



Product







Individual On and Off Exchange Counties 2016

Coventry Network

MIPPA

& Methodist

- & Nebraska Health Network
- & CHI Health Omaha powered by UniNet
- & Broad Full Network

Methodist

& Nebraska Health Network

& Broad Full Network

- Unity Point Cedar Rapids & Broad Full Network
- Mercy Medical Des Moines & Broad Full Network
- Patient Preferred & Broad Full Network
- UnityPoint Des Moines & Broad Full Network
- UnityPoint Waterloo & Broad Full Network
- UnityPoint QC & Broad Full Network
- Broad Full Network

Netwo	ork		COVENTRY [®] Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Product name	e:			Network w	vithin lowa:	

Coventry Gold \$10 Copay Mercy Medical Center DM PD Coventry Silver \$10 Copay Mercy Medical Center DM PD Coventry Bronze \$15 Copay Mercy Medical Center DM PD Coventry Bronze HSA Eligible Mercy Medical Center DM PD

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	Mercy Medical Des Moines	Dallas, Polk, Warren

Netwo	ork		COVENTRY [®] Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Coventry Silve Coventry Bror	d \$10 Copay Pat er \$10 Copay Pa nze \$15 Copay P	ient Preferred PD tient Preferred P Patient Preferred Patient Preferred	D PD	Number of Major hosp	vithin lowa: providers: [Ent pitals: [Enter inf y: Coventry nation	0]

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	Patient Preferred	Ida, Monona, Plymouth, Sioux, Woodbury

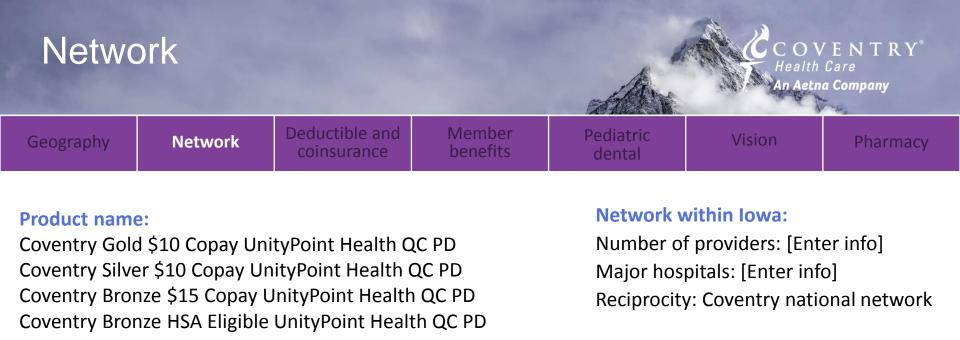


Product name:

Coventry Gold \$10 Copay UnityPoint Health Des Moines PD Coventry Silver \$10 Copay UnityPoint Health Des Moines PD Coventry Bronze \$15 Copay UnityPoint Health Des Moines PD Coventry Bronze HSA Eligible UnityPoint Health Des Moines PD

Network within lowa:

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	UnityPoint Des Moines	Boone, Dallas, Jasper, Madison, Marion, Polk, Warren



On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	UnityPoint QC	Clinton, Muscatine, Scott



Product name:

Coventry Gold \$10 Copay UnityPoint Health Waterloo PD Coventry Silver \$10 Copay UnityPoint Health Waterloo PD Coventry Bronze \$15 Copay UnityPoint Health Waterloo PD Coventry Bronze HSA Eligible UnityPoint Health Waterloo PD

Network within lowa:

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	Unity Point Waterloo	Black Hawk, Bremer

Netwo	ork		COVENTRY [®] Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Coventry Silve Coventry Bror	d \$10 Copay CHI er \$10 Copay CH nze \$15 Copay C	Health Omaha I II Health Omaha IHI Health Omah CHI Health Oma	PD a PD	Number of Major hosp Reciprocity	vithin lowa: ² providers: [Ent pitals: [Enter inf v: Nebraska; IL – enry and Whites	o] - Rock Island,

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	OA HMO	No	CHI Health Omaha powered by UniNet	Pottawattamie

Netwo	ork		COVENTRY [®] Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
	d \$10 Copay Me	ethodist Health Pa			ithin lowa: providers: [Ent	-

Coventry Silver \$10 Copay Methodist Health Partners PD Coventry Bronze \$15 Copay Methodist Health Partners PD Coventry Bronze HSA Eligible Methodist Health Partners PD Number of providers: [Enter info] Major hospitals: [Enter info] Reciprocity: Nebraska; IL – Rock Island, Mercer, Henry and Whiteside counties

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	OA HMO	No	Methodist	Mills, Pottawattamie

Netwo	ork		COVENTRY [®] Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
	d \$10 Copay Ne	braska Health Net		Number of	ithin lowa: providers: [Ent	-

Coventry Silver \$10 Copay Nebraska Health Network PD Coventry Bronze \$15 Copay Nebraska Health Network PD Coventry Bronze HSA Eligible Nebraska Health Network PD Number of providers: [Enter info] Major hospitals: [Enter info] Reciprocity: Nebraska; IL – Rock Island, Mercer, Henry and Whiteside counties

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	OA HMO	No	Nebraska Health Network	Mills, Pottawattamie

Netwo	ork		COVENTRY [®] Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Coventry Silve Coventry Bror	d \$10 Copay PD er \$10 Copay PD nze \$15 Copay P		PD	Number of Major hosp	vithin lowa: ⁵ providers: [Ent pitals: [Enter inf v: Coventry nati	o]

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

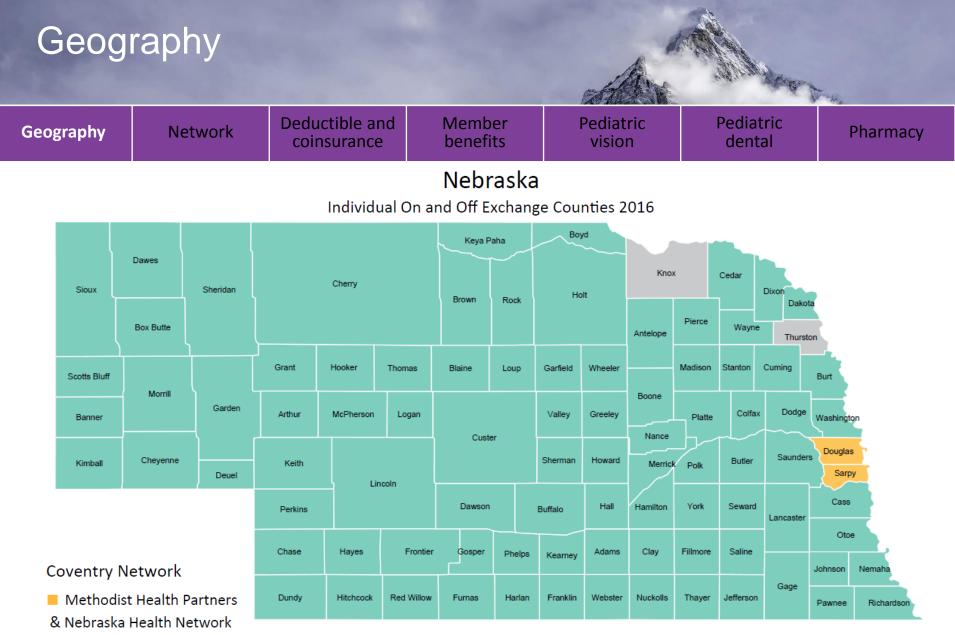


Coventry Silver \$10 Copay MIPPA PD Coventry Bronze \$15 Copay MIPPA PD Coventry Bronze Deductible Only HSA Eligible MIPPA PD

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	MIPPA	Pottawattamie

Netwo	ork		COVENTRY Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Coventry Silve Coventry Bror	d \$10 Copay Uni er \$10 Copay Un nze \$15 Copay U	tyPoint Health C hityPoint Health (JnityPoint Health UnityPoint Health	CR PD 1 CR PD	Number of Major hosp	vithin lowa: ⁵ providers: [Ent pitals: [Enter inf v: Coventry natio	o]

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	Mercy Medical Cedar Rapids	Benton, Buchanan, Linn



& MIPPA - Midwest Independent Physicians Practice Association

& CHI Health Omaha powered by UniNet

Full Network

Netwo	ork		COVENTRY [®] Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Coventry Silve Coventry Bror	d \$10 Copay CH er \$10 Copay CH nze \$15 Copay C	I Health Omaha I II Health Omaha CHI Health Omah CHI Health Omah	PD a PD	Number of	vithin Nebraska providers: [Ent pitals: [Enter inf v: lowa	er info]

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	OA HMO	No	CHI Health Omaha Powered by UniNet	Douglas, Sarpy

Netwo	ork			COVENTRY Health Care An Aetna Company		
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Product name	e:		Network w	vithin Nebrask	a:	

Coventry Gold \$10 Copay Nebraska Health Network PD Coventry Silver \$10 Copay Nebraska Health Network PD Coventry Bronze \$15 Copay Nebraska Health Network PD Coventry Bronze HSA Eligible Nebraska Health Network PD Number of providers: [Enter info] Major hospitals: [Enter info] Reciprocity: Iowa

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	OA HMO	No	NE Health Network	Douglas, Sarpy

Netwo	ork		COVENTRY Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Product name	e:		Network w	vithin Nebraska	a:	

Coventry Gold \$10 Copay Methodist Health Partners PD Coventry Silver \$10 Copay Methodist Health Partners PD Coventry Bronze \$15 Copay Methodist Health Partners PD Coventry Bronze HSA Eligible Methodist Health Partners PD

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

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	OA HMO	No	Methodist Health Partners	Douglas, Sarpy

Netwo	ork		COVENTRY Health Care An Aetna Company				
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy	
Coventry Silve Coventry Bror	e: d \$10 Copay MII er \$10 Copay M nze \$15 Copay N nze HSA Eligible	IPPA PD VIIPPA PD		Number of	rithin Nebraska providers: [Ent pitals: [Enter int r: lowa	ter info]	

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	MIPPA –Midwest Independent Physicians Practice Association	Douglas, Sarpy

Netwo	ork		COVENTRY [®] Health Care An Aetna Company				
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy	
Coventry Silve Coventry Bron	e: d \$10 Copay PD er \$10 Copay PD nze \$15 Copay P nze HSA Eligible) PD		Number of Major hosp	ithin Nebraska providers: [Ent itals: [Enter inf : Coventry nationality	er info] o]	

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	OA POS	No	Full Network	All counties except: Douglas, Sarpy, Knox, Thurston

Deductible coinsurance

COVENTRY[®] Health Care An Aetna Company

Geography	Geography Network		Deductible and coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		Coventry B Copay	ntry Bronze \$15 y			igible Coventry Silver \$10 Copay			Coventry Gold \$10 Copay	
		In network you pay		In network you pay		In network you pay		In network you pay		
Deductible individual/ family1 (applies to out-of-pocket maximum)\$6,8		\$6,850/\$13,700		\$6,4	\$6,450/\$12,900		\$3,500/\$7,000		\$1,400/\$2,800	
Member coinsurance		0%		0%	0%		30%		20%	
Out-of-pocket maximum individual/family ¹ (maximum you will pay for all covered services)		\$6,850/\$13,700		\$6,4	\$6,450/\$12,900		\$6,250/\$12,500		\$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.

Member benefits

COVENTRY[®] Health Care An Aetna Company

Geography Net		twork Deductible a coinsuranc					Pediatric vision	Pediatric dental	;	Pharmacy
		Coventry Bronze \$15 Copay			entry Bronze HSA Elig	Coventry Silve	er \$10 Copay	Coventry Gold \$10 Copay		
		In networl	k you pay	In ne	etwork you pay		In network you	и рау	In ne	etwork you pay
Primary care office	visit	\$15 copay; ded waived		Covered in full after ded		\$10 copay; ded waived		\$10 copay; ded waived		
Specialist office visi	t	Covered in full after ded		Cove	ered in full after ded		\$75 copay; ded waived		\$40	copay; ded waived
Hospital stay		Covered in full after ded		Covered in full after ded			\$500 copay per admission after ded; then 30%		20%	after ded
Outpatient surgery (Ambulatory Surgi Center/Hospital)	(Ambulatory Surgical		Covered in full after ded		Covered in full after ded		\$250 copay af 30%	ter ded; then	20%	after ded
Emergency room (copay waived if admitted)		Covered in full after ded		Cove	Covered in full after ded		\$500 copay after ded		\$250 copay after ded	
Urgent care		\$100 copa	y; ded waived	Cove	ered in full after ded		\$75 copay; de	d waived	\$75	copay; ded waived

Member benefits

COVENTRY[®] Health Care An Aetna Company

Geography Netv		vork Deductible and coinsurance		Member benefits		ediatric Pediatric vision dental			Pharmacy
		Coventry Copay	Bronze \$15	Coventry Bronze HSA Eligible		Coventry Silver \$10 Copay		Coventry Gold \$10 Copay	
		In netwo	rk you pay	In network you pay		In network y	vou pay	ln n	etwork you pay
Preventive care/screening/immunization (age and frequency limits apply)		Covered in full; ded waived		Covered in full; ded waived		Covered in f	ull; ded waived	Cov wai	ered in full; ded ved
Annual routine GYN (annual pap/mamr		Covered in full; ded waived		Covered in full; ded w	Covered in full; ded waived		ull; ded waived	Cov wai	ered in full; ded ved
Diagnostic lab		Covered in full after ded		Covered in full after ded		30% after ded		20%	after ded
Diagnostic X-ray		Covered	in full after ded	Covered in full after d	ed	30% after de	ed	20%	after ded
Imaging (CT/PET s MRIs)	scans,	Covered	in full after ded	Covered in full after d	ed	\$250 copay 30%	after ded; then	20%	after ded

Pediatric vision

COVENTRY[®] Health Care An Aetna Company

Geography	Geography Network		Deductible and coinsurance		Member benefits		Pediatric vision	Pediatr dental		Pharmacy
		Coventry Copay	Bronze \$15	Cove	entry Bronze HSA Elig	gible	Coventry Silve	er \$10 Copay	Cove	ntry Gold \$10 Copay
		In network you pay		In network you pay		In network you pay		In network you pay		
Pediatric eye exam per year)	diatric eye exam (1 visit r year)		n full; ded	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 i waived	n full; ded	Cove	ered in full after ded		Covered in ful	l; ded waived	Cover waive	red in full; ded ed

Pediatric dental

COVENTRY Health Care An Aetna Company

Geography Net		work Deductible a coinsurance					Pediatric vision	Pediatric dental		Pharmacy
		Coventry Copay	r Bronze \$15	Coventry Bronze HSA Eligible			Coventry Silve	er \$10 Copay	Coventry Gold \$10 Copay	
		In netwo	rk you pay	In n	ietwork you pay		In network yo	u pay	In n	etwork you pay
Dental check-up/pr dental care (1 visits every 6 m		Covered in full; ded waived		Covered in full after ded		Covered in full; ded waived		Cov wai	vered in full; ded ved	
Basic dental care		Covered in full after ded		Cov	Covered in full after ded		30% after dec	I	30% after ded	
Major dental care		Covered	in full after ded	Cov	vered in full after ded		50% after dec	I	50%	6 after ded
Orthodontia (medically necessa	ary only)	Covered	in full after ded	Cov	vered in full after ded		50% after dec		50%	6 after ded

Pharmacy

COVENTRY Health Care An Aetna Company

Geography	Geography Network				atric ion	Pediatric dental	Pharmacy		
		Coventry Bronze \$	515 Copay		Coventry Bronze HSA Eligible				
		In network you pa	y		In netwo	rk you pay			
Pharmacy deductib	le	Integrated with med	dical ded		Integrated with medical ded				
Preferred generic d	rugs	Generic: Covered in	full after ded		Generic: C	Covered in full after ded	I		
Preferred brand dru	ıgs	Covered in full after	ded		Covered in full after ded				
Non-preferred drug	<u>5</u> 5	Generic & Brand: Co	overed in full after ded		Generic &	Brand: Covered in full	after ded		
Specialty drugs		P: Covered in full af NP: Covered in full a			P: Covered in full after ded NP: Covered in full after ded				

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

Pharmacy

COVENTRY Health Care An Aetna Company

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		Coventry Silver \$	510 Copay	Coventry Gold \$10 Copay		
		In network prefe	rred In networ	k	In network preferred	l In network
Pharmacy deductib	le	\$500 per member			\$250 per member	
Preferred generic d	rugs	Low Cost Generic: \$5 copay; ded wai Generic: \$15 copa ded waived		ded waived 20 copay;	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$15 copay; ded waived Generic: \$15 copay; ded waived
Preferred brand dru	ıgs	\$40 copay after de	ed \$50 copay	after ded	\$35 copay after ded	\$45 copay after ded
Non-preferred drug	S	Generic & Brand: S copay after ded	580 Generic & copay after		Generic & Brand: \$65 copay after ded	Generic & Brand: \$80 copay after ded
Specialty drugs		P: 40% after ded NP: 50% after ded	P: 40% afte NP: 50% af		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.



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

Topline changes for Iowa and Nebraska

- On-exchange and off-exchange plans
- One Silver plan: Silver copay plan (Silver Integrated 2750 plan was removed)



Snapshot of 2016 benefit design changes in Iowa and Nebraska

- 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.
- 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.

Benefit Updates for 2016

Coventry in-network plan changes

- Bronze Deductible Only HSA Eligible plan
 Bronze copay plan
 Pharmacy:
- Maximum out-ofpocket now \$6,450
- Deductible now \$6,450

- Pharmacy: all tiers 100% after deductible
- PCP \$15 copay
- Urgent Care: \$100 copay
- All other services: deductible then 0%

Silver Copay plan

- Maximum out-ofpocket now \$6,250
- Deductible now \$3,500
- Specialist copay \$75
- ER: deductible then \$500 copay
- Pharmacy tier 2 ded+\$40 preferred; ded+\$50 nonpreferred
- Pharmacy tier 3 deductible + \$80 preferred; deductible + \$90 non-preferred

Gold copay plan

A Fred

- Lower Specialist copay; \$40
- PCP copay \$10
- ER: deductible then \$250 copay
- Maximum out-ofpocket lowered to \$5000
- Pharmacy tier 4 increase to 40%



Quick highlights of pharmacy changes in Iowa and Nebraska

- Coventry Preferred RX network cost shares
- Mail-order delivery with opt-out strategy (applies to Nebraska only)
- Mail-order multiplier 2.5x for tier 1, 2 and 3 drugs in Iowa
- Mail-order multiplier 3x for tier 1, 2 and 3 drugs in Nebraska