

# Product

# Geography



Geography

Network

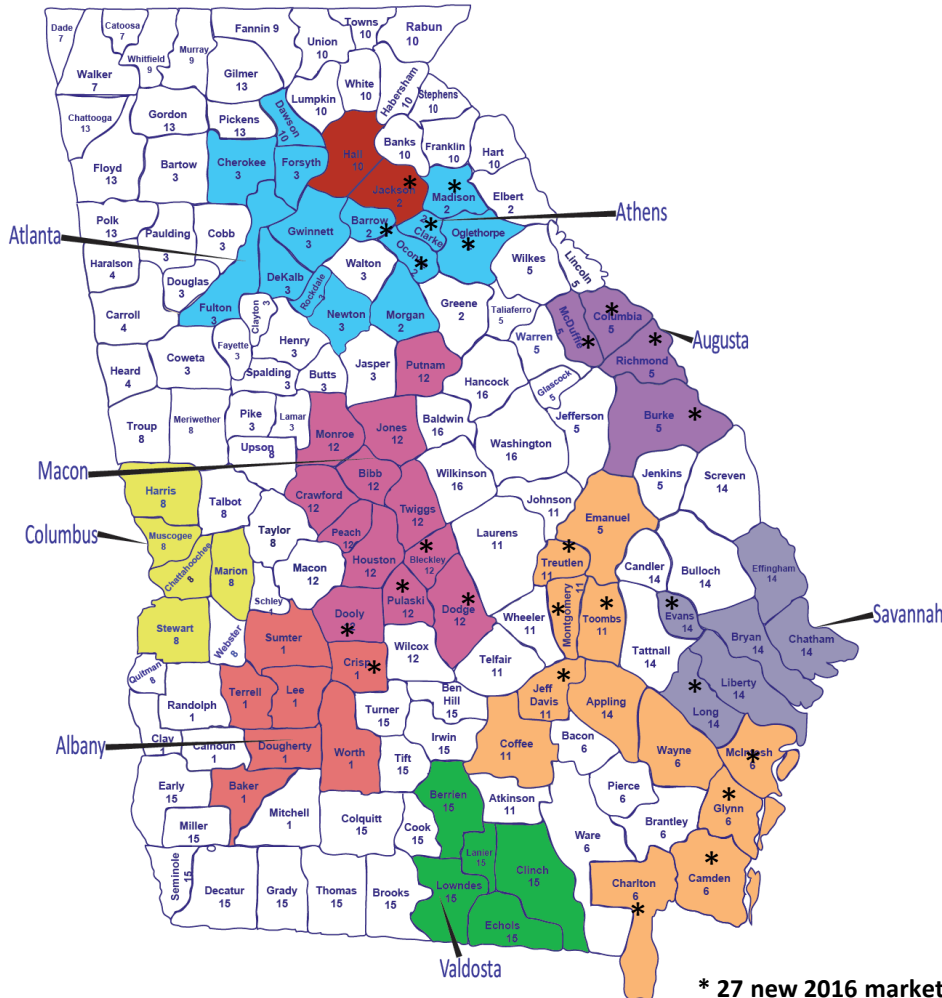
Deductible and coinsurance

Member benefits

Pediatric vision

Pediatric dental

Pharmacy



\* 27 new 2016 markets

## Hospital/System on exchange

- Athens Regional Medical Center  
Children's Health Care of Atlanta Egelston  
Children's Health Care of Atlanta Scottish Rite  
CHOA @ Hughes Spalding Atlanta  
Decatur Hospital  
Grady Memorial  
Gwinnett Medical Center  
Gwinnett Medical Center Duluth  
Morgan Memorial Hospital  
Newton Medical Center  
Northside Hospital  
Northside Hospital Cherokee  
Northside Hospital Forsyth  
Rockdale Medical Center  
Shepherd Center
- Northeast Georgia Medical Center
- Burke Medical Center  
Medical College of Georgia Hospital  
Trinity Hospital of Augusta  
University Hospital  
University Hospital McDuffie
- Bleckly Memorial Hospital  
Dodge County Hospital  
Houston Medical Center  
Medical Center of Peach County  
Medical Center of Central Georgia  
Monroe County Hospital  
Perry Hospital  
Putnam General Hospital  
Taylor Regional Hospital
- Doctor s Hospital Columbus  
Hughston Hospital (Columbus)  
The Medical Center
- Candler Hospital  
Effingham Hospital  
Evans Memorial Hospital  
Liberty Regional Medical Center  
St. Joseph's - Savannah
- Appling Health Care  
Coffee Regional Medical  
Jeff Davis Hospital  
SGMC Lanier Campus  
Meadows Regional Medical Center  
SGMC Berrien Campus  
SE Georgia Health System (Brunswick)  
SE Georgia Health System (Camden)  
Wayne Memorial
- Clinch Memorial  
Smith Northview  
South Georgia Medical Center
- Crisp Regional  
Phoebe Dorminy Medical Center  
Phoebe North  
Phoebe Sumter Medical Center  
Phoebe Worth Medical Center

# Network



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

- Coventry Gold \$10 Copay HMO (County Name) PD
- Coventry Silver \$10 Copay HMO (County Name) PD
- Coventry Silver \$10 Copay 2750 HMO (County Name) PD
- Coventry Bronze \$15 Copay HMO (County Name) PD
- Coventry Bronze Deductible Only HSA Eligible HMO (County Name) PD
- Coventry Catastrophic HMO PD

## Network within GA:

- Number of providers: [Enter info]
- Major hospitals: [Enter info]
- Reciprocity: None
- Nuance: PCP is auto assigned

# Network



Geography		Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
On	Off	Product structure	Product	PCP / referral	Network used	Service area	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA Albany	Baker, Crisp, Dougherty, Lee, Sumter, Terrell, Worth	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA Atlanta	Barrow, Cherokee, Clarke, Dawson, DeKalb, Forsyth, Fulton, Gwinnett, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA Augusta	Burke, Columbia, McDuffie, Richmond	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA Columbus	Chattahoochee, Harris, Marion, Muscogee, Stewart	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA Hall	Hall, Jackson	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA Macon	Bibb, Bleckley, Crawford, Dodge, Dooly, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA SEGA	Appling, Camden, Charlton, Coffee, Emanuel, Glynn, Jeff Davis, McIntosh, Montgomery, Toombs, Treutlen, Wayne	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA Savannah	Bryan, Chatham, Effingham, Evans, Liberty, Long	
Y	Y	1 Tier No OON	HMO	Yes/No	CHC of GA Valdosta	Berrien, Clinch, Echols, Lanier, Lowndes	

# Network



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

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

## Network within GA:

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

# Network

Geography		Network	Deductible and coinsurance		Member benefits	Pediatric dental	Vision	Pharmacy
On	Off	Product structure	Product	PCP / referral	Network	Service area		
Y	Y	1 Tier + OON	POS	No / No	Broad	Atkinson, Bacon, Baldwin, Banks, Barrow, Bartow, Ben Hill, Bleckley, Brantley, Brooks, Bulloch, Burke, Butts, Calhoun, Candler, Carroll, Charlton, Chattooga, Clarke, Clay, Clayton, Cobb, Cook, Coweta, Decatur, Douglas, Early, Elbert, Fannin, Fayette, Floyd, Franklin, Gilmer, Glascock, Gordon, Greene, Habersham, Hancock, Hart, Heard, Henry, Irwin, Jasper, Jefferson, Jenkins, Johnson, Lamar, Laurens, Lincoln, Lumpkin, Macon, Meriwether, Miller, Mitchell, Murray, Paulding, Pickens, Pierce, Pike, Polk, Rabun, Randolph, Schley, Screven, Spalding, Stephens, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Towns, Troup, Turner, Union, Upton, Walton, Ware, Warren, Washington, Webster, Wheeler, White, Whitfield, Wilcox, Wilkes, Wilkinson		

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	GA Coventry Bronze \$15 Copay HMO PD GA Coventry Bronze \$15 Copay POS PD	GA Coventry Bronze Deductible Only HSA Eligible HMO PD GA Coventry Bronze Deductible Only HSA Eligible POS PD	GA Coventry Silver \$10 Copay HMO PD GA Coventry Silver \$10 Copay POS PD		GA Coventry Silver \$10 Copay 2750 HMO PD GA Coventry Silver \$10 Copay 2750 POS PD	GA Coventry Gold \$10 Copay HMO PD GA Coventry Gold \$10 Copay POS PD
	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>Deductible individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$6,850/\$13,700	\$6,450/\$12,900	\$3,500/\$7,000	\$2,750/\$5,500	\$1,400/\$2,800	
<b>Member coinsurance</b>	0%	0%	30%	40%	20%	
<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	\$6,250/\$12,500	\$6,850/\$13,700	\$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
	GA Coventry Bronze \$15 Copay HMO PD GA Coventry Bronze \$15 Copay POS PD	GA Coventry Bronze Deductible Only HSA Eligible HMO PD GA Coventry Bronze Deductible Only HSA Eligible POS PD	GA Coventry Silver \$10 Copay HMO PD GA Coventry Silver \$10 Copay POS PD	GA Coventry Silver \$10 Copay HMO PD GA Coventry Silver \$10 Copay POS PD	GA Coventry Silver \$10 Copay 2750 HMO PD GA Coventry Silver \$10 Copay 2750 POS PD	GA Coventry Gold \$10 Copay HMO PD GA Coventry Gold \$10 Copay POS PD
	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	Covered in full after ded	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived
<b>Specialist office visit</b>	Covered in full after ded	Covered in full after ded	\$75 copay; ded waived	\$75 copay; ded waived	\$40 copay; ded waived	\$40 copay; ded waived
<b>Hospital stay</b>	Covered in full after ded	Covered in full after ded	\$500 copay per admission after ded; then 30%	40% after ded	20% after ded	20% after ded
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)	Covered in full after ded	Covered in full after ded	\$250 copay after ded; then 30%	40% after ded	20% after ded	20% after ded
<b>Emergency room</b> (copay waived if admitted)	Covered in full after ded	Covered in full after ded	\$500 copay after ded	\$500 copay after ded	\$250 copay after ded	\$250 copay after ded
<b>Urgent care</b>	\$100 copay; ded waived	Covered in full after ded	\$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>GA Coventry Bronze</b> \$15 Copay HMO PD <b>GA Coventry Bronze</b> \$15 Copay POS PD	<b>GA Coventry Bronze Deductible Only HSA Eligible HMO PD</b> <b>GA Coventry Bronze Deductible Only HSA Eligible POS PD</b>	<b>GA Coventry Silver</b> \$10 Copay HMO PD <b>GA Coventry Silver</b> \$10 Copay POS PD	<b>GA Coventry Silver</b> \$10 Copay 2750 HMO PD <b>GA Coventry Silver</b> \$10 Copay 2750 POS PD	<b>GA Coventry Gold</b> \$10 Copay HMO PD <b>GA Coventry Gold</b> \$10 Copay POS PD	
	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	30% after ded	40% after ded	20% after ded	
<b>Diagnostic X-ray</b>	Covered in full after ded	Covered in full after ded	30% after ded	40% after ded	20% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded	\$250 copay after ded; then 30%	40% 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
	GA Coventry Bronze \$15 Copay HMO PD GA Coventry Bronze \$15 Copay POS PD	GA Coventry Bronze Deductible Only HSA Eligible HMO PD GA Coventry Bronze Deductible Only HSA Eligible POS PD	GA Coventry Silver \$10 Copay HMO PD GA Coventry Silver \$10 Copay POS PD	GA Coventry Silver \$10 Copay 2750 HMO PD GA Coventry Silver \$10 Copay 2750 POS PD	GA Coventry Gold \$10 Copay HMO PD GA Coventry Gold \$10 Copay POS PD	
	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>Pediatric eye exam</b> (1 visit per year) <sup>2</sup>	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>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full after ded	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded 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
	GA Coventry Bronze \$15 Copay HMO PD GA Coventry Bronze \$15 Copay POS PD	GA Coventry Bronze Deductible Only HSA Eligible HMO PD GA Coventry Bronze Deductible Only HSA Eligible POS PD	GA Coventry Silver \$10 Copay HMO PD GA Coventry Silver \$10 Copay POS PD		GA Coventry Silver \$10 Copay 2750 HMO PD GA Coventry Silver \$10 Copay 2750 POS PD	GA Coventry Gold \$10 Copay HMO PD GA Coventry Gold \$10 Copay POS PD
	In network you pay	In network you pay	In network you pay		In network you pay	In network you pay
<b>Dental check-up/preventive dental care</b> (2 visits per year)	Covered in full ; ded waived	Covered in full after ded	Covered in full; ded waived		Covered in full; ded waived	Covered in full; ded waived
<b>Basic dental care</b>	Covered in full after ded	Covered in full after ded	30% after ded		30% after ded	30% after ded
<b>Major dental care</b>	Covered in full after ded	Covered in full after ded	50% after ded		50% after ded	50% after ded
<b>Orthodontia</b> (medically necessary only)	Covered in full after ded	Covered in full after ded	50% after ded		50% after ded	50% after ded

All percentages shown are what member pays. PD: Pediatric dental only covered OFF exchange ; On exchange mirrors off without PD.

# Pharmacy

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	GA Coventry Bronze \$15 Copay HMO PD	GA Coventry Bronze Deductible Only HSA Eligible HMO PD	GA Coventry Silver \$10 Copay HMO PD	GA Coventry Silver \$10 Copay 2750 HMO PD	GA Coventry Gold \$10 Copay HMO PD	
	GA Coventry Bronze \$15 Copay POS PD	GA Coventry Bronze Deductible Only HSA Eligible POS PD	GA Coventry Silver \$10 Copay POS PD	GA Coventry Silver \$10 Copay 2750 POS PD	GA Coventry Gold \$10 Copay POS PD	
	In network you pay	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	\$500 per member	Integrated with medical ded	\$250 per member	
<b>Preferred generic drugs</b>	Generic: Covered in full after ded	Generic: Covered in full after ded	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	
<b>Preferred brand drugs</b>	Covered in full after ded	Covered in full after ded	\$40 copay after ded	\$50 copay after ded	\$40 copay after ded	
<b>Non-preferred drugs</b>	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: \$75 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$70 copay 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: 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.

# Catastrophic



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>GA Coventry Catastrophic HMO*</b>		<b>GA Coventry Catastrophic POS*</b>		
		In network you pay		In network you pay		
		<b>Deductible individual/family</b> (applies towards out-of-pocket maximum)	\$6,850/\$13,700	\$6,850/\$13,700		
		<b>Member coinsurance</b>	0%	0%		
		<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,850/\$13,700		
		<b>Primary care visit</b>	Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded	Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded		
		<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)	Covered in full; ded waived	Covered in full; ded waived		
		<b>Annual routine GYN exam</b> (annual pap/mammogram)				
		<b>All other benefits</b>	Covered in full after ded	Covered in full after ded		

Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan.

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



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

- Aetna Gold \$10 Copay OAMC PD
- Aetna Silver \$10 Copay OAMC PD
- Aetna Bronze \$15 Copay OAMC PD
- Aetna Bronze Deductible Only HSA Eligible OAMC PD
- Aetna Catastrophic OAMC PD

**Network within FL:**

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

On	Off	Product Structure	Product	PCP / Referral	Network Used	Service Area
N	Y	1 Tier + OON	OAMC	No	Broad	Statewide

# Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>GA Aetna Bronze \$15 Copay OAMC PD</b>	<b>GA Aetna Bronze Deductible Only HSA Eligible OAMC PD</b>	<b>GA Aetna Silver \$10 Copay OAMC PD</b>	<b>GA Aetna Gold \$10 Copay OAMC 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	\$3,500/\$7,000	\$1,400/\$2,800	
<b>Member coinsurance</b>		0%	0%	30%	20%	
<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	\$6,250/\$12,500	\$5,000/\$10,000	

<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.

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>GA Aetna Bronze</b> <b>\$15 Copay OAMC PD</b>	<b>GA Aetna Bronze</b> <b>Deductible Only</b> <b>HSA Eligible OAMC PD</b>	<b>GA Aetna Silver</b> <b>\$10 Copay</b> <b>OAMC PD</b>	<b>GA Aetna Gold</b> <b>\$10 Copay OAMC PD</b>	
		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	
<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	
<b>Diagnostic lab</b>		Covered in full after ded	Covered in full after ded	30% after ded	20% after ded	
<b>Diagnostic X-ray</b>		Covered in full after ded	Covered in full after ded	30% after ded	20% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)		Covered in full after ded	Covered in full after ded	\$250 copay after ded; then 30%	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>GA Aetna Bronze</b> \$15 Copay OAMC PD	<b>GA Aetna Bronze Deductible Only</b> HSA Eligible OAMC PD	<b>GA Aetna Silver</b> \$10 Copay OAMC PD		<b>GA Aetna Gold</b> \$10 Copay OAMC PD
		In network you pay	In network you pay	In network you pay		In network you pay
<b>Pediatric eye exam</b> (1 visit per year) <sup>2</sup>		Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived		Covered in full; ded waived
<b>Pediatric glasses/contacts</b> (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)		Covered in full; ded waived	Covered in full after ded	Covered in full; ded waived		Covered in full; ded waived

# Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>GA Aetna Bronze \$15 Copay OAMC PD</b>	<b>GA Aetna Bronze Deductible Only HSA Eligible OAMC PD</b>		<b>GA Aetna Silver \$10 Copay OAMC PD</b>	<b>GA Aetna Gold \$10 Copay OAMC 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> (2 visits per year)		Covered in full ded waived	Covered in full after ded		Covered in full ded waived	Covered in full ded waived
<b>Basic dental care</b>		Covered in full after ded	Covered in full after ded		30% after ded	30% after ded
<b>Major dental care</b>		Covered in full after ded	Covered in full after ded		40% after ded	40% after ded
<b>Orthodontia</b> (medically necessary only)		Covered in full after ded	Covered in full 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.

# Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		<b>GA Aetna Bronze \$15 Copay OAMC PD</b>	<b>GA Aetna Bronze Deductible Only HSA Eligible OAMC PD</b>	<b>GA Aetna Silver \$10 Copay OAMC PD</b>	<b>GA Aetna Gold \$10 Copay OAMC 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	\$500 per member	\$250 per member	
<b>Preferred generic drugs</b>		Generic: Covered in full after ded	Generic: Covered in full after ded	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	
<b>Preferred brand drugs</b>		Covered in full after ded	Covered in full after ded	\$40 copay after ded	\$40 copay after ded	
<b>Non-preferred drugs</b>		Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: \$75 copay after ded	Generic & Brand: \$70 copay 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: 30% after ded NP: 40% after ded	P: 30% after ded NP: 40% 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.

# Catastrophic



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			<b>GA Aetna Catastrophic OAMC PD*</b>			
			<b>Member benefits</b>			
			In network you pay			
			<b>Deductible individual/family</b> (applies towards out-of-pocket maximum)			
			\$6,850/\$13,700			
			<b>Member coinsurance</b>			
			0%			
			<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)			
			\$6,850/\$13,700			
			<b>Primary care visit</b>			
			Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded			
			<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)			
			Covered in full; ded waived			
			<b>Annual routine GYN exam</b> (annual pap/mammogram)			
			Covered in full; ded waived			
			<b>All other benefits</b>			
			Covered in full after deductible			

Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan.

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 Georgia, so we've made some changes to make our plans more attractive and easier to sell.**

## Topline changes for Georgia

- Added the Augusta Network for the Health Network Only Open Access
- Added Catastrophic plans ON and OFF exchange
- Removed Silver Integrated for Aetna and added it for Coventry (Augusta)
- HNOnly OA Network in GA will require PCP in 2016 but not a referral (did not require PCP in 2015)
- Where a copay applies, complex imaging will have a separate cost share
- Simplified designs
- Bronze copay plan has removed 'stepped' copays from specialist & ER plans to fit Qualified Health Plan (QHP) template and for simplicity
  - ie. 'Stepped' = 1st 5 visits: \$50 copay; 6+ visits: deductible + \$50 copay
  - Coventry change only

# New for 2016



Geography

Network

Deductible and  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

## Topline changes for Georgia continued:

- Order of operation will be deductible before copay on all benefits where this applies driving consistency (2015: some benefits like adv. Imaging, outpatient surgery and inpatient facility had deductible after copay).
  - Coventry change only
- Office visit copays will include all services (ie. lab/radiology) performed and coded in office.
- Out-of-network benefits = OON ded/50% coins. (copays removed from formula)
- Cost share change on pediatric dental for Coventry bronze plans

# New for 2016



Geography

Network

Deductible and  
Coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

## Quick highlights of pharmacy changes in Georgia

- Aetna standard network pharmacy
- 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



# New for 2016



Geography

Network

Deductible and  
coinsurance

Member  
benefits

Pediatric  
vision

Pediatric  
dental

Pharmacy

## Snapshot of 2016 benefit design changes in Georgia

2015 Product Type	Product Type Changes	Plans Removed ON	Plans Removed Off	Plans Added On	Plans Added Off
Health Network Only Open Access	N/A	N/A	N/A	GA Coventry Gold \$10 Copay HMO Augusta GA Coventry Silver \$10 Copay HMO Augusta GA Coventry Silver \$10 Copay 2750 HMO Augusta GA Coventry Bronze \$15 Copay HMO Augusta GA Coventry Bronze Deductible Only HSA Eligible HMO Augusta GA Coventry Catastrophic HMO Augusta GA Coventry Catastrophic HMO Sega GA Coventry Catastrophic HMO Macon GA Coventry Catastrophic HMO Albany GA Coventry Catastrophic HMO Valdosta GA Coventry Catastrophic HMO Columbus GA Coventry Catastrophic HMO Savannah GA Coventry Catastrophic HMO Atlanta GA Coventry Catastrophic HMO Hall	GA Coventry Gold \$10 Copay HMO Augusta PD GA Coventry Silver \$10 Copay HMO Augusta PD GA Coventry Silver \$10 Copay 2750 HMO Augusta PD GA Coventry Bronze \$15 Copay HMO Augusta PD GA Coventry Bronze Deductible Only HSA Eligible HMO Augusta PD GA Coventry Catastrophic HMO Augusta PD GA Coventry Catastrophic HMO Sega PD GA Coventry Catastrophic HMO Macon PD GA Coventry Catastrophic HMO Albany PD GA Coventry Catastrophic HMO Valdosta PD GA Coventry Catastrophic HMO Columbus PD GA Coventry Catastrophic HMO Savannah PD GA Coventry Catastrophic HMO Atlanta PD GA Coventry Catastrophic HMO Hall PD
Health Network Option Open Access	N/A	N/A	N/A	N/A	GA Coventry Catastrophic POS PD
Managed Choice Open Access	N/A	N/A	GA Aetna Silver \$5 Copay 2750 OAMC PD	N/A	N/A

# New for 2016



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Coventry in-network plan changes		
<b>Bronze copay plan</b> <ul style="list-style-type: none"> <li>• \$5 lower PCP copay</li> <li>• Deductible now \$6,850</li> <li>• Maximum out-of-pocket now \$6,850</li> <li>• Copays removed on many services</li> <li>• Pharmacy: now covered in full after deductible</li> </ul>	<b>Silver integrated plan</b> <ul style="list-style-type: none"> <li>• \$5 higher PCP copay</li> <li>• Maximum out-of-pocket now \$6,850</li> <li>• Stepped copays removed</li> <li>• Pharmacy tier 3 deductible + \$80</li> </ul>	<b>Gold copay plan</b> <ul style="list-style-type: none"> <li>• \$5 higher PCP copay</li> <li>• Lower Specialist copay; now \$40</li> <li>• Maximum out-of-pocket lowered to \$5000</li> <li>• Stepped copays removed</li> <li>• Pharmacy tier 2 increase to \$40</li> <li>• Pharmacy tier 4 increase to 40%</li> </ul>
<b>Bronze H S A plan</b> <ul style="list-style-type: none"> <li>• Deductible now \$6,850</li> <li>• Maximum out-of-pocket now \$6,450</li> </ul>	<b>Silver Copay plan</b> <ul style="list-style-type: none"> <li>• Maximum out-of-pocket now \$6,250</li> <li>• Stepped copays removed</li> </ul>	

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Aetna in-network plan changes		
<b>Bronze copay plan</b> <ul style="list-style-type: none"> <li>• \$5 lower PCP copay</li> <li>• Deductible now \$6,850</li> <li>• Maximum out-of-pocket now \$6,850</li> <li>• Copays removed for most cost shares</li> <li>• Pharmacy: covered in full after deductible</li> </ul>	<b>Silver integrated plan</b> <ul style="list-style-type: none"> <li>• Removed for 2016</li> </ul>	<b>Gold copay plan</b> <ul style="list-style-type: none"> <li>• \$5 higher PCP copay</li> <li>• Pharmacy tier 2 increase to \$40</li> </ul>
<b>Bronze HSA plan</b> <ul style="list-style-type: none"> <li>• Deductible now \$6,450</li> <li>• Maximum out-of-pocket now \$6,450</li> </ul>	<b>Silver copay plan</b> <ul style="list-style-type: none"> <li>• Maximum out-of-pocket now \$6,250</li> <li>• Diagnostic labs and Xrays now have 30% copay after deductible</li> <li>• Pharmacy Tier 2 decreased to \$40</li> <li>• Pharmacy Tier 4 preferred decreased to 30%</li> </ul>	