pay for all covered services)		· · · ·
Primary care visit	\$10 copay; deductible waived	\$10 copay; deductible waived
Specialist visit	\$70 copay; deductible waived	\$70 copay; deductible waived
Hospital stay	40% after deductible	\$500 copay per admission after deductible; then 40%
Outpatient surgery (Ambulatory Surgical Center/ Hospital)	40% after deductible	\$250 copay after deductible; then 40%
Emergency room	\$250 copay after deductible	\$250 copay after deductible
Urgent care	\$75 copay; deductible waived	Paid at the designated level
Preventive care/screening/immunization (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived
Annual routine gyn exam (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived
Diagnostic lab	40% after deductible	40% after deductible
Diagnostic X-ray	40% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	40% after deductible	\$250 copay after deductible; then 40%
	Vision	
Pediatric eye exam (1 visit per year)	Covered in full; deductible waived	Paid at the designated level
Pediatric glasses/contacts (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
Pharmacy deductible	Integrated with I	Medical Deductible
Dreferred generic drugs	Low Cost Generic: \$5 copay; deductible waived	Low Cost Generic: \$20 copay; deductible waived
Preferred generic drugs	Generic: \$15 copay; deductible waived	Generic: \$20 copay; deductible waived
Preferred brand drugs	\$40 copay after deductible	\$50 copay after deductible
Nonpreferred drugs	Generic & Brand: \$80 copay after deductible	Generic & Brand: \$90 copay after deductible
Specialty drugs	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible 48



Geography	Network	Deductible and coinsurance	- 0.	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



Geography Network Deductible and coinsurance Benefits Pediatric Dental Vision Pharmacy

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Υ	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



Geography	Network	Deductible and coinsurance	- 0.	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
Υ	N	1 Tier + OON	PPO	No/No	PPO	Cass, Clay, Jackson, Platte



Geography	Network	Deductible and coinsurance		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
Υ	Υ	1 Tier + OON	Open	No/No	OE EPO	Andrew, Atchison, Bates, Benton,
			Access			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



Geography	Network	Deductible and coinsurance	- 0.	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
Υ	Υ	1 Tier + OON	Open Access Elect Choice	No/No	OE EPO	Barton, Jasper, McDonald, Newton



Geography	Network	Deductible and coinsurance	- 0.	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
Υ	Υ	1 Tier No OON	Open	No/No	OE EPO	Barry, Cedar, Christian, Dade,
			Access			Dallas, Douglas, Greene,
			Elect			Hickory, Lawrence, Laclede,
			Choice			Polk, Saint Clair, Webster,
						Wright

Deductible coinsurance (West MO)

Geography	Geography Network Deductib						Pediatric dental	Pharmacy
			W-MO C	Coventry Bronze \$25 Co Coventry Bronze \$25 Co Coventry Bronze \$25 Co Coventry Bronze \$25 Jop	opay PD opay KCPPO	Elig W-	MO Coventry Bronze D gible PD MO Coventry Bronze D gible KCPPO	·
			In network you pay			In	network you pay	
Deductible individual/ family¹ (applies to out-of-pocket maximum)			\$6,850/\$13,700			\$6,450/\$12,900		
Member coinsurand	ce		0%			0%	ó	
<u>-</u>	imum individual/fam Il pay for all covered	-	\$6,850	0/\$13,700		\$6	,450/\$12,900	

n Aetna Company

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

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.

Deductible coinsurance (West MO)

					1	F-Sky
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			W-MO Coventry Si OAEPO PD	lver \$10 Copay 2900	W-MO Coventry Silve	er \$10 Copay OAEPO
		W-MO Coventry Silver \$10 Copay 2900 PD		W-MO Coventry Silver \$10 Copay PD		
		W-MO Silver \$10 C	Copay 2900 Joplin	W-MO Coventry Silve Preferred PD	er \$10 Copay Joplin	
		W-MO COVERTY SILVER STO CORSY 2900		W-MO Coventry Silve Springfield Preferred	• •	
			In network you pa	зу	In network you pay	
Deductible individu family¹ (applies to out-of-pocket max	·		\$2,900/\$5,800		\$3,750/\$7,500	

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30%

\$6,250/\$12,500

\$6,850/\$13,700

40%

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

Member coinsurance

Out-of-pocket maximum individual/family¹

(maximum you will pay for all covered services)

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.

Deductible coinsurance (West MO)

					MARK W		C-14
Geography	Network	Deductible and coinsurance	Member benefits		Pediatric vision	Pediatric dental	Pharmacy
				W-N W-N	10 Coventry Gold \$10 10 Coventry Gold \$10 10 Coventry Gold \$10 10 Coventry Gold \$10	0 Copay PD 0 Copay Joplin Prefer	
				In ne	etwork you pay		
Deductible individu family¹ (applies to out-of-pocket max	•			\$1,4	100/\$2,800		
Member coinsuran	ce			20%			
-	imum individual/fam Il pay for all covered	-		\$5,0	000/\$10,000		

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

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.

Member benefits (West MO)

		-					1	C-Sky
Geography	Network		ible and Member Pediatric urance benefits vision			Pediatric dental	Pharmacy	
		W-MO Cov	ventry Bronze \$25 Cop ventry Bronze \$25 Cop ventry Bronze \$25 Cop ventry Bronze \$25 Jopl	ay PD ay KCPPO	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		
Primary care office	visit		\$25 copay; ded waived			Covered in full after ded		
Specialist office visi	t		Covered in	full after ded		Cove	red in full after ded	
Hospital stay			Covered in full after ded		Covered in full after ded			
Outpatient surgery (Ambulatory Surgical Center/Hospital))	Covered in full after ded		Covered in full after ded			
Emergency room (copay waived if admitted)		nitted)	Covered in full after ded		Covered in full after ded			
Urgent care			\$100 copa	y; ded waived		Cove	red in full after ded	

Member benefits (West MO)

Network

(Ambulatory Surgical Center/Hospital)

Urgent care

Emergency room (copay waived if admitted)

Geography

Deductible and

		comsurance	benefits	VISIOII		uentai	
			W-MO Coventry Silver \$10 OAEPO PD	O Copay 2900	W-I	W-MO Coventry Silver \$10 Copay OAEPO F	
			W-MO Coventry Silver \$10	O Copay 2900 PD	W-I	W-MO Coventry Silver \$10 Copay PD	
			W-MO Silver \$10 Copay 2900 Joplin Preferred PD W-MO Coventry Silver \$10 Copay J Preferred PD		0 Copay Joplin		
			W-MO Coventry Silver \$10 Springfield Preferred PD	O Copay 2900	l	MO Coventry Silver \$1 ferred PD	0 Copay Springfield
			In network you pay		In r	network you pay	
Primary care office	visit		\$10 copay; ded waived		\$10	O copay; ded waived	
Specialist office visi	t		\$75 copay; ded waived		\$75	5 copay; ded waived	
Hospital stay			\$500 copay per admission after 30%		on after ded; then		
Outpatient surgery					4		2221

40% after ded

\$500 copay after ded

\$75 copay; ded waived

Member

henefits

Pediatric

An Aetna Company

Pharmacy

Pediatric

\$250 copay after ded; then 30%

\$500 copay after ded

\$75 copay; ded waived

Memb	er bene	fits (Wes	st MO)		Health	ENTRY® Care a Company
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy

W-MO Coventry Gold \$10 Copay Springfield Preferred PD

W-MO Coventry Gold \$10 Copay OAEPO PD W-MO Coventry Gold \$10 Copay PD W-MO Coventry Gold \$10 Copay Joplin Preferred PD

In network you pay

Primary care office visit \$10 copay; ded waived

Specialist office visit \$40 copay; ded waived

20% after ded

Hospital stay

Outpatient surgery 20% after ded (Ambulatory Surgical Center/Hospital)

Emergency room (copay waived if admitted) \$250 copay after ded

Urgent care \$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)

		***					Topic Control
Geography	Network	Deductible coinsura			Pediatric dental	Pharmacy	
			W-MO C	Coventry Bronze \$25 Co Coventry Bronze \$25 Co Coventry Bronze \$25 Co Coventry Bronze \$25 Jo	opay PD opay KCPPO	W-MO Coventry Bronz HAS Eligible PD W-MO Coventry Bronz HSA Eligible KCPPO	·
			In netw	ork you pay		In network you pay	
Preventive care/scr (age and frequenc	reening/immunization by limits apply)	n	Covered	d in full; ded waived		Covered in full; ded v	vaived
Annual routine GYN (annual pap/mami			Covered in full; ded waived			Covered in full; ded waived	
Diagnostic lab			Covered in full after ded			Covered in full after ded	
Diagnostic X-ray			Covered in full after ded		Covered in full after ded		
Imaging (CT/PET s	scans, MRIs)		Covered	d in full after ded		Covered in full after	ded

Diagnostic lab

Diagnostic X-ray

Imaging (CT/PET scans, MRIs)

	OVENTRY° ealth Care n Aetna Company
nber benefits (vvest MO)	

Geography	pnv Network		rk coinsurance benefits vision					
		W-IV	O Coventry Silver \$10 C	Copay 2900 OAEPO PD	W-MO Coventry S OAEPO PD	Silver \$10 Copay		
		W-M	O Coventry Silver \$10 C	Copay 2900 PD	W-MO Coventry S	Silver \$10 Copay PD		
		W-M	O Silver \$10 Copay 290	0 Joplin Preferred PD	W-MO Coventry S Preferred PD	Silver \$10 Copay Joplin		
			O Coventry Silver \$10 C erred PD	opay 2900 Springfield	W-MO Coventry S Springfield Prefer	• •		

	W-MO Coventry Silver \$10 Copay 2900 PD	W-MO Coventry Silver \$10 Copay PD
	W-MO Silver \$10 Copay 2900 Joplin Preferred PD	W-MO Coventry Silver \$10 Copay Joplin Preferred PD
	W-MO Coventry Silver \$10 Copay 2900 Springfield Preferred PD	W-MO Coventry Silver \$10 Copay Springfield Preferred PD
Preventive care/screening/immunization	Covered in full; ded waived	Covered in full; ded waived

	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 Joplin Preferred PD W-MO Coventry Silver \$10 Copay Springfield Preferred PD
Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived
Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived

30% after ded

30% after ded

\$250 copay after ded; then 30%

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 (West MO)

The second secon				79916	3					
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy				
			W-MO Covent W-MO Covent	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						
			In network you	і рау						
Preventive care/screening/immunization (age and frequency limits apply)			Covered in full	Covered in full; ded waived						
Annual routine GYN (annual pap/mamr			Covered in full; ded waived							
Diagnostic lab			20% after ded							
Diagnostic X-ray			20% after ded							

20% after ded

An Aetna Company

Imaging (CT/PET scans, MRIs)

Pediatric vision (West MO)

							100	F-40,
Geography	Network	Deductible coinsuran	-	Member benefits	Pediatr vision	_	Pediatric dental	Pharmacy
			W-M	O Coventry Bronze \$25 PO PD O Coventry Bronze \$25 O Coventry Bronze \$25 O Coventry Bronze \$25 erred PD	5 Copay PD 5 Copay KCPPO	Eligible	O Coventry Bronze Dedu e PD O Coventry Bronze Dedu e KCPPO	·
			In ne	twork you pay		In net	work you pay	
Pediatric eye exam	(1 visit per year) ²		Cove	red in full; ded waive	:d	Cover	ed in full; ded waived	
set of frames and	ontacts (Coverage is 1 set of contact lens per calendar year) ³		Cove	red in full; ded waive	:d	Cover	ed in full after ded	

Pediatric vision (West MO)

					An Aetn	a Company		
Geography	Network	Deductible and coinsurance	Member Pediatric benefits vision		Pediatric dental	Pharmacy		
			W-MO Coventry Silve	r \$10 Copay 2900 OAEF	W-MO Coventry S	Silver \$10 Copay		
			W-MO Coventry Silve	r \$10 Copay 2900 PD	W-MO Coventry	Silver \$10 Copay PD		
			W-MO Silver \$10 Cope PD	ay 2900 Joplin Preferre	d W-MO Coventry S Preferred PD	W-MO Coventry Silver \$10 Copay Joplin Preferred PD		
			W-MO Coventry Silve Springfield Preferred			W-MO Coventry Silver \$10 Copay Springfield Preferred PD		
			In network you pay		In network you p	In network you pay		
Pediatric eye exam	(1 visit per year) ²		Covered in full; ded v	waived	Covered in full; o	ded waived		
	ontacts (Coverage is of contact lenses or 3		Covered in full; ded v	waived	Covered in full; o	ded waived		

Pediatric vision (West MO)

CCOVENTRY°
Health Care
An Aetna Company

				ATTACAS	9	The state of the s			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy			
			W-MO Covent W-MO Covent	ry Gold \$10 Copay O ry Gold \$10 Copay Pl ry Gold \$10 Copay Jo ry Gold \$10 Copay Sp) plin Preferred PD	D			
			In network you	л ра у					
Pediatric eye exam	(1 visit per year)²		Covered in full	Covered in full; ded waived					
	ontacts (Coverage is of contact lenses or	s limited to 1 set of eyeglass lenses pe	r Covered in full	; ded waived					

Pediatric dental (West MO)

	CCOVENTRY®
A	Health Care An Aetna Company
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Geography	Network	ctible and Member Pediatric surance benefits vision				Pediatric dental	Pharmacy	
		W-MO Cove	entry Bronze \$25 Copa entry Bronze \$25 Copa entry Bronze \$25 Joplii	y PD		O Coventry Bronze De ble PD	ductible Only HSA	
		In network	you pay		In ne	etwork you pay		
Dental check-up/pr dental care (1 visit every 6 mc		Covered in	full; ded waived		Cove	red in full after ded		
Basic dental care		Covered in	full after ded		Cove	red in full after ded		
Major dental care		Covered in	full after ded		Cove	red in full after ded		
Orthodontia (medically necess	ary only)	Covered in	full after ded		Cove	red in full after ded		

Pediatric dental (West MO)

					PATRICE VI		1	T-M2
Geography	Network	Deductible and coinsurance				ediatric dental	Pharmacy	
				W-MO Coven	try Silver \$10 Copay 29	900	W-MO Cover OAEPO PD	try Silver \$10 Copay
				W-MO Coven	try Silver \$10 Copay 29	900 PD	W-MO Cover PD	ntry Silver \$10 Copay
				W-MO Silver Preferred PD	\$10 Copay 2900 Joplin		W-MO Cover Joplin Prefer	ntry Silver \$10 Copay red PD
				W-MO Coventry Silver \$10 Copay 2900 Springfield Preferred PD			W-MO Coventry Silver \$10 Copay Springfield Preferred PD	
				In network y	ou pay		In network y	ou pay
Dental check-up/pr dental care (2 visits per year) ²				Covered in ful	ll; ded waived		Covered in fu	ll; ded waived
Basic dental care				30% after ded	l		30% after ded	d
Major dental care				50% after ded			50% after dec	d
Orthodontia (medically necess	ary only)			50% after ded			50% after ded	d

Pediatric dental (West MO)

A STATE OF THE PARTY OF THE PAR	The second second second			ZARAKA	3	16				
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy				
			W-MO Coventry (Gold \$10 Copay OAEF Gold \$10 Copay PD Gold \$10 Copay Jopli Gold \$10 Copay Sprin	n Preferred PD					
			In network you pa	In network you pay						
Dental check-up/pr dental care (2 visits per year) ²			Covered in full; ded waived							
Basic dental care			30% after ded							
Major dental care			50% after ded							
Orthodontia (medically necess	ary only)		50% after ded							

COVENTRY°

Pharmacy (West MO)

							1	7-44
Geography	Network		uctible and Member nsurance benefits		Pediatri vision	С	Pediatric dental	Pharmacy
			W-MO Cover	ntry Bronze \$25 Copay ntry Bronze \$25 Copay ntry Bronze \$25 Copay ntry Bronze \$25 Joplin F	PD KCPPO	Eligib	D Coventry Bronze Ded le PD D Coventry Bronze Ded le KCPPO	·
			In network you pay			In network you pay		
Pharmacy deductib	le		Integrated w	vith medical ded		Integ	rated with medical de	ed
Preferred generic drugs			Generic: Covered in full after ded			Generic: Covered in full after ded		
Preferred brand drugs			Covered in full after ded			Covered in full after ded		
Non-preferred drug	s		Generic & Bra	and: Covered in full		Gener after	ric & Brand: Covered in ded	full
Specialty drugs				full after ded in full after ded			vered in full after ded overed in full after ded	

COVENTRY®

Pharmacy (West MO)

				A	ALCONOMICS OF THE PARTY OF THE		30	The same of the sa
Geography	Network	Deductible and coinsurance	Member benefits		iatric sion	Pediatric dental		Pharmacy
		W-MO Coventry Silver \$	10 Copay 2900 OAE	PO PD	W-MO Cov	ventry Silver \$10) Copay	OAEPO PD
		W-MO Coventry Silver \$	10 Copay 2900 PD		W-MO Cov	ventry Silver \$10) Copay	PD
		W-MO Silver \$10 Copay	2900 Joplin Preferre	ed PD	W-MO Co	ventry Silver \$10) Copay	Joplin Preferred PD
		W-MO Coventry Silver \$ Preferred PD	10 Copay 2900 Sprir	ngfield	W-MO Cov	ventry Silver \$10) Copay	Springfield Preferred
		In network preferred you pay	In network you p	ay	In networ you pay	In network preferred In		twork you pay
Pharmacy deductib	le	Integrated with medical dec	Integrated with me	dical ded	\$500 per n	nember	\$500	per member
Preferred generic d	rugs	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: copay; ded waived Generic: \$20 copa waived		copay; ded waive	Generic: \$5 d 15 copay; ded	copay ded w	raived ric: \$20 copay; ded
Preferred brand drugs		\$45 copay after ded	\$55 copay after de	\$55 copay after ded		after ded	\$50 co	opay after ded
Non-preferred drug	ZS.	Generic & Brand: \$80 copa after ded	y Generic & Brand: S	\$90 copay	Generic & copay afte	Brand: \$80 r ded	Gener after	ric & Brand: \$90 copay ded
Specialty drugs		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded		P: 40% aft NP: 50% a			% after ded 0% after ded

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

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

Pharmacy (West MO)

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Geography	Network	Deductible and coinsurance			Pediatric dental	Pharmacy		
		V	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					
		I	n network preferred yo	ou pay	In network you pay			
Pharmacy deductib	le	\$	250 per member		\$250 per member			
Preferred generic d	rugs	d	ow Cost Generic: \$3 co led waived Generic: \$10 copay; de		Low Cost Generic: \$15 copay; ded waived Generic: \$15 copay; ded waived			
Preferred brand dru	ıgs	\$	35 copay after ded		\$45 copay after ded			
Non-preferred drug	;s	C	Generic & Brand: \$65 c	opay after ded	Generic & Brand: \$80	copay after ded		
Specialty drugs			9: 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.

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W-M0	O Coventry Gold \$5 Copay KCPPO		
Member benefits	In network	Non-Designated	
Deductible individual/family ¹	\$1,350/\$2,700	\$3,500/\$7,000	
(applies towards out-of-pocket maximum)			
Member coinsurance	20%	40%	
Out-of-pocket maximum individual/family ¹ (maximum you will pay for all covered services)	\$5,500/\$11,000	\$6,600/\$13,200	
Primary care visit	\$5 copay; deductible waived	\$5 copay; deductible waived	
Specialist visit	\$50 copay; deductible waived	\$50 copay; deductible waived	
Hospital stay	20% after deductible	\$250 copay per admission after deductible; then 40%	
Outpatient surgery (Ambulatory Surgical Center/ Hospital)	20% after deductible	40% after deductible	
Emergency room	\$250 copay after deductible	\$250 copay after deductible	
Urgent care	\$75 copay; deductible waived	Paid at the designated level	
Preventive care/screening/immunization (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived	
Annual routine gyn exam (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived	
Diagnostic lab	20% after deductible	40% after deductible	
Diagnostic X-ray	20% after deductible	40% after deductible	
Imaging (CT/PET scans, MRIs)	20% after deductible	\$100 copay after deductible; then 40%	
	Vision		
Pediatric eye exam (1 visit per year)	Covered in full; deductible waived	Paid at the designated level	
Pediatric glasses/contacts (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	
Pharmacy deductible	\$0 per Member		
Preferred generic drugs	Low Cost Generic: \$3 copay	Low Cost Generic: \$15 copay	
	Generic: \$10 copay	Generic: \$15 copay	
Preferred brand drugs	\$30 copay	\$40 copay	
Nonpreferred drugs	Generic & Brand: \$65 copay	Generic & Brand: \$80 copay	
Specialty drugs	Preferred Specialty: 40% Non-Preferred Specialty: 50%	Preferred Specialty: 40% Non-Preferred Specialty: 50%	



w	-MO Coventry Silver \$10 Copay KCPPO		
Member benefits	In network	Non-Designated	
Deductible individual/family ¹	\$4,400/\$8,800	\$6,000/\$12,000	
(applies towards out-of-pocket maximum)		\$0,000/\$12,000	
Member coinsurance	20%	40%	
Out-of-pocket maximum individual/family ¹ (maximum you will pay for all covered services)	\$6,000/\$12,000	\$6,850/\$13,700	
Primary care visit	\$10 copay; deductible waived	\$10 copay; deductible waived	
Specialist visit	\$75 copay; deductible waived	\$75 copay; deductible waived	
Hospital stay	\$100 copay per admission after deductible; then 20% \$500 copay per admission after deductible; then 40		
Outpatient surgery (Ambulatory Surgical Center/ Hospital)	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%	
Emergency room	\$250 copay after deductible	\$250 copay after deductible	
Urgent care	\$75 copay; deductible waived	Paid at the designated level	
Preventive care/screening/immunization (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived	
Annual routine gyn exam (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived	
Diagnostic lab	20% after deductible	40% after deductible	
Diagnostic X-ray	20% after deductible	40% after deductible	
Imaging (CT/PET scans, MRIs)	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%	
	Vision		
Pediatric eye exam (1 visit per year)	Covered in full; deductible waived	Paid at the designated level	
Pediatric glasses/contacts (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	
Pharmacy deductible	\$500 per Member		
Preferred generic drugs	Low Cost Generic: \$3 copay; deductible waived	Low Cost Generic: \$15 copay; deductible waived	
	Generic: \$10 copay; deductible waived	Generic: \$15 copay; deductible waived	
Preferred brand drugs	\$35 copay after deductible	\$45 copay after deductible	
Nonpreferred drugs	Generic & Brand: \$80 copay after deductible	Generic & Brand: \$90 copay after deductible	
Specialty drugs	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible	Preferred Specialty: 40% after deductible Non-Preferred Specialty: 50% after deductible	

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W-	MO Coventry Silver \$10 Copay 2750 KCPPO		
Member benefits	In network	Non-Designated	
Deductible individual/family ¹	\$2,750/\$5,500	¢6.250/¢12.500	
(applies towards out-of-pocket maximum)	\$2,750/\$5,500	\$6,250/\$12,500	
Member coinsurance	40%	40%	
Out-of-pocket maximum individual/family ¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,850/\$13,700	
Primary care visit	\$10 copay; deductible waived	\$10 copay; deductible waived	
Specialist visit	\$75 copay; deductible waived	\$75 copay; deductible waived	
Hospital stay	40% after deductible	\$500 copay per admission after deductible; then 40%	
Outpatient surgery (Ambulatory Surgical Center/ Hospital)	40% after deductible	\$250 copay after deductible; then 40%	
Emergency room	\$250 copay after deductible	\$250 copay after deductible	
Urgent care	\$75 copay; deductible waived	Paid at the designated level	
Preventive care/screening/immunization (Age and Frequency visit limits apply)	Covered in full; deductible waived	Covered in full; deductible waived	
Annual routine gyn exam (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived	
Diagnostic lab	40% after deductible	40% after deductible	
Diagnostic X-ray	40% after deductible	40% after deductible	
Imaging (CT/PET scans, MRIs)	40% after deductible	\$250 copay after deductible; then 40%	
	Vision		
Pediatric eye exam (1 visit per year)	Covered in full; deductible waived	Paid at the designated level	
Pediatric glasses/contacts (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	
Pharmacy deductible	Integrated with Medical Deductible		
Preferred generic drugs	Low Cost Generic: \$5 copay; deductible waived	Low Cost Generic: \$20 copay; deductible waived	
	Generic: \$15 copay; deductible waived	Generic: \$20 copay; deductible waived	
Preferred brand drugs	\$45 copay after deductible	\$55 copay after deductible	
Nonpreferred drugs	Generic & Brand: \$80 copay after deductible	Generic & Brand: \$90 copay after deductible	
Specialty drugs	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 Member Pediatric Pediatric Pharmacy

benefits

vision

dental

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

coinsurance

- 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

Coventry in-network plan changes (non-KCPPOs)

Bronze copay plan

 Pharmacy: all tiers 100% after deductible

Silver integrated plan

- Maximum out-ofpocket now \$6,850
- Deductible increased to \$2,900 in Missouri
- RX Tier 1A \$5
- Pharmacy tier 2 ded+\$45 preferred; ded+\$55 nonpreferred
- Pharmacy tier 3 deductible + \$80 preferred; deductible + \$90 non-preferred

Silver Copay plan

- Maximum out-ofpocket now \$6,250
- Deductible now \$3,500 in Kansas
- Pharmacy tier 2 ded+\$40 preferred; ded+\$50 nonpreferred
- Pharmacy tier 3 deductible + \$80 preferred; deductible + \$90 non-preferred

Gold copay plan

- Lower Specialist copay; now \$40
- Maximum out-ofpocket lowered to \$5000
- Pharmacy tier 4 increase
- to 40%