

Geography	Network	Deductible and coinsurance		Pediatric dental	Vision	Pharmacy
-----------	---------	----------------------------	--	---------------------	--------	----------

#### **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		
Υ	Υ	1 Tier + OON	PPO	No / No	Broad PPO	Adair, Audrain, Bollinger, Boone,* Butler, Callaway, Camden, Cape Girardeau, Carter, Charlton, Clark, Co	le,	
						Cooper, Crawford, Dent, Dunkin, Franklin,* Gascona		
						Howard, Howell, Iron, Jefferson,* Knox, Lewis, Linco Linn, Macon, Madison, Maries, Marion, Miller,	ın,	
						Mississippi, Moniteau, Monroe, Montgomery, Morga	an,	
						New Madrid, Oregon, Osage, Pemiscot, Perry, Phelps	s,	
						Pike, Pulaski, Putnam, Ralls, Randolph, Reynolds, Rip	oley,	
						Saint Charles,* Saint Francois, Saint Louis,* Saint Lou	ıis	
*0	n exch	nange PPO (	Gold not a	vailable in		City,* Sainte Genevieve, Schuyler, Scotland, Scott,		
St.	Louis	City, St. Lou	iis, St. Cha	rles,		Shannon, Shelby, Stoddard, Sullivan, Texas, Warren,		
Fra	ınklin,	Jefferson, a	and Boone	counties.		Washington, Wayne 1		



Geography	Network	Deductible and coinsurance		Pediatric dental	Vision	Pharmacy
-----------	---------	----------------------------	--	---------------------	--------	----------

#### **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
Υ	Υ	1 Tier + OON	PPO	No / No	FocusedCare HPN	Boone, Saint Charles, Saint Louis, Saint Louis City, Saint Genevieve, Washington



Geography	Network	Deductible and coinsurance		Pediatric dental	Vision	Pharmacy
-----------	---------	----------------------------	--	---------------------	--------	----------

#### **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	Υ	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 Pedia vision den			Pharmacy
		E-MO Coventry Bronze \$30 Copay PD E-MO Coventry Bronze \$30 Copay FocusedCare HPN PD		E-MO Coventry Bronze Deductible Only HSA Eligible PD E-MO Coventry Bronze  Ded Only HSA Eligible FocusedCare HPN PD  E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD			E-MO Coventry Bronze \$25 Copay Carelink PD	
		In network you pay		In network you pay		In netwo	rk you pay	
Deductible individual/ family¹ (applies to out-of-pocket maximum)		\$6,850/\$13,700		\$6,450/\$12,900		\$6,850/\$13,700		
Member coinsurance		0%		0%			0%	
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)		\$6,850/\$13,700		\$6,450/\$12,900		\$6,850/\$13,700		

An Aetna Company

<sup>1</sup> 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 (East MO)

					29/443	W. W		
Geography	Network	Deductib coinsur		Member benefits	Pediatric vision		Pediatric dental	Pharmacy
			E-MO Co	oventry Silver \$15 Co oventry Silver \$15 Co ICare HPN PD		E-N	ЛО Coventry Silver \$10	) Copay Carelink PD
			In network you pay			In r	network you pay	
Deductible individual/ family¹ (applies to out-of-pocket maximum)			\$3,500/\$7,000			\$3,750/\$7,500		
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		

An Aetna Company

<sup>1</sup> 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 (East MO)

					ASTRACTOR		9	***
Geography	Network	Deductik coinsur		Member benefits	Pediatric vision		Pediatric dental	Pharmacy
				oventry Gold \$15 Co oventry Gold \$15 Co	-	E-N	/IO Coventry Gold \$10	Copay Carelink PD
		In network you pay			In i	network you pay		
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/family <sup>1</sup> (maximum you will pay for all covered services)			\$5,000/\$10,000			\$5,100/\$10,200		

An Aetna Company

<sup>1</sup> 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.

							Torque,	
Geography	Network	Deductible and coinsurance	Meml benef		Pediatric vision	Pediatric dental	Pharmacy	
		E-MO Coventry Bro \$30 Copay PD E-MO Coventry Bro Copay FocusedCare	onze \$30	E-MO Coventry Bronze Deductible Only HSA Eligible PD E-MO Coventry Bronze  Ded Only HSA Eligible FocusedCare HPN PD  E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD				
		In network you pay		In network you pay		In network yo	u pay	
Primary care office visit		\$30 copay; ded waived		Covered	l in full after ded	\$25 copay; dec	l waived	
Specialist office visi	t	Covered in full after ded		Covered in full after ded		Covered in full	Covered in full after ded	
Hospital stay		Covered in full after ded		Covered	l in full after ded	Covered in full	Covered in full after ded	
Outpatient surgery (Ambulatory Surgical Center/Hospital)  Covered in full after ded		Covered in full after ded		Covered in full	Covered in full after ded			
Emergency room (copay waived if admitted)  Covered in full after ded		Covered in full after ded Covered in full after ded			after ded			

Covered in full after ded

COVENTRY®

An Aetna Company

\$100 copay; ded waived

\$100 copay; ded waived

**Urgent care** 

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

Member benefits (East MO)	COVENTRY® Health Care An Aetna Company
---------------------------	--

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		E-MO Cov	entry Silver \$15 Copa	ay PD		
		5 MO 6	onto Cibro CAE Con	<b>5 1</b> 6	E-MO Coventry Silver \$10	Copay Carelink PD

Primary care office visit

**Specialist office visit** 

**Outpatient surgery** 

(Ambulatory Surgical Center/Hospital)

**Emergency room** (copay waived if admitted)

**Hospital stay** 

**Urgent care** 

E-MO Coventry Silver \$15 Copay FocusedCare

In network you pay

\$15 copay; ded waived

\$75 copay; ded waived

\$500 copay after ded

\$75 copay; ded waived

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

\$250 copay after ded; then 30%

**HPN PD** 

In network you pay

\$10 copay; ded waived

\$75 copay; ded waived

\$500 copay after ded

\$75 copay; ded waived

\$250 copay after ded; then 30%

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

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

**Specialist office visit** 

**Outpatient surgery** 

(Ambulatory Surgical Center/Hospital)

**Emergency room** (copay waived if admitted)

**Hospital stay** 

**Urgent care** 

Deductible and

ember benefits (East MO)	COVENTRY° Health Care An Aetna Company
--------------------------	--

Pediatric

Pediatric

\$35 copay; ded waived

20% after ded

20% after ded

\$250 copay after ded

\$75 copay; ded waived

Geography	Network	coinsurance	benefits	vision	dental	Pharmacy
		E-	MO Coventry Gold \$15 MO Coventry Gold \$15 cusedCare HPN PD	. ,	E-MO Coventry Gold \$10 (	Copay Carelink PD

Member

E-MO Coventry Gold \$15 Copay PD  E-MO Coventry Gold \$15 Copay FocusedCare HPN PD	E-MO Coventry Gold \$10 Copay Carelink PD
In network you pay	In network you pay

	E-MO Coventry Gold \$15 Copay FocusedCare HPN PD	E-MO Coventry Gold \$10 Copay Carelink PD
	In network you pay	In network you pay
Primary care office visit	\$15 copay: ded waived	\$10 copay: ded waived

\$35 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

**Annual routine GYN exam** 

Diagnostic lab

Diagnostic X-ray

(annual pap/mammogram)

Imaging (CT/PET scans, MRIs)

Geography	Network		oinsurance	benefits	vision	dental		Pharmacy
			E-MO Coventry \$30 Copay PD E-MO Coventry Copay Focused	y Bronze \$30	E-MO Coventry Bronze Deductible Only HSA Eligible PD E-MO Coventry Bronze  Ded Only HSA Eligible FocusedCare HPN PD  E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD		E-MO Coventry Bronze \$25 Copay Carelink PD	
			In network you pay		In network you pay		In network you pay	
Preventive care/scr (age and frequence	eening/immunizationsy limits apply)	on	Covered in full;	; ded waived	Covered in full; ded v	vaived	Covered	d in full; ded waived

Covered in full; ded waived

Covered in full after ded

Covered in full after ded

Covered in full after ded

An Aetna Company

Covered in full; ded waived

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.

Covered in full; ded waived

Covered in full after ded

Covered in full after ded

Covered in full after ded

						An Aeth	a Company ~		
Geography	Network	Deductible ar coinsurance		Member benefits	Pediatric vision	Pediatric dental	Pharmacy		
			E-M	O Coventry Silver \$1 O Coventry Silver \$1 usedCare HPN PD		E-MO Coventry Silver \$10 Copay Carelink 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 exam (annual pap/mammogram)			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%			

Preventive care/screening/immunization

(age and frequency limits apply)

**Annual routine GYN exam** 

Diagnostic lab

**Diagnostic X-ray** 

(annual pap/mammogram)

Imaging (CT/PET scans, MRIs)

				ATRICALS	У	W <sub>2</sub>
Geography	Network	Deductible and coinsurance	Member benefits			Pharmacy
		E-	MO Coventry Gold \$1	L5 Copay PD		
		_			E-MO Coventry Gold \$	10 Copay Carelink PD

COVENTRY®

An Aetna Company

Covered in full; ded waived

Covered in full; ded waived

20% after ded

20% after ded

20% after ded

E-MO Coventry Gold \$15 Copay PD			
E-MO Coventry Gold \$15 Copay FocusedCare HPN PD	E-MO Coventry Gold \$10 Copay Carelink PD		
In network you pay	In network you pay		

E-MO Coventry Gold \$15 Copay  E-MO Coventry Gold \$15 Copay  FocusedCare HPN PD	E-MO Coventry Gold \$10 Copay Carelink PD
In network you pay	In network you pay

Covered in full; ded waived

Covered in full; ded waived

20% after ded

20% after ded

20% after ded

# Pediatric vision (East MO)

							100	Cash.	
Geography	Network	Deductible and coinsurance					atric ntal	Pharmacy	
		E-MO Coventry E \$30 Copay PD E-MO Coventry E Copay FocusedCa	Bronze \$30	E-MO Coventry Bronze Deductible Only HSA Eligible PD E-MO Coventry Bronze  Ded Only HSA Eligible FocusedCare HPN PD  E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD			E-MO Coventry Bronze \$25 Copay Carelink PD		
		In network you p	In network you pay		In network you pay		In network you pay		
Pediatric eye exam (1 visit per year)		Covered in full; ded waived		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)  Covered in fu		Covered in full: d	ed waived	Cover	ed in full after ded		Covered i	n full; ded waived	

# Pediatric vision (East MO)

							All	a company		
Geography	Network	Deductible a coinsurance		Member benefits	Pediatr vision	_	Pediatric dental	Pharmacy		
			E-MC	O Coventry Silver \$15 O Coventry Silver \$15 sedCare HPN PD		E-MO	E-MO Coventry Silver \$10 Copay Carelink PD			
			In network you pay			In network you pay				
Pediatric eye exam (1 visit per year)			Cove	ered in full; ded waive	d	Cover	ed in full; ded waived	I		
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)			Cove	ered in full; ded waive	d	Cover	ed in full; ded waived			

# Pediatric vision (East MO)

		THE O					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T-16
Geography	Network	Deductible coinsuran		Member benefits	Pediatr vision		Pediatric dental	Pharmacy
			E-MC	O Coventry Gold \$15 O Coventry Gold \$15 sedCare HPN PD		Е-МО	Coventry Gold \$10 Cop	oay Carelink PD
			In network you pay			In network you pay		
Pediatric eye exam (1 visit per year)			Covered in full; ded waived			Covered in full; ded waived		
	ontacts (Coverage is 1 set of contact lens er calendar year)		Cove	ered in full; ded waive	d	Cover	ed in full; ded waived	

# Pediatric dental (East MO)

					ATTACA		9		
Geography	eography Network D		eductible and coinsurance Member benefits		Pediatric Pedia vision dent			Pharmacy	
		E-MO Coventro \$30 Copay PD E-MO Coventro Copay Focused	y Bronze \$30	E-MO Coventry Bronze Deductible Only HSA Eligible PD E-MO Coventry Bronze  Ded Only HSA Eligible FocusedCare HPN PD  E-MO Coventry Bronze Deductible Only HSA Eligible Carelink PD			E-MO Coventry Bronze \$25 Copay Carelink PD		
		In network you	і рау	In network you pay			In network you pay		
Dental check-up/pr dental care (1 visit every 6 mo		Covered in full; of	ded waived	Covered in full after ded			Covered	in full; ded waived	
Basic dental care		Covered in full a	ifter ded	Covered in full after ded			Covered in full after ded		
Major dental care		Covered in full a	Covered in full after ded		Covered in full after ded		Covered in full after de		
Orthodontia (medically necess	ary only)	Covered in full a	fter ded	Covered in full after ded			Covered in full after ded		

# Pediatric dental (East MO)

					7-4				
Geography	Network	Deductible an coinsurance	d Member benefits	Pediatric vision	Pediatric dental	Pharmacy			
			E-MO Coventry Silver \$1 E-MO Coventry Silver \$1 FocusedCare HPN PD		F-MO Coventry Silver \$10 Conay Carelink 6				
			In network you pay		In network you pay				
Dental check-up/pr dental care (1 visit every 6 mo			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	ary only)		50% after ded		50% after ded				

# Pediatric dental (East MO)

					PATHE &				
Geography	Geography Network Deductible coinsura			Member Pediatric benefits vision		Pediatric dental		Pharmacy	
		E-MO Coventry Gold \$15 Copay PD  E-MO Coventry Gold \$15 Copay FocusedCare HPN PD  E-MO Coventry Gold \$10 Copay Care							
				network you pay		In network you pay			
Dental check-up/preventive dental care (1 visit every 6 months)				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		

# Pharmacy (East MO)

							in the 1	7-44	
Geography	Network	Deductible and coinsurance					liatric ental	Pharmacy	
		E-MO Coventry Bronze \$30 Copay PD E-MO Coventry Bronze Copay FocusedCare HP	Deduct E-MO C Ded Or Focuse E-MO C	Coventry Bronze ible Only HSA Eligible Coventry Bronze aly HSA Eligible dCare HPN PD Coventry Bronze ible Only HSA Eligible k PD	PD	E-MO Coventry Bronze \$25 Copay Carelink PD			
		In network you pay	In netv	vork you pay		In networ	k you pay		
Pharmacy deductib	le	Integrated with medical d	Integrated with medical ded			Integrated	with medical ded		
Preferred generic d	rugs	Generic: Covered in full a	fter ded	Generio	c: Covered in full after o	ded	Generic: Covered in full after de		
Preferred brand drugs		Covered in full after ded		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			Generic & Brand: Covered in fu		
Specialty drugs		P: Covered in full after de NP: Covered in full after d	P: Covered in full after ded NP: Covered in full after ded			P: Covered in full after ded NP: Covered in full after ded			

COVENTRY°

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)

						A	n Aetna	Company
Geography Network		Deductible and Member For Coinsurance benefits		Pedia visio		Pediatric dental		Pharmacy
		E-MO Coventry Silver \$15 E-MO Coventry Silver \$15	E-MO Coventry Silver \$10 Copay Carelink PD					
		In network preferred you pay	ay	In netwo	ork preferred	In net	work you pay	
Pharmacy deductib	le	\$500 per member	\$500 per member		\$500 per	member	\$500 p	er member
Preferred generic drugs		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; dec waived		copay;	st Generic: \$20 ded waived c: \$20 copay; ded
Preferred brand drugs		\$40 copay after ded	\$50 copay after ded		\$40 copay after ded		\$50 co	pay after ded
Non-preferred drugs		Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded		Generic & Brand: \$80 copay after ded		Generi	c & Brand: \$90 copay

P: 40% after ded

NP: 50% after ded

P: 40% after ded

NP: 50% after ded

CCOVENTRY°

P: 40% after ded

NP: 50% after ded

**Specialty drugs** 

P: 40% after ded

NP: 50% after ded

 $<sup>\</sup>label{eq:preferred} \textit{P=Preferred specialty drugs; NP=non-preferred specialty drugs.}$ 

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

# Pharmacy (East MO)

						TAMES.			W-W		
Geography	Network		uctible and Memb nsurance benef					Pediatric dental	Pharmacy		
			E-MO Coventry Gold \$15 Copay PD  E-MO Coventry Gold \$15 Copay FocusedCare HPN PD					E-MO Coventry Gold \$10 Copay Carelink PD			
		In network preferred In network			ork you pay	In net you p	twork preferred ay	In network you pay			
Pharmacy deductib	le		\$250 per mer	nber	\$250 per	member	\$250	per member	\$250 per member		
Preferred generic d	rugs		copay; ded waived copay; ded v			Generic: \$15 ed waived \$15 copay; ded	copay	ost Generic: \$3 ; ded waived ic: \$10 copay; ded d	Low Cost Generic: \$15 copay; ded waived Generic: \$15 copay; ded waived		
Preferred brand dru		\$35 copay aft	er ded	\$45 copa	y after ded	\$35 co	opay after ded	\$45 copay after ded			
Non-preferred drug		Generic & Bra		Generic & Brand: \$80 copay after ded		Generic & Brand: \$65 copay after ded		Generic & Brand: \$80 copay after ded			
Specialty drugs	P: 40% after on NP: 50% after		P: 40% af NP: 50% a			6 after ded 0% 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 Deductible and coinsuran

# 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 Pharmacy 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

Pediatric Pediatric pu

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 nonpreferred pharmacy deductible + \$50
- Pharmacy tier 2 preferred pharmacy deductible + \$80
- Pharmacy tier 2 nonpreferred 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%

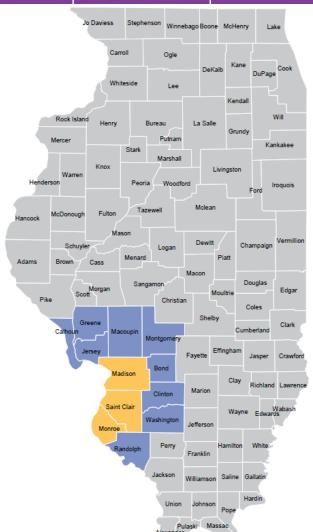


## Quick highlights of pharmacy changes in Missouri

- 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





#### 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



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
-----------	---------	----------------------------	--------------------	---------------------	--------	----------

#### **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
Υ	Υ	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)



Geography	Network	Deductible and coinsurance		Pediatric dental	Vision	Pharmacy
-----------	---------	----------------------------	--	---------------------	--------	----------

#### **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
Υ	Υ	1 Tier + OON	PPO	Yes / Yes	Coventry One Carelink	Madison, Monroe, Saint Clair



Geography Network Deductible and coinsurance benefits Pediatric dental Vision Pharmacy

#### **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
Υ	Υ	1 Tier + OON	PPO	Yes / Yes	FocusedCare	Madison, Monroe, Saint Clair

## Deductible coinsurance

	the said the product					ATTACA		3	The state of the s	
Geography	Ne	twork	Deductible and coinsurance		Member benefits		Pediatric vision	Pediatrio dental	Pharmacy	
		\$20 Copay IL Coventry	Coventry Bronze \$20 pay FocusedCare HPN		IL-S-Coventry Bronze Deductible Only HSA Eligible IL Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN PD		IL Coventry Bronze \$15 Copay Carelink PPO PD		IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD	
In ne		In network you pay		In network you pay		In network you pay		In network you pay		
Deductible individue family¹ (applies to out-of-pocket max	plies to \$6,850/\$13,700		13,700	\$6,450/\$12,900			\$6,850/\$13,	700	\$6,4	450/\$12,900
Member coinsurance 0%		0%		0%		0%		0%		
Out-of-pocket maximum individual/family¹ \$6,850/\$2 for all covered services)		13,700	\$6,4	50/\$12,900		\$6,850/\$13,	700	\$6,4	450/\$12,900	

An Aetna Company

<sup>1</sup> 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

		the second second					Alaka		4		
Geography	Ne	etwork	Deductible coinsuran		Member benefits		Pediatric vision	Pediatric dental		Pharmacy	
		IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD		IL Coventry Silver \$10 Copay Carelink PPO PD		IL-S-Coventry ( Copay PD IL Coventry Go Copay Focused	ld \$15	IL Coventry Gold \$10 Copay Carelink PPO PD			
		In network	In network you pay		In network you pay		In network you pay			In network you pay	
Deductible individu family <sup>1</sup> (applies to out-of-pocket maxi	•	\$3,500/\$7,000		\$3,500/\$7,000			\$1,400/\$2,800			400/\$2,800	
Member coinsurance	ce	30%	30%		30%		20%			6	
Out-of-pocket maximum individual/family¹ \$6,200/\$12,400 for all covered services)		\$6,250/\$12,500			\$4,950/\$9,90	00	\$5,000/\$10,000				

An Aetna Company

<sup>1</sup> 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	Net	twork	Deductible a		Member benefits		Pediatric vision	Pediatrio dental		Pharmacy
		IL-S-Coventry Bronze \$20 Copay PD IL Coventry Bronze \$20 Copay FocusedCare HPN PD		Ded IL Co Ded	-Coventry Bronze ductible Only HSA Elig oventry Bronze ductible Only HSA Elig usedCare HPN PD	IL Coventry Br \$15 Copay Car		IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD		
	In network		rk you pay Ir		etwork you pay		In network you	u pay	In n	etwork you pay
Primary care office	visit	\$20 copay	S20 conay: ded waived		Covered in full after deductible		\$15 copay; ded waived		Covered in full after ded	
Specialist office visi	it	Covered in deductible	vered in full after ductible		ered in full after luctible		Covered in full	l after ded	Cov	ered in full after ded
Hospital stay		Covered in full after deductible			Covered in full after deductible		Covered in full after ded		Cov	ered in full after ded
Outpatient surgery (Ambulatory Surgion Center/Hospital)		Covered ir deductible	n full after e		Covered in full after deductible		Covered in full after ded		Cov	ered in full after ded
Emergency room (c waived if admitted)	opay	Covered in full after deductible			Covered in full after deductible		Covered in full after ded		Covered in full after	
Urgent care \$100 copay; deductible waived			ered in full after luctible		\$100 copay; d	ed waived	Cov	ered in full after ded		

CCOVENTRY®

waived

if admitted)

**Urgent care** 

IVICITIE		Jene	IIIS			-		The state of the s	ealth	Care a Company
Geography	Net	twork	Deductible a coinsurance		Member benefits		Pediatric vision	Pediatrio dental	;	Pharmacy
IL-S-Coventry Sil Copay PD IL Coventry Silve Copay FocusedC PD		ry Silver \$15	IL Coventry Silver \$10 Copay Carelink PPO PD			IL-S-Coventry Copay PD IL Coventry Go Copay Focused	old \$15	IL Coventry Gold \$10 Copay Carelink PPO PD		
		In network you pay		In ne	etwork you pay		In network you	л рау	In ne	etwork you pay
Primary care office	visit	\$15 copay; ded waived		\$10	copay; ded waived		\$10 copay; de	d waived	\$15	copay; ded waived
Specialist office visi	t	\$75 copay; ded waived		\$75 copay; ded waived		\$35 copay; ded waived		\$40 copay; ded waive		
Hospital stay	Hospital stay		\$500 copay per admission after ded; then 30%		\$500 copay per admission after ded; then 30%		20% after ded		20% after ded	
Outpatient surgery (Ambulatory Surgical Center/Hospital)		\$250 copay plus 30% after ded		\$250 copay plus 30% after ded		20% after ded		20% after ded		
Emergency room (copay										

\$500 copay after ded

\$75 copay; ded waived

\$250 copay after ded

\$75 copay; ded waived

\$250 copay after ded

\$75 copay; ded waived

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

\$500 copay after ded

\$75 copay; ded waived

									the for	4
Geography	Netv	vork	Deductible a coinsurance	-	Member benefits	F	Pediatric vision	Pediatric dental		Pharmacy
		\$20 Copa	entry Bronze ay PD try Bronze \$20 ocusedCare HPN	Dec IL C Dec	-Coventry Bronze luctible Only HSA Elig oventry Bronze luctible Only HSA Elig usedCare HPN PD		IL Coventry B \$15 Copay Ca	ronze irelink PPO PD	Ded	oventry Bronze uctible Only HSA ble Carelink PPO PD
		In network you pay		In network you pay		In network you pay		In network you pay		
Preventive care/screening/imm (age and frequence apply)		Covered in full; ded waived		Covered in full; ded waived		ed	Covered in fu	ll; ded waived	Cov	ered in full; ded ved
Annual routine GYN (annual pap/mamr		Covered waived	in full; ded	Cov	ered in full; ded waiv	ed	Covered in fu	ll; ded waived	Cov	ered in full; ded ved
Diagnostic lab		Covered	in full after ded	Cov	ered in full after ded		Covered in fu	ll after ded	Cov	ered in full after ded
Diagnostic X-ray		Covered	in full after ded	Cov	ered in full after ded	d Covered in full after ded		Cov	ered in full after ded	
Imaging (CT/PET s MRIs)	scans,	Covered	in full after ded	Cov	ered in full after ded		Covered in fu	ll after ded	Cov	ered in full after ded

							PATER V		A I	
Geography	Netv	work	Deductible a coinsuranc	-	Member benefits	F	Pediatric vision	Pediatric dental		Pharmacy
		Copay PE	entry Silver \$15 D ntry Silver \$15 ocusedCare HPN	IL C	Coventry Silver \$10 pay Carelink PPO PD	IL-S-Coventry Copay PD IL Coventry G Copay Focuse			Coventry Gold \$10 Day Carelink PPO PD	
		In network you pay		In network you pay		In network you pay		In network you pay		
Preventive care/screening/imm (age and frequence apply)		Covered in full; ded waived		Cov	Covered in full; ded waived		Covered in ful	ll; ded waived	Cov	vered in full; ded ived
Annual routine GYN (annual pap/mamr		Covered in full; ded waived		Cov	Covered in full; ded waived		Covered in ful	ll; ded waived	Cov	vered in full; ded ived
Diagnostic lab		30% afte	er ded	309	30% after ded		20% after ded		20% after ded	
Diagnostic X-ray		30% after ded		30%	30% after ded		20% after ded	t.	20% after ded	
Imaging (CT/PET scans, MRIs)		\$250 cop after ded	pay plus 30% d	\$25	\$250 copay plus 30% after ded		20% after ded	Ł	20% after ded	

## Pediatric vision

A STATE OF THE PARTY OF THE PAR						276	PAPALES N		1	To the second
Geography	Net	work	Deductible a coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		IL-S-Coventry Bronze \$20 Copay PD IL Coventry Bronze \$20 Copay FocusedCare HPN PD		IL-S-Coventry Bronze Deductible Only HSA Eligible IL Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN PD			IL Coventry Bronze \$15 Copay Carelink PPO PD			oventry Bronze luctible Only HSA ible Carelink PPO PD
		In network you pay		In network you pay		In network you pay			etwork you pay	
<b>Pediatric eye exam</b> (1 visit per year) <sup>2</sup>		Covered i deductibl	,	Covered in full; deductible waived			Covered in full deductible wa		Cov	ered in full; ded ved
Pediatric glasses/co (Coverage is limite set of frames and contact lenses or e lenses per calenda	ed to 1 1 set of eyeglass	Covered i deductibl	,		ered in full after uctible		Covered in full deductible wa		Cov	ered in full after ded

## Pediatric vision

A STATE OF THE PARTY OF THE PAR							ZALLAS		4	
Geography	Net	work	Deductible a coinsurance				Pediatric vision	Pediatric dental		Pharmacy
		IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD		IL Coventry Silver \$10 Copay Carelink PPO PD		IL-S-Coventry Gold \$15 Copay PD IL Coventry Gold \$15 Copay FocusedCare HPN PD		IL Coventry Gold \$10 Copay Carelink PPO PD		
		In network you pay		In network you pay		In network you pay		In network you pay		
Pediatric eye exam (1 visit per year) <sup>2</sup>		Covered i deductibl		Covered in full; deductible waived			Covered in full deductible wa		Cov	ered in full; ded ved
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>		Covered i deductibl	( Overed in		ered in full; ded waive	d	Covered in full deductible wa	•	Cov wai <sup>1</sup>	ered in full; ded ved

## Pediatric dental

							ATTACAST		3	CW C
Geography	Netv	work	Deductible a coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		\$20 Copa	entry Bronze ay PD try Bronze \$20 ocusedCare HPN	Ded IL C	IL-S-Coventry Bronze Deductible Only HSA Eligible IL Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN PD		IL Coventry Bronze \$15 Copay Carelink PPO PD		IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PI	
		In network you pay		In network you pay		In network you pay		In network you pay		
Dental check-up/pr dental care (1 visit every 6 mo		Covered in full; ded waived		Covered in full after ded			Covered in ful	l; ded waived	Cov	ered in full after ded
Basic dental care		Covered	in full after ded	Cov	ered in full after ded		Covered in ful	l after ded	Cov	ered in full after ded
Major dental care		Covered	in full after ded	Cov	ered in full after ded		Covered in ful	l after ded	Cov	ered in full after ded
Orthodontia (medically necessa	ary only)	Covered	in full after ded	Cov	ered in full after ded		Covered in ful	l after ded	Cov	ered in full after ded

## Pediatric dental

										- W <sub>2</sub>
Geography	Netv	vork	Deductible a coinsuranc		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD		IL Coventry Silver \$10 Copay Carelink PPO PD			IL-S-Coventry Copay PD IL Coventry G Copay Focuse		IL Coventry Gold \$10 Copay Carelink PPO PD	
		In network you pay		In network you pay			In network you pay		In network you pay	
Dental check-up/pr dental care (1 visit every 6 mo		Covered in full; ded waived		Covered in full; ded waived		ed	Covered in ful	ll; ded waived	Cov wai	ered in full; ded ved
Basic dental care		30% afte	r ded	30%	6 after ded		30% after dec	I	30%	á after ded
Major dental care	tal care 50% after ded		r ded	50%	50% after ded		50% after ded		50% after ded	
Orthodontia (medically necessary only)		50% after ded		50% after ded			50% after ded		50% after ded	

# Pharmacy

		The									
Geography	Network	Deductib coinsur		Member benefits	ı	Pediatric vision	Pediatri dental	С	Pharmacy		
	IL-S-Coventry Bronze \$20 Copay PD IL Coventry Bronze \$20 Copay FocusedCare HPN PD		Deducti IL Cover Deducti	ventry Bronze ble Only HSA Eligible ntry Bronze ble Only HSA Eligible ICare HPN PD		IL Coventry Bron \$15 Copay Carel		IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD			
	In network you	In network you pay		In network you pay		In network you pay			In network you pay		
Pharmacy deductible	e Integrated with ded	Integrated with medical ded		Integrated with medical ded		Integrated with	medical ded	Integr ded	rated with medical		
Preferred generic dr	Generic: Cover after ded	ed in full	Generic: Covered in full after ded			Generic: Covere ded	d in full after	Generic: Covered in full after ded			
Preferred brand drug	gs Covered in full	after ded	Covered	I in full after ded		Covered in full a	fter ded	Cover	ed in full after ded		
Non-preferred drugs				Generic & Brand: Covered in full after ded		Generic & Brand: Covered in full after ded		Gene in full after			
Specialty drugs	ded	P: Covered in full after ded NP: Covered in full after		red in full after ded ered in full after ded		P: Covered in ful NP: Covered in f		P: Covered in full after ded NP: Covered in full after ded			

 $<sup>\</sup>label{eq:preferred} \textit{P=Preferred specialty drugs; NP=Non-preferred specialty drugs.}$ 

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

# Pharmacy

Pharm	acy			COVENTRY° Health Care An Aetna Company						
Geography	Network	Deductible a coinsurance		Member benefits		Pediatric vision	Pediatri dental	_	Pharmacy	
	Copay PD IL Coventry Sil	IL Coventry Silver \$15 Copay FocusedCare HPN PD		Coventry Silver \$10 opay Carelink PPO PD		IL-S-Coventry Gold \$15 Copay PD IL Coventry Gold \$15 Copay FocusedCare HPN PD		IL Coventry Gold \$10 Copay Carelink PPO PD		
In network you pay			In network you pay			In network you	pay	In network you pay		
Pharmacy deductible	\$500 per mem	ber	\$500 per member			\$250 per memb	oer	\$250	per member	
Preferred generic dru	Low Cost Gene ded waived Generic: \$15 c 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; d waived			
Preferred brand drug	\$40 copay afte	er ded	\$40	copay after ded		\$40 copay after	ded	\$40 c	opay after ded	
Non-preferred drugs	Generic & Brand: \$75 copay after ded Generic & Brand: \$75 co		ay	Generic & Brand: \$70 copay after ded		ay Generic & Brand: S				
Specialty drugs		0% after ded 50% after ded		P: 40% after de NP: 50% after d		_	% after ded 0% after ded			

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