

# Network



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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**Product name:**

- Coventry Gold \$15 Copay PD
- Coventry Silver \$15 Copay PD
- Coventry Bronze \$30 Copay PD
- Coventry Bronze Deductible Only HSA Eligible PD

**Network within East 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	Broad PPO	Adair, Audrain, Bollinger, Boone,* Butler, Callaway, Camden, Cape Girardeau, Carter, Charlton, Clark, Cole, Cooper, Crawford, Dent, Dunkin, Franklin,* Gasconade, Howard, Howell, Iron, Jefferson,* Knox, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Oregon, Osage, Pemiscot, Perry, Phelps, Pike, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Saint Charles,* Saint Francois, Saint Louis,* Saint Louis City,* Sainte Genevieve, Schuyler, Scotland, Scott, Shannon, Shelby, Stoddard, Sullivan, Texas, Warren, Washington, Wayne

\*On exchange PPO Gold not available in St. Louis City, St. Louis, St. Charles, Franklin, Jefferson, and Boone counties.

# Network



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

- Coventry Gold \$15 Copay FocusedCare HPN PD
- Coventry Silver \$15 Copay FocusedCare HPN PD
- Coventry Bronze \$30 Copay FocusedCare HPN PD
- Coventry Bronze Ded Only HSA Eligible FocusedCare HPN PD

**Network within East MO:**

- Number of providers: 4317
- Major hospitals: 13
- Reciprocity:

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	No / No	FocusedCare HPN	Boone, Saint Charles, Saint Louis, Saint Louis City, Saint Genevieve, Washington

# Network



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

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

**Network within East MO:**

- Number of providers: 2394
- Major hospitals: 12
- Reciprocity:

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	1 Tier No OON	PPO	No / No	Carelink	Franklin, Jefferson, Saint Charles, Saint Louis, Saint Louis City

# Deductible coinsurance (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>E-MO Coventry Bronze \$30 Copay PD</b>  <b>E-MO Coventry Bronze \$30 Copay FocusedCare HPN PD</b>	<b>E-MO Coventry Bronze Deductible Only HSA Eligible PD</b> <b>E-MO Coventry Bronze Ded Only HSA Eligible FocusedCare HPN PD</b>  <b>E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD</b>			<b>E-MO Coventry Bronze \$25 Copay Carelink PD</b>
		In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
		\$6,850/\$13,700	\$6,450/\$12,900	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700
		0%	0%	0%	0%	0%
		\$6,850/\$13,700	\$6,450/\$12,900	\$6,850/\$13,700	\$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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>E-MO Coventry Silver \$15 Copay PD</b>  <b>E-MO Coventry Silver \$15 Copay FocusedCare HPN PD</b>		<b>E-MO Coventry Silver \$10 Copay Carelink PD</b>	
			In network you pay		In network you pay	
			\$3,500/\$7,000		\$3,750/\$7,500	
			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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>E-MO Coventry Gold \$15 Copay PD</b>  <b>E-MO Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>E-MO Coventry Gold \$10 Copay Carelink PD</b>	
			In network you pay		In network you pay	
			\$1,400/\$2,800		\$1,400/\$2,800	
			20%		20%	
			\$5,000/\$10,000		\$5,100/\$10,200	

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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>E-MO Coventry Bronze \$30 Copay PD</b>  <b>E-MO Coventry Bronze \$30 Copay FocusedCare HPN PD</b>	<b>E-MO Coventry Bronze Deductible Only HSA Eligible PD</b> <b>E-MO Coventry Bronze Ded Only HSA Eligible FocusedCare HPN PD</b>  <b>E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD</b>		<b>E-MO Coventry Bronze \$25 Copay Carelink PD</b>	
		In network you pay	In network you pay	In network you pay		
<b>Primary care office visit</b>		\$30 copay; ded waived	Covered in full after ded		\$25 copay; ded waived	
<b>Specialist office visit</b>		Covered in full after ded	Covered in full after ded		Covered in full after ded	
<b>Hospital stay</b>		Covered in full after ded	Covered in full after ded		Covered in full after ded	
<b>Outpatient surgery (Ambulatory Surgical Center/Hospital)</b>		Covered in full after ded	Covered in full after ded		Covered in full after ded	
<b>Emergency room (copay waived if admitted)</b>		Covered in full after ded	Covered in full after ded		Covered in full after ded	
<b>Urgent care</b>		\$100 copay; ded waived	Covered in full after ded		\$100 copay; ded waived	

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





# Member benefits (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>E-MO Coventry Gold \$15 Copay PD</b>  <b>E-MO Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>E-MO Coventry Gold \$10 Copay Carelink PD</b>	
			In network you pay		In network you pay	
			\$15 copay; ded waived		\$10 copay; ded waived	
			\$35 copay; ded waived		\$35 copay; ded waived	
			20% after ded		20% after ded	
			20% after ded		20% after ded	
			\$250 copay after ded		\$250 copay after ded	
			\$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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>E-MO Coventry Bronze \$30 Copay PD</b>  <b>E-MO Coventry Bronze \$30 Copay FocusedCare HPN PD</b>	<b>E-MO Coventry Bronze Deductible Only HSA Eligible PD</b> <b>E-MO Coventry Bronze Ded Only HSA Eligible FocusedCare HPN PD</b>  <b>E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD</b>		<b>E-MO Coventry Bronze \$25 Copay Carelink PD</b>
			In network you pay	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	Covered in full; ded waived	
<b>Annual routine GYN exam</b> (annual pap/mammogram)			Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
<b>Diagnostic lab</b>			Covered in full after ded	Covered in full after ded	Covered in full after ded	
<b>Diagnostic X-ray</b>			Covered in full after ded	Covered in full after ded	Covered in full after ded	
<b>Imaging</b> (CT/PET scans, MRIs)			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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>E-MO Coventry Silver \$15 Copay PD</b>  <b>E-MO Coventry Silver \$15 Copay FocusedCare HPN PD</b>		<b>E-MO Coventry Silver \$10 Copay Carelink 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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>E-MO Coventry Gold \$15 Copay PD</b>  <b>E-MO Coventry Gold \$15 Copay FocusedCare HPN 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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<p>E-MO Coventry Bronze \$30 Copay PD</p> <p>E-MO Coventry Bronze \$30 Copay FocusedCare HPN PD</p>		<p>E-MO Coventry Bronze Deductible Only HSA Eligible PD E-MO Coventry Bronze</p> <p>Ded Only HSA Eligible FocusedCare HPN PD</p> <p>E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD</p>		<p>E-MO Coventry Bronze \$25 Copay Carelink PD</p>
		In network you pay		In network you pay		In network you pay
<p><b>Pediatric eye exam</b> (1 visit per year)</p>		Covered in full; ded waived		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)</p>		Covered in full; ded waived		Covered in full after ded		Covered in full; ded waived

# Pediatric vision (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p><b>E-MO Coventry Silver \$15 Copay PD</b></p> <p><b>E-MO Coventry Silver \$15 Copay FocusedCare HPN PD</b></p>	<p><b>E-MO Coventry Silver \$10 Copay Carelink PD</b></p>		
			<p>In network you pay</p>	<p>In network you pay</p>		
<p><b>Pediatric eye exam</b> (1 visit per year)</p>			<p>Covered in full; ded waived</p>	<p>Covered in full; ded waived</p>		
<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)</p>			<p>Covered in full; ded waived</p>	<p>Covered in full; ded waived</p>		

# Pediatric vision (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<p><b>E-MO Coventry Gold \$15 Copay PD</b></p> <p><b>E-MO Coventry Gold \$15 Copay FocusedCare HPN PD</b></p>	<p><b>E-MO Coventry Gold \$10 Copay Carelink PD</b></p>		
			<p>In network you pay</p>	<p>In network you pay</p>		
<p><b>Pediatric eye exam</b> (1 visit per year)</p>			<p>Covered in full; ded waived</p>	<p>Covered in full; ded waived</p>		
<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)</p>			<p>Covered in full; ded waived</p>	<p>Covered in full; ded waived</p>		

# Pediatric dental (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<p>E-MO Coventry Bronze \$30 Copay PD</p> <p>E-MO Coventry Bronze \$30 Copay FocusedCare HPN PD</p>	<p>E-MO Coventry Bronze Deductible Only HSA Eligible PD E-MO Coventry Bronze</p> <p>Ded Only HSA Eligible FocusedCare HPN PD</p> <p>E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD</p>		<p>E-MO Coventry Bronze \$25 Copay Carelink PD</p>	
		In network you pay	In network you pay	In network you pay	In network you pay	
		Covered in full; ded waived	Covered in full after ded	Covered in full after ded	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	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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>E-MO Coventry Silver \$15 Copay PD</b> <b>E-MO Coventry Silver \$15 Copay FocusedCare HPN PD</b>		<b>E-MO Coventry Silver \$10 Copay Carelink 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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>E-MO Coventry Gold \$15 Copay PD</b>  <b>E-MO Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>E-MO Coventry Gold \$10 Copay Carelink 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.

# Pharmacy (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>E-MO Coventry Bronze \$30 Copay PD</b>  <b>E-MO Coventry Bronze \$30 Copay FocusedCare HPN PD</b>	<b>E-MO Coventry Bronze Deductible Only HSA Eligible PD</b> <b>E-MO Coventry Bronze Ded Only HSA Eligible FocusedCare HPN PD</b>  <b>E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD</b>			<b>E-MO Coventry Bronze \$25 Copay Carelink PD</b>
		In network you pay	In network you pay			In network you pay
<b>Pharmacy deductible</b>		Integrated with medical ded	Integrated with medical ded			Integrated with medical ded
<b>Preferred generic drugs</b>		Generic: Covered in full after ded	Generic: Covered in full after ded			Generic: Covered in full after ded
<b>Preferred brand drugs</b>		Covered in full after ded	Covered in full after ded			Covered in full after ded
<b>Non-preferred drugs</b>		Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded			Generic & Brand: Covered in full after ded
<b>Specialty drugs</b>		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: 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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>E-MO Coventry Silver \$15 Copay PD</b> <b>E-MO Coventry Silver \$15 Copay FocusedCare HPN PD</b>		<b>E-MO Coventry Silver \$10 Copay Carelink 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 (East MO)



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>E-MO Coventry Gold \$15 Copay PD</b>  <b>E-MO Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>E-MO Coventry Gold \$10 Copay Carelink 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	
<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	
<b>Preferred brand drugs</b>		\$35 copay after ded	\$45 copay after ded	\$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	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: 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.

# New for 2016



Geography

Network

Deductible and  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

**Be a powerful force. We want you to succeed in Missouri, so we've made some changes to make our plans more attractive and easier to sell.**

## Topline changes for Missouri

- On-exchange and off-exchange plans
- One Silver plan: Silver copay plan (Silver Integrated 2750 plan was removed)
- Off exchange Catastrophic Carelink and FocusedCare HPN plans removed

# New for 2016



Geography

Network

Deductible and  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

## Snapshot of 2016 benefit design changes in 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)
- Deductible must be met before copay on all benefits where deductible/copay/coinsurance apply
- Office visit copays will include in-office services like lab/radiology
- Out-of-network (OON) benefits include OON deductible and 50% coinsurance
- Eliminated ER advanced imaging and maternity ultrasound as separate and additional cost share benefits where applicable

# New for 2016



Geography

Network

Deductible and  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

## Coventry in-network plan changes

### Bronze copay plan

- Pharmacy: all tiers  
100% after deductible

### Silver copay plan

- Deductible now \$3,500 (PPO/FocusedCare HPN) or \$3,750 (Carelink)
- Maximum out-of-pocket now \$6,250
- Pharmacy tier 2 preferred pharmacy deductible + \$40
- Pharmacy tier 2 non-preferred pharmacy deductible + \$50
- Pharmacy tier 2 preferred pharmacy deductible + \$80
- Pharmacy tier 2 non-preferred pharmacy deductible + \$90

### Gold copay plan

- Lower Specialist copay; now \$40
- Maximum out-of-pocket lowered to \$5,000 (PPO/FocusedCare HPN) or \$5,100 (Carelink)
- Pharmacy tier 4 increase to 40%



# New for 2016



Geography

Network

Deductible and  
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Pediatric  
vision

Pediatric  
dental

Pharmacy

## Quick highlights of pharmacy changes in Missouri

- Coventry Preferred RX network cost shares
- Mail-order delivery with opt-out strategy
- Mail-order multiplier 2.5x for tier 1, 2 and 3 drugs

# Geography



Geography

Network

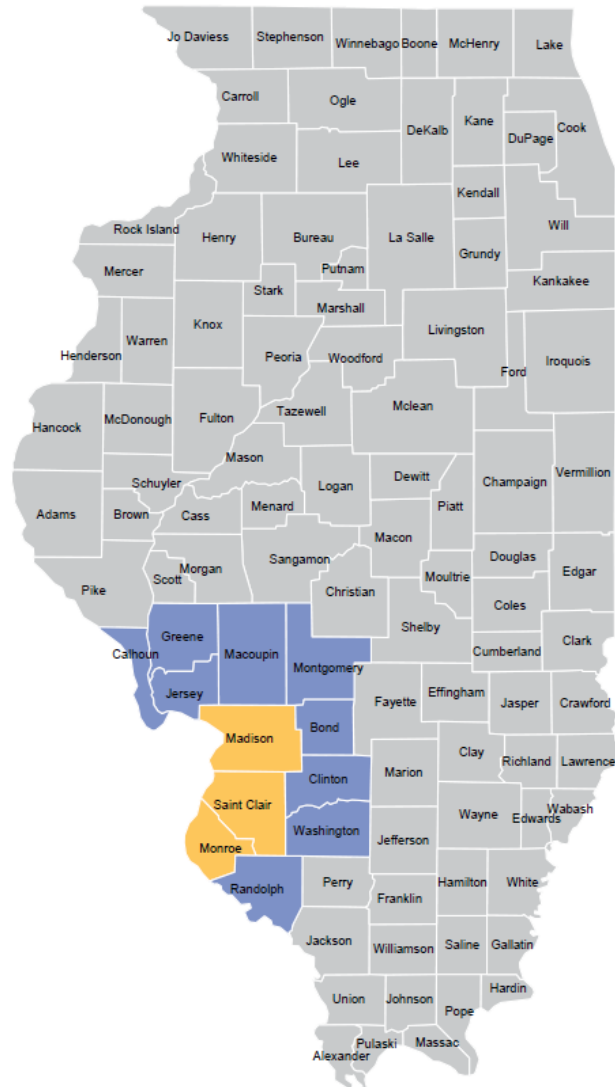
Deductible and  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy



## Southern Illinois Individual On and Off Exchange Counties 2016

### Coventry Network

- CoventryOne Gold Exchange PPO & CoventryOne Silver/Bronze Exchange PPO
- CoventryOne Silver/Bronze Exchange PPO

# Network



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

- Coventry Gold \$15 Copay PD\*
- Coventry Silver \$15 Copay PD
- Coventry Bronze \$20 Copay PD
- Coventry Bronze Deductible Only HSA Eligible PD

**Network within Southern IL:**

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	No / No		Bond, Calhoun, Clinton, Greene, Jersey, Macoupin, Madison*, Montgomery, Monroe*, St. Clair*, Randolph, Washington  *PPO on exchange Gold not available (only OFF)

# Network



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
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**Product name:**

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

**Network within Southern IL:**

Number of providers: 2394  
 Major hospitals: 12  
 Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	Yes / Yes	Coventry One Carelink	Madison, Monroe, Saint Clair

# Network



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

- Coventry Gold \$15 Copay Focused Care PPO PD
- Coventry Silver \$15 Copay Focused Care PPO PD
- Coventry Bronze \$20 Copay Focused Care PPO PD
- Coventry Bronze Deductible Only HSA Eligible Focused Care PPO PD

**Network within Southern IL:**

- Number of providers: 4317
- Major hospitals: 13
- Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	Yes / Yes	FocusedCare	Madison, Monroe, Saint Clair

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>IL-S-Coventry Bronze \$20 Copay PD</b> <b>IL Coventry Bronze \$20 Copay FocusedCare HPN PD</b>	<b>IL-S-Coventry Bronze Deductible Only HSA Eligible</b> <b>IL Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN PD</b>		<b>IL Coventry Bronze \$15 Copay Carelink PPO PD</b>	<b>IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD</b>	
	In network you pay	In network you pay		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		\$6,850/\$13,700	\$6,450/\$12,900	
<b>Member coinsurance</b>	0%	0%		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		\$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



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>IL-S-Coventry Silver \$15 Copay PD</b> <b>IL Coventry Silver \$15 Copay FocusedCare HPN PD</b>	<b>IL Coventry Silver \$10 Copay Carelink PPO PD</b>		<b>IL-S-Coventry Gold \$15 Copay PD</b> <b>IL Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Gold \$10 Copay Carelink PPO PD</b>
	In network you pay	In network you pay		In network you pay		In network you pay
<b>Deductible individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$3,500/\$7,000	\$3,500/\$7,000		\$1,400/\$2,800		\$1,400/\$2,800
<b>Member coinsurance</b>	30%	30%		20%		20%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,200/\$12,400	\$6,250/\$12,500		\$4,950/\$9,900		\$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
	<b>IL-S-Coventry Bronze</b> <b>\$20 Copay PD</b> <b>IL Coventry Bronze \$20</b> <b>Copay FocusedCare HPN</b> <b>PD</b>	<b>IL-S-Coventry Bronze</b> <b>Deductible Only HSA Eligible</b> <b>IL Coventry Bronze</b> <b>Deductible Only HSA Eligible</b> <b>FocusedCare HPN PD</b>	<b>IL Coventry Bronze</b> <b>\$15 Copay Carelink PPO PD</b>	<b>IL Coventry Bronze</b> <b>Deductible Only HSA</b> <b>Eligible Carelink PPO PD</b>		
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
<b>Primary care office visit</b>	\$20 copay; ded waived	Covered in full after deductible	Covered in full after deductible	\$15 copay; ded waived	Covered in full after ded	Covered in full after ded
<b>Specialist office visit</b>	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded
<b>Hospital stay</b>	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded
<b>Emergency room</b> (copay waived if admitted)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded
<b>Urgent care</b>	\$100 copay; deductible waived	Covered in full after deductible	Covered in full after deductible	\$100 copay; ded waived	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>IL-S-Coventry Silver \$15 Copay PD</b> <b>IL Coventry Silver \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Silver \$10 Copay Carelink PPO PD</b>	<b>IL-S-Coventry Gold \$15 Copay PD</b> <b>IL Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Gold \$10 Copay Carelink PPO PD</b>
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
<b>Primary care office visit</b>	\$15 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$15 copay; ded waived	\$15 copay; ded waived
<b>Specialist office visit</b>	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$35 copay; ded waived	\$40 copay; ded waived	\$40 copay; ded waived
<b>Hospital stay</b>	\$500 copay per admission after ded; then 30%	\$500 copay per admission after ded; then 30%	\$500 copay per admission after ded; then 30%	20% after ded	20% after ded	20% after ded
<b>Outpatient surgery (Ambulatory Surgical Center/Hospital)</b>	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	20% after ded	20% after ded	20% after ded
<b>Emergency room (copay waived if admitted)</b>	\$500 copay after ded	\$500 copay after ded	\$500 copay after ded	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded
<b>Urgent care</b>	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$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>IL-S-Coventry Bronze \$20 Copay PD</b> <b>IL Coventry Bronze \$20 Copay FocusedCare HPN PD</b>	<b>IL-S-Coventry Bronze Deductible Only HSA Eligible</b> <b>IL Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN PD</b>	<b>IL Coventry Bronze \$15 Copay Carelink PPO PD</b>	<b>IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD</b>		
	In network you pay	In network you pay	In network you pay	In network you pay	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	Covered in full; ded waived	Covered in full; ded waived	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	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
<b>Diagnostic lab</b>	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
<b>Diagnostic X-ray</b>	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
<b>Imaging</b> (CT/PET scans, MRIs)	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>IL-S-Coventry Silver \$15 Copay PD</b> <b>IL Coventry Silver \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Silver \$10 Copay Carelink PPO PD</b>	<b>IL-S-Coventry Gold \$15 Copay PD</b> <b>IL Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Gold \$10 Copay Carelink PPO PD</b>
	In network you pay	In network you pay	In network you pay	In network you pay	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	Covered in full; ded waived	Covered in full; ded waived	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	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
<b>Diagnostic lab</b>	30% after ded	30% after ded	30% after ded	20% after ded	20% after ded	20% after ded
<b>Diagnostic X-ray</b>	30% after ded	30% after ded	30% after ded	20% after ded	20% after ded	20% after ded
<b>Imaging</b> (CT/PET scans, MRIs)	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	\$250 copay plus 30% 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
	<b>IL-S-Coventry Bronze \$20 Copay PD</b> <b>IL Coventry Bronze \$20 Copay FocusedCare HPN PD</b>	<b>IL-S-Coventry Bronze Deductible Only HSA Eligible</b> <b>IL Coventry Bronze Deductible Only HSA Eligible</b> <b>FocusedCare HPN PD</b>		<b>IL Coventry Bronze \$15 Copay Carelink PPO PD</b>	<b>IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD</b>	
	In network you pay	In network you pay		In network you pay	In network you pay	
<b>Pediatric eye exam (1 visit per year)<sup>2</sup></b>	Covered in full; deductible waived	Covered in full; deductible waived		Covered in full; deductible waived	Covered in full; ded waived	
<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>	Covered in full; deductible waived	Covered in full after deductible		Covered in full; deductible waived	Covered in full 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
	<b>IL-S-Coventry Silver \$15 Copay PD</b> <b>IL Coventry Silver \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Silver \$10 Copay Carelink PPO PD</b>	<b>IL-S-Coventry Gold \$15 Copay PD</b> <b>IL Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Gold \$10 Copay Carelink PPO PD</b>
	In network you pay		In network you pay	In network you pay		In network you pay
<b>Pediatric eye exam (1 visit per year)<sup>2</sup></b>	Covered in full; deductible waived		Covered in full; deductible waived	Covered in full; deductible waived		Covered in full; ded waived
<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>	Covered in full; deductible waived		Covered in full; ded waived	Covered in full; deductible waived		Covered in full; ded waived

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>IL-S-Coventry Bronze</b> <b>\$20 Copay PD</b> <b>IL Coventry Bronze \$20</b> <b>Copay FocusedCare HPN</b> <b>PD</b>	<b>IL-S-Coventry Bronze</b> <b>Deductible Only HSA Eligible</b> <b>IL Coventry Bronze</b> <b>Deductible Only HSA Eligible</b> <b>FocusedCare HPN PD</b>		<b>IL Coventry Bronze</b> <b>\$15 Copay Carelink PPO PD</b>	<b>IL Coventry Bronze</b> <b>Deductible Only HSA</b> <b>Eligible Carelink PPO PD</b>	
	In network you pay	In network you pay		In network you pay	In network you pay	
<b>Dental check-up/preventive dental care</b> <b>(1 visit every 6 months)</b>	Covered in full; ded waived	Covered in full after ded		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		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		Covered in full after ded	Covered in full after ded	
<b>Orthodontia</b> <b>(medically necessary only)</b>	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>IL-S-Coventry Silver \$15 Copay PD</b> <b>IL Coventry Silver \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Silver \$10 Copay Carelink PPO PD</b>	<b>IL-S-Coventry Gold \$15 Copay PD</b> <b>IL Coventry Gold \$15 Copay FocusedCare HPN PD</b>	<b>IL Coventry Gold \$10 Copay Carelink PPO PD</b>	
	In network you pay		In network you pay	In network you pay	In network you pay	
<b>Dental check-up/preventive dental care</b> (1 visit every 6 months)	Covered in full; ded waived		Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
<b>Basic dental care</b>	30% after ded		30% after ded	30% after ded	30% after ded	
<b>Major dental care</b>	50% after ded		50% after ded	50% after ded	50% after ded	
<b>Orthodontia</b> (medically necessary only)	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.

# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<b>IL-S-Coventry Bronze \$20 Copay PD</b> <b>IL Coventry Bronze \$20 Copay FocusedCare HPN PD</b>	<b>IL-S-Coventry Bronze Deductible Only HSA Eligible</b> <b>IL Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN PD</b>		<b>IL Coventry Bronze \$15 Copay Carelink PPO PD</b>		<b>IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD</b>
	In network you pay	In network you pay		In network 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
<b>Preferred generic drugs</b>	Generic: Covered in full after ded	Generic: Covered in full after ded		Generic: Covered in full after ded		Generic: Covered in full after ded
<b>Preferred brand drugs</b>	Covered in full after ded	Covered in full after ded		Covered in full after ded		Covered in full after ded
<b>Non-preferred drugs</b>	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded		Generic & Brand: Covered in full after ded		Generic & Brand: Covered in full after ded
<b>Specialty drugs</b>	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: 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>IL-S-Coventry Silver \$15 Copay PD</b> <b>IL Coventry Silver \$15 Copay FocusedCare HPN PD</b>	<b>IL Coventry Silver \$10 Copay Carelink PPO PD</b>		<b>IL-S-Coventry Gold \$15 Copay PD</b> <b>IL Coventry Gold \$15 Copay FocusedCare HPN PD</b>		<b>IL Coventry Gold \$10 Copay Carelink PPO PD</b>
	In network you pay	In network you pay		In network you pay		In network you pay
<b>Pharmacy deductible</b>	\$500 per member	\$500 per member		\$250 per member		\$250 per member
<b>Preferred generic drugs</b>	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
<b>Preferred brand drugs</b>	\$40 copay after ded	\$40 copay after ded		\$40 copay after ded		\$40 copay after ded
<b>Non-preferred drugs</b>	Generic & Brand: \$75 copay after ded	Generic & Brand: \$75 copay after ded		Generic & Brand: \$70 copay after ded		Generic & Brand: \$70 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.