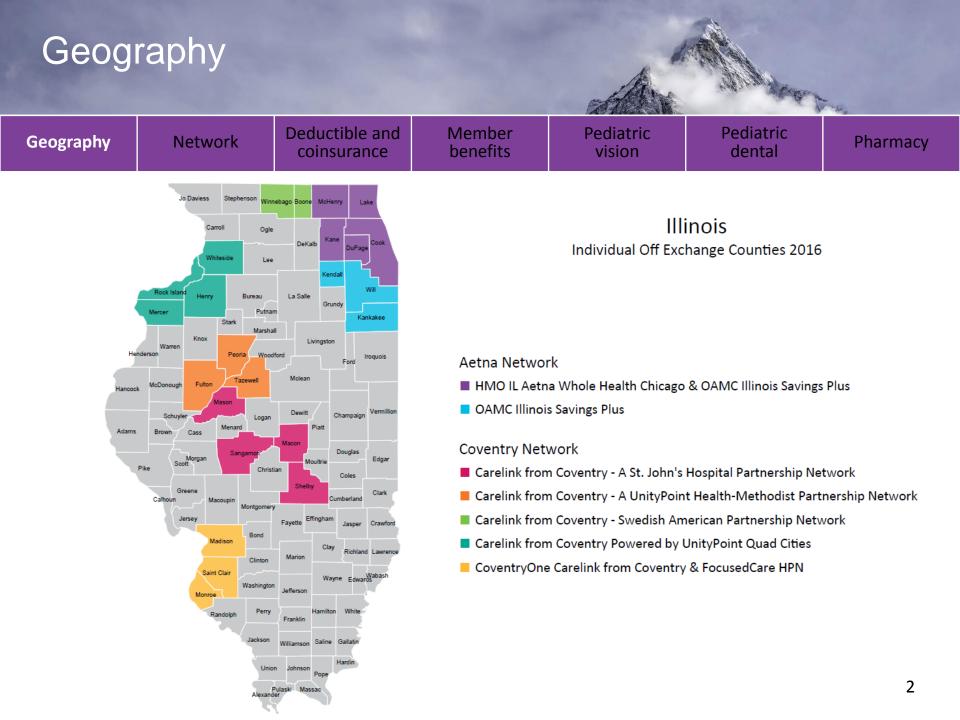
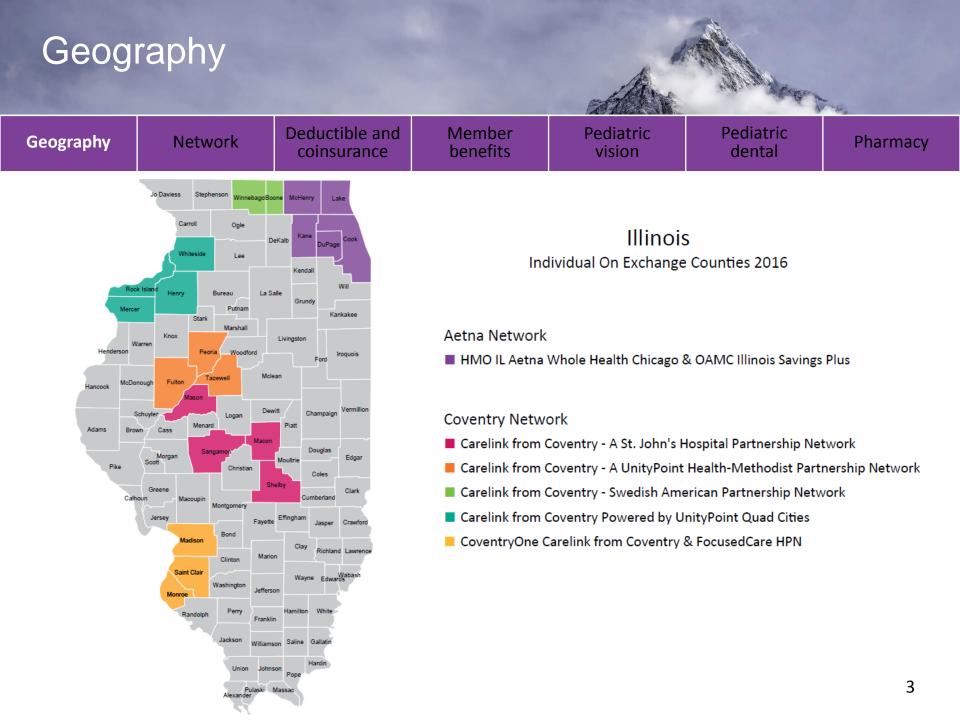
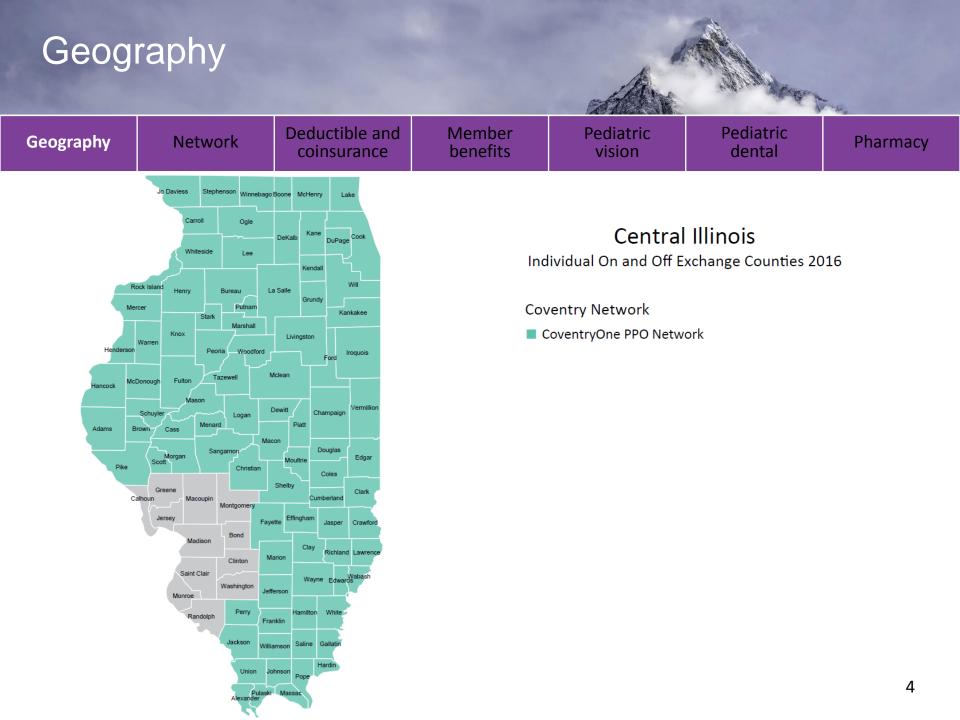


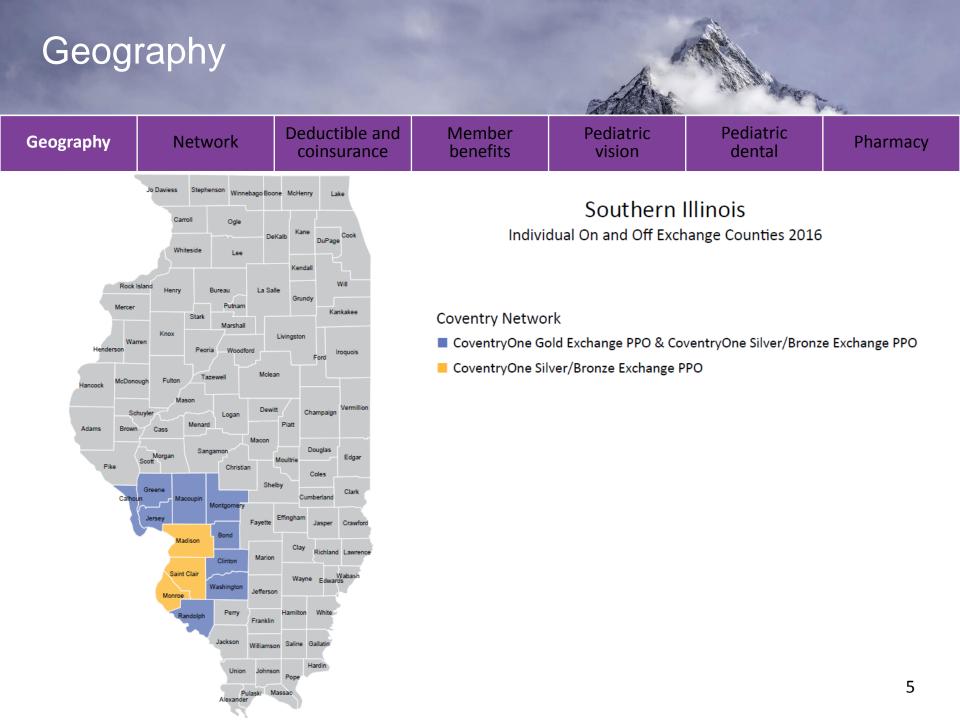


# Product











Aetna Whole Health Chicago Gold \$10 Copay PD Aetna Whole Health Chicago Silver \$10 Copay PD Aetna Whole Health Chicago Bronze \$15 Copay PD Aetna Whole Health Chicago Bronze Deductible Only HSA Eligible PD

#### **Network within IL:**

Number of providers: 5300 PCPs; 15,000 Specialists; 21 Specialties (must use designated) Major hospitals: 68 Hospitals – excludes Cavins and UMC

- Adventist La Grange Memorial
- Advocate Lutheran General
- Advocate South Suburban
- Franciscan St James Health Olympia
- Northwestern Lake Forest

Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier no OON	НМО	Yes / Yes	Advocate	Cook, DuPage, Kane, Lake, McHenry



Aetna Gold \$10 Copay Savings Plus OAMC PD Aetna Silver \$10 Copay Savings Plus OAMC PD Aetna Bronze \$15 Copay Savings Plus OAMC PD Aetna Bronze Deductible Only HSA Eligible Savings Plus OAMC PD

#### **Network within IL:**

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

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	1 Tier + OON	Savings Plus OAMC	No / No	Savings Plus	Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Will

# Deductible coinsurance



Geography	Geography Network		Deductible and coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		IL Aetna Br Deductible Eligible Sav OAMC PD	Only HSA	IL Aetna Bronze \$15 Copay Savings Plus OAMC PD			IL Aetna Whole Chicago Bronze Only HSA Eligil	e Deductible	IL Aetna Whole Health Chicago Bronze \$15 Copay PD	
		In network	you pay	In ne	twork you pay		In network you	і рау	In network you pay	
<b>Deductible individual/</b> <b>family</b> <sup>1</sup> (applies to out-of-pocket maximum)		\$6,450/\$12,900		\$6,850/\$13,700		\$6,450/\$12,900		\$6,850/\$13,700		
Member coinsurance		0%		0%			0%		0%	
Out-of-pocket maximum individual/family <sup>1</sup> (maximum you will pay for all covered services)		\$6,450/\$12,900 \$6		\$6,8	\$6,850/\$13,700		\$6,450/\$12,900		\$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.

# Deductible coinsurance



Geography	graphy Network		Deductible and coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		IL Aetna Si Copay Savi OAMC PD		IL Aetna Whole Health Chicago Silver \$10 Copay PD			IL Aetna Gold Savings Plus O		IL Aetna Whole Health Chicago Gold \$10 Copay PD	
		In network	you pay	In ne	twork you pay		In network you	і рау	In network you pay	
<b>Deductible individual/</b> <b>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	
Member coinsurand	ce	30%		30%			20%			6
Out-of-pocket maximum individual/family <sup>1</sup> (maximum you will pay for all covered services)		\$6,250/\$	/\$12,500 \$6,3		6,250/\$12,500		\$5,000/\$10,000		\$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.



Geography Net		twork Deductible coinsuran					Pediatric vision	Pediatric dental	2	Pharmacy
		IL Aetna Bronze Deductible Only HSA Eligible Savings Plus OAMC PD			IL Aetna Bronze \$15 Copay Savings Plus OAMC PD		IL Aetna Whol Chicago Bronz Only HSA Eligi	ze Deductible	Chic	etna Whole Health cago Bronze \$15 ay PD
		In networl	k you pay	In ne	etwork you pay		In network you	u pay	In network you pay	
Primary care office visit		Covered in	n full after ded	\$15	copay; ded waived		Covered in full	l after ded	\$15	copay; ded waived
Specialist office visi	it	Covered in full after deductible		Covered in full after deductible			Covered in full	l after ded	Covi	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 Surgio Center/Hospital)		Covered ir deductible	n full after e	Covered in full after deductible			Covered in full	l after ded	Cove	ered in full after ded
Emergency room (C waived if admitted)	opay	Covered ir deductible	n full after e		ered in full after uctible		Covered in full	l after ded	Cove	ered in full after ded
Urgent care		Covered ir	n full after ded	\$10	0 copay; ded waived		Covered in full	l after ded	\$10	0 copay; ded waived



Geography	Geography Net		twork Deductible a coinsurance				Pediatric vision	Pediatric dental	2	Pharmacy
		IL Aetna Silver \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Silver \$10 Copay PD		IL Aetna Gold \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Gold \$10 Copay PD		
		In network	k you pay	In ne	etwork you pay		In network you	u pay	In n	etwork you pay
Primary care office visit		\$10 copay	; ded waived	\$10	copay; ded waived		\$10 copay; de	d waived	\$10 copay; ded waived	
Specialist office visi	t	\$75 copay; ded waived		\$75 copay; ded waived		\$40 copay; de	d waived	\$40	copay; ded waived	
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 Surgi Center/Hospital)	cal	\$250 copay plus 30% after ded		\$250 copay plus 30% after ded		20% after ded		20% after ded		
Emergency room (C waived if admitted)	opay	\$500 copa	ıy after ded	\$500	) copay after ded		\$250 copay af	ter ded	\$25	0 copay after ded
Urgent care		\$75 copay	; ded waived	\$75	copay; ded waived		\$75 copay; de	d waived	\$75	copay; ded waived



Geography	Geography Net		work Deductible an coinsurance		d Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		IL Aetna Bronze Deductible Only HSA Eligible Savings Plus OAMC PD			IL Aetna Bronze \$15 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Bronze Deductible Only HSA Eligible PD		IL Aetna Whole Health Chicago Bronze \$15 Copay PD	
		In netwo	rk you pay	In n	etwork you pay		In network yo	ou 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 fu	ll; ded waived	Cov wai	ered in full; ded ved	
Annual routine GYN (annual pap/mamr		Covered in full; ded waived		Covered in full; ded waived		ed	Covered in full; ded waived		Cov wai	ered in full; ded ved
Diagnostic lab		Covered in full after ded		Covered in full after ded			Covered in full after ded		Cov	ered in full after ded
Diagnostic X-ray		Covered in full after ded		Cov	Covered in full after ded		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



Geography Netv		work Deductible an coinsurance				F	Pediatric vision	Pediatric dental		Pharmacy
		IL Aetna Silver \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Silver \$10 Copay PD			IL Aetna Gold \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Gold \$10 Copay PD	
		In netwo	rk you pay	ln n	etwork you pay		In network yo	u pay	In n	etwork you pay
<b>Preventive</b> care/screening/immunization (age and frequency limits apply)		Covered in full; ded waived		Covered in full; ded waived		ed	Covered in full; ded waived		Cov wai	ered in full; ded ved
<b>Annual routine GYN</b> (annual pap/mamr		Covered in full; ded waived		Covered in full; ded waived		ed	Covered in full; ded waived		Cov wai	ered in full; ded ved
Diagnostic lab		30% after ded		30% after ded			20% after ded		20% after ded	
Diagnostic X-ray		30% after ded		30% after ded			20% after dec	I	20% after ded	
Imaging (CT/PET s MRIs)	scans,	\$250 cop after ded	ay plus 30%	\$25	0 copay plus 30% afte	er ded	20% after dec	I	20%	á after ded

# Pediatric vision



Geography	Net	work	Deductible a coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		IL Aetna Bronze Deductible Only HSA Eligible Savings Plus OAMC PD			etna Bronze \$15 Copa ngs Plus OAMC PD	IL Aetna Who Chicago Bronz Only HSA Eligi	e Deductible	IL Aetna Whole Health Chicago Bronze \$15 Copay PD		
		In network you pay			etwork you pay	In network you pay			In network you pay	
<b>Pediatric eye exam</b> per year) <sup>2</sup>	(1 visit	Covered i deductibl			ered in full; uctible waived		Covered in ful deductible wa		Cov waiv	ered in full; ded ved
<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) <sup>3</sup>		Covered i	n full after ded	Cove	ered in full; ded waive	ed	Covered in ful	l after ded	Cov wai <sup>v</sup>	ered in full; ded ved

# Pediatric vision



Geography	Net	work	Deductible a coinsurant		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		IL Aetna Silver \$10 Copay Savings Plus OAMC PD		Chic	IL Aetna Whole Health Chicago Silver \$10 Copay PD		IL Aetna Gold \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Gold \$10 Copay PD	
		In networ	k you pay	In network you pay			In network yo	u pay	In network you pay	
<b>Pediatric eye exam</b> per year) <sup>2</sup>	(1 visit	Covered i deductibl			ered in full; uctible waived		Covered in ful deductible wa		Cov waiv	ered in full; ded /ed
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		Cove	ered in full; ded waive	ed	Covered in ful deductible wa	,	Cove waiv	ered in full; ded /ed

# Pediatric dental



Geography Net		work Deductible ar coinsurance				l	Pediatric vision	Pediatric dental		Pharmacy
		IL Aetna Bronze Deductible Only HSA Eligible Savings Plus OAMC PD			etna Bronze \$15 Cop ings Plus OAMC PD	IL Aetna Who Chicago Bron Only HSA Elig	ze Deductible	IL Aetna Whole Health Chicago Bronze \$15 Copay PD		
		In network you pay		ln n	etwork you pay		In network you pay		In network you pay	
Dental check-up/pr dental care (2 visits per calend		Covered in full after ded		Covered in full; ded waived		ed	Covered in full after ded		Cov wai	vered in full; ded ved
Basic dental care		Covered in full after ded		Covered in full after ded			Covered in full after ded		Covered in full after de	
Major dental care		Covered in full after ded		Covered in full after ded			Covered in full after ded		Covered in full after de	
Orthodontia (medically necess	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



Geography	Netv	work Deductible an coinsurance				I	Pediatric vision	Pediatric dental	Pharmacy	
		IL Aetna Silver \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Silver \$10 Copay PD		IL Aetna Gold \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Gold \$10 Copay PD		
		In netwo	rk you pay	In n	etwork you pay		In network you pay		In network you pay	
Dental check-up/pr dental care (2 visits per calend		Covered in full; ded waived		Covered in full; ded waived		Covered in full; ded waived		Cov wai	ered in full; ded ved	
Basic dental care		30% after ded		30% after ded			30% after ded		30% after ded	
Major dental care		50% after ded		50% after ded			50% after ded		50% after ded	
Orthodontia (medically necess	ary only)	50% after	r ded	50%	á after ded		50% after ded		50%	after ded

# Pharmacy



Geography	Network	letwork Deductib coinsur		Member benefits	Pediatric vision	Pediatri dental	-	Pharmacy	
	Deductible On	IL Aetna Bronze Deductible Only HSA Eligible Savings Plus OAMC PD		IL Aetna Bronze \$15 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Bronze Deductible Only HSA Eligible PD		IL Aetna Whole Health Chicago Bronze \$15 Copay PD	
	In network you pay		In network you pay		In network you	In network you pay		In network you pay	
Pharmacy deductible	Integrated with medical ded		Integrated with medical ded		Integrated with	h medical ded	Integ ded	rated with medical	
Preferred generic dru	generic drugs Generic: Covered in full after ded		Generic: Covered in full after ded		Generic: Cover ded	red in full after	Gene after	ric: Covered in full ded	
Preferred brand drugs	Covered in full	after ded	Covered	in full after ded	Covered in full	after ded	Cove	red in full after ded	
Non-preferred drugs	Generic & Brar in full after ded	nd: Covered	Generic after de	& Brand: Covered in fu d	II Generic & Brar full after ded	nd: Covered in	Gene in ful after		
Specialty drugs	P: Covered in f ded NP: Covered in ded			ed in full after ded ered in full after ded	P: Covered in f NP: Covered in		ded	vered in full after overed in full after	

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

# Pharmacy



Geography	Geography Network		Deductib coinsur		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		IL Aetna Silver \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Silver \$10 Copay PD		IL Aetna Gold \$10 Copay Savings Plus OAMC PD		IL Aetna Whole Health Chicago Gold \$10 Copay PD		
		In network you pay		In network you pay		In network you pay		In network you pay		
Pharmacy deductible		\$500 per member		\$500 per member		\$250 per member		\$250 per member		
Preferred generic drugs		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		copa ded v	vaived ric: \$10 copay; ded	
Preferred brand dru	ıgs	\$40 copay afte	r ded	\$40 cop	ay after ded		\$40 copay after ded		\$40 copay after ded	
Non-preferred drugs		Generic & Brand: \$75 copay after ded		Generic & Brand: \$75 copay after ded			Generic & Brand: \$70 copay after ded		Generic & Brand: \$70 copay after ded	
Specialty drugs		P: 40% after ded NP: 50% after ded		P: 40% after ded NP: 50% after ded			P: 40% after ded NP: 50% after ded		-	% after ded 0% after ded

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

# Aetna stand alone dental plan

	PPO Plus Plan	PPO Plan
Calendar Year Deductible	•\$50 • \$1,200 calendar year max	•\$100 • \$1,000 calendar year max
Diagnostic and preventative	<ul><li> 100%</li><li> No waiting period</li></ul>	<ul><li>80%</li><li>No waiting period</li></ul>
Periodontal maintenance cleanings and denture repair, rebase & relining	<ul><li>80%</li><li>6 month waiting period</li></ul>	<ul><li>50%</li><li>6 month waiting period</li></ul>
Fillings, oral surgery, root canals	<ul><li> 50%</li><li> 6 month waiting period</li></ul>	<ul><li> 50%</li><li> 6 month waiting period</li></ul>
Periodontics, crowns, cast restorations, dentures	<ul><li> 50%</li><li> 18 month waiting period</li></ul>	<ul><li> 50%</li><li> 18 month waiting period</li></ul>
ТМЈ	• Not covered	Not covered

-	Net	work				COVENTRY Health Care An Aetna Company					
Ge	eograpi	ny Netw	vork	Deductible and coinsurance		Member Pediatric Vision Pharma benefits dental					
(	Product name:Network within Central IL:Coventry Gold \$15 Copay PDNumber of providers: [Enter info]Coventry Silver \$15 Copay PDMajor hospitals: [Enter info]Coventry Bronze \$20 Copay PDReciprocity: NoneCoventry Bronze Deductible Only HSA Eligible PDPCP / Network										
On	Off	Product structure	Produc	t PCP / referral	Network used		Se	ervice area			
Y	Y	1 Tier + OON	PPO	No	PPO Medical	Champa Cumber Edward Grundy, Iroquois Kane, Ka Livingst McDone Moultri Putnam Scott, S Wabash	Alexander, Boone, aign, Christian, Clar land, DeKalb, Dew s, Effingham, Fayel Hamilton, Hancoc s, Jackson, Jasper, J ankakee, Kendall, H on, Logan, Macon, ough, McHenry, M e, Ogle, Peoria, Pe , Richland, Rock Is helby, Stark, Steph n, Warren, Wayne, son, Winnebago, V	rk, Clay, Coles, Coo vitt, Douglas, DuPa tte, Ford, Franklin, ck, Hardin, Hender Jefferson, Jo Davie Knox, La Salle, Lake Marion, Marshall clean, Menard, M rry, Piatt, Pike, Pop land, Saline, Sanga enson, Tazewell, L White, Whiteside,	ok, Crawford, ge, Edgar, Fulton, Gallatin, son, Henry, ss, Johnson, e, Lawrence, Lee, , Mason, Massac, ercer, Morgan, be, Pulaski, amon, Schuyler, Jnion, Vermillion,		

Netwo	ork		COVENTRY <sup>®</sup> Health Care An Aetna Company			
Geography	Geography Network Deductib		Member benefits	Pediatric dental	Vision	Pharmacy

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

#### **Network within Central IL:**

Number of providers: PCP 139; SCP 491 Major hospitals: 6 Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	ΡΡΟ	Yes / Yes	Carelink from Coventry - A UnityPoint Health- Methodist/Proctor Partnership Network	Peoria, Tazewell, Fulton



Coventry Gold \$10 Copay Carelink St. John's PD Coventry Silver \$10 Copay Carelink St. John's PD Coventry Bronze \$15 Copay Carelink St. John's PD Coventry Bronze Deductible Only HSA Eligible Carelink St. John's PD

#### **Network within Central IL:**

Number of providers: PCP 121; SCP 593 Major hospitals: 4 Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	Yes / Yes	Carelink from Coventry - A St. John's Hospital Partnership Network	Sangamon, Macon, Mason, Shelby

Netwo	ork			COVENTRY Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy	

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

#### **Network within Central IL:**

Number of providers: PCP 350; SCP 2031 Major hospitals: 4 Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area	
Y	Y	1 Tier + OON	PPO	Yes / Yes	Carelink from Coventry - Swedish American Partnership	Boone, Winnebago	
					Network		24

Network				COVENTRY Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy	

Coventry Gold \$10 Copay UnityPoint Health Quad Cities PD

Coventry Silver \$10 Copay UnityPoint Health Quad Cities PD

Coventry Bronze \$15 Copay UnityPoint Health Quad Cities PD

Coventry Bronze Ded Only HSA Eligible UnityPoint Health Quad Cities PD

#### **Network within Central IL:**

Number of providers: PCP 181; SCP 544 Major hospitals: 5 Reciprocity: None

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	ΡΡΟ	Yes / No	Carelink from Coventry Powered by UnityPoint Quad Cities	Henry, Mercer, Rock Island, Whiteside

# Deductible coinsurance

COVENTRY<sup>®</sup> Health Care An Aetna Company

Geography	Geography Network		Deductible and coinsurance	Member Pediatri benefits vision			Pediatric dental		Pharmacy
		IL Coventry Bronze \$15 Copay Carelink Methodist PD IL Coventry Bronze \$15 Copay Carelink St. John's PD IL Coventry Bronze \$15 Copay Carelink SwedishAmerican PD IL Coventry Bronze \$15 Copay UnityPoint Health Quad Cities PD		IL Coventry Bronze Deductible Only HSA Eligible Carelink Methodist PD IL Coventry Bronze Deductible Only HSA Eligible Carelink St. John's PD IL Coventry Bronze Deductible Only HSA Eligible Carelink SwedishAmerican PD IL Coventry Bronze Ded Only HSA Eligible UnityPoint Health Quad Cities PD		IL-C-Coventry Bronze \$20 Copay PD		IL-C-Coventry Bronze Deductible Only HSA Eligible PD	
		In network you pay		In network you pay		In network you pay		In ne	twork you pay
<b>Deductible individual/</b> <b>family</b> <sup>1</sup> (applies to out-of-pocket maximum)		\$6,850/\$13,700		\$6,450/\$12,900		\$6,850/\$13,700		\$6,450/\$12,900	
Member coinsurance		0%		0%		0%		0%	
Out-of-pocket maxir individual/family <sup>1</sup> (maximum you will for all covered serv	l pay	\$6,850/\$1	13,700	\$6,450/\$12,900		\$6,85	0/\$13,700	\$6,4	50/\$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.

# Deductible coinsurance

COVENTRY Health Care An Aetna Company

Geography	Ne	etwork	Deductible and coinsurance	Member benefits		Pediatric vision	Pediatric dental		Pharmacy	
		IL Coventry Silver \$10 Copay Carelink Methodist PD IL Coventry Silver \$10 Copay Carelink St. John's PD IL Coventry Silver \$10 Copay Carelink SwedishAmerican PD IL Coventry Silver \$10 Copay UnityPoint Health Quad Cities PD		IL-C-Coventry Silve \$15 Copay PD	r	IL Coventry Gold \$10 Copay Carelink Methodist PD IL Coventry Gold \$10 Copay Carelink St. John's PD IL Coventry Gold \$10 Copay Carelink SwedishAmerican PD IL Coventry Gold \$10 Copay UnityPoint Health Quad Cities PD		IL-C-Coventry Gold \$15 Copay PD		
		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 max	•	\$3,500/\$	7,000	\$3,500/\$7,000		\$1,400/\$2,800			\$1,400/\$2,800	
Member coinsurand	ce	30%		30%		20%			20%	
Out-of-pocket maxi individual/family <sup>1</sup> (maximum you wil for all covered ser	l pay	\$6,250/\$	12,500	\$6,200/\$12,400		\$5,000/\$10,000		\$4,	950/\$9,900	

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.

COVENTRY Health Care An Aetna Company

Geography	Network Deductible and coinsurance			d Member Pediatric benefits vision		Pediatric dental	Pharmacy		
	IL Coventry Bronze \$15 Copay Carelink Methodist PD IL Coventry Bronze \$15 Copay Carelink St. John's PD IL Coventry Bronze \$15 Copay Carelink SwedishAmerican PD IL Coventry Bronze \$15 Copay UnityPoint Health Quad Cities PD			Coventry Bronze Ded	ink Methodist PD luctible ink St. John's PD luctible ink SwedishAmerican	IL-C-Coventry Bronze \$20 Copay PD	IL-C-Coventry Bronze Deductible Only HSA Eligible PD		
	In network you pay In network you pay						In network you pay	In network you pay	
Primary care office visit	\$15 copay; dec	ductible waived	Cov	vered in full after dec	luctible	\$20 copay; ded waived	Covered in full after ded		
Specialist office visit	Covered in full	overed in full after deductible Covered in			in full after deductible			Covered in full after ded	
Hospital stay	Covered in full	after deductible	Cov	Covered in tull atter deductible			Covered in full after ded	Covered in full after ded	
<b>Outpatient surgery</b> (Ambulatory Surgical Center/Hospital)	Covered in full	after deductible	Cov	Covered in full after deductible			Covered in full after ded	Covered in full after ded	
Emergency room (copay waived if admitted)	Covered in full	after deductible	Cov	Covered in full after deductible			Covered in full after ded	Covered in full after ded	
Urgent care	\$100 copay; de	eductible waived	Cov	vered in full after dec	luctible	Covered in full after ded	Covered in full after ded		

COVENTRY Health Care An Aetna Company

Geography	Net	twork	Deductible and coinsurance	Member benefits		Pediatric vision	Pediatric dental		Pharmacy	
		IL Coventry Silver \$10 Copay Carelink Methodist PD IL Coventry Silver \$10 Copay Carelink St. John's PD IL Coventry Silver \$10 Copay Carelink SwedishAmerican PD IL Coventry Silver \$10 Copay UnityPoint Health Quad Cities PD		IL-C-Coventry Silver \$15 Copay PD	try Silver PD IL Co Carel IL Co Carel IL Co Unity		IL Coventry Gold \$10 Copay Carelink Methodist PD IL Coventry Gold \$10 Copay Carelink St. John's PD IL Coventry Gold \$10 Copay Carelink SwedishAmerican PD IL Coventry Gold \$10 Copay UnityPoint Health Quad Cities PD		IL-C-Coventry Gold \$15 Copay PD	
		In network	k you pay	In network you pay		In network you pay		In network you pay		
Primary care office visit		\$10 copay; ded waived		\$15 copay; ded wai	ved	\$10 copay; ded waived			15 copay; ded aived	
Specialist office visi	t	\$75 copay	/; ded waived	ived \$75 copay; ded waived \$40 copay; ded waiv		d waived		35 copay; ded aived		
Hospital stay		\$500 copa ded; then 30%	ay per admission after	\$500 copay per admission after dec then 30%	1;	20% after ded		20	0% after ded	
Outpatient surgery (Ambulatory Surgie Center/Hospital)	I	\$250 copa	ay plus 30% after ded	\$250 copay plus 30 after ded	%	20% after ded		20	0% after ded	
Emergency room (c waived if admitted)	орау	\$500 copa	ay after ded	\$500 copay after de	ed	20% after ded		\$2	250 copay after ded	
Urgent care		\$75 copay	/; ded waived	\$75 copay; ded wai	ved	\$75 copay; ded waived			75 copay; ded aived	

COVENTRY Health Care An Aetna Company

					And Andrew States				
Geography	N	letwork	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy		
		IL Coventry I Copay Careli IL Coventry I \$15 Copay C SwedishAme IL Coventry I	ink Methodist PD Bronze \$15 ink St. John's PD Bronze arelink erican PD Bronze \$15 Point Health	IL Coventry Bronze De Only HSA Eligible Care IL Coventry Bronze De Only HSA Eligible Care IL Coventry Bronze De Only HSA Eligible Care SwedishAmerican PD IL Coventry Bronze De HSA Eligible UnityPoin Quad Cities PD	link Methodist PD ductible link St. John's PD ductible link d Only	IL-C-Coventry Bronze \$20 Copay PD	Deductible Only HSA		
	In network you pay In network you pay					In network you pay	In network you pay		
Preventive care/screening/imr tion (age and frequenc limits apply)			ull; ded waived	Covered in full; ded wa	iived	Covered in full; ded waived	Covered in full; ded waived		
Diagnostic lab		Covered in f	ull after ded	Covered in full after de	ed	Covered in full after ded	Covered in full after ded		
Diagnostic X-ray		Covered in f	ull after ded	Covered in full after de	ed .	Covered in full after ded	Covered in full after ded		
Imaging (CT/PET s MRIs)	scans,	Covered in f	ull after ded	Covered in full after de	ed	Covered in full after ded	Covered in full after ded		

COVENTRY Health Care An Aetna Company

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# Pediatric vision

COVENTRY<sup>®</sup> Health Care An Aetna Company

					A Charles and a second	A. 18 2			The second se	
Geography	Net	work	Deductible and coinsurance	Member benefits	nefits vision		Pediatric dental		Pharmacy	
		Copay Ca IL Covent Copay Ca IL Covent \$15 Copa SwedishA IL Covent	ry Bronze \$15 relink Methodist PD ry Bronze \$15 relink St. John's PD ry Bronze y Carelink American PD ry Bronze \$15 hityPoint Health es PD	IL Coventry Bronze Deductible Only HSA Eligible Carelink Methodist PD IL Coventry Bronze Deductible Only HSA Eligible Carelink St. John's PD IL Coventry Bronze Deductible Only HSA Eligible Carelink SwedishAmerican PD IL Coventry Bronze Ded Only HSA Eligible UnityPoint Health Quad Cities PD			C-Coventry onze 0 Copay PD	Ded	-Coventry Bronze uctible Only HSA ible PD	
		In networ	·k you pay	In network you pay			In network you pay		etwork you pay	
<b>Pediatric eye exam</b> per year)	(1 visit	Covered i waived	n full; deductible	Covered in full; deductible waived		de	Covered in full; deductible 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; deductible	Covered in full afte	er deductible	de	vered in full; ductible ived	Cov	ered in full after ded	

# Pediatric vision

COVENTRY Health Care An Aetna Company

Geography	Network		Deductible and coinsurance	Member benefits	l	Pediatric vision	Pediatric dental		Pharmacy
		Carelink I IL Covent Carelink S IL Covent Carelink S IL Covent	ry Silver \$10 Copay Methodist PD ry Silver \$10 Copay St. John's PD ry Silver \$10 Copay SwedishAmerican PD ry Silver \$10 Copay nt Health Quad	IL-C-Coventry Silve \$15 Copay PD	r	IL Coventry Gold \$10 Copay Carelink Methodist PD IL Coventry Gold \$10 Copay Carelink St. John's PD IL Coventry Gold \$10 Copay Carelink SwedishAmerican PD IL Coventry Gold \$10 Copay UnityPoint Health Quad Cities PD		IL-C-Coventry Gold \$15 Copay PD	
		In network you pay		In network you pay	,	In network you pay		In	network you pay
<b>Pediatric eye exam</b> per year)	(1 visit	Covered i waived	n full; deductible	Covered in full; deductible waived		Covered in ful deductible wa	,		vered in full; ded aived
<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)		waived	n full; deductible	Covered in full afte deductible	r	Covered in ful deductible wa	,	Co de	vered in full after d

# Pediatric dental

COVENTRY<sup>®</sup> Health Care An Aetna Company

Geography	Netv	work	Deductible and coinsurance	Member benefits	Pediatric vision		Pediatric dental		Pharmacy
		Copay Ca IL Covent Copay Ca IL Covent \$15 Copa Swedish IL Covent	try Bronze \$15 arelink Methodist PD try Bronze \$15 arelink St. John's PD try Bronze ay Carelink American PD try Bronze \$15 nityPoint Health ies PD	IL Coventry Bronze Only HSA Eligible Methodist PD IL Coventry Bronze Only HSA Eligible St. John's PD IL Coventry Bronze Only HSA Eligible SwedishAmerican IL Coventry Bronze HSA Eligible Unity Quad Cities PD	IL-C-Coventry Bronze \$20 Copay PD		IL-C-Coventry Bronze Deductible Only HSA Eligible PD		
		In netwo	rk you pay	In network you pa	lý	In net	twork you pay	In n	etwork you pay
Dental check-up/pr dental care (1 visit every 6 mo		Covered	in full; ded waived	Covered in full afte	er ded	Cover waive	red in full; ded ed	Cov	ered in full after ded
Basic dental care		Covered i	in full after ded	Covered in full afte	er ded	Cover ded	Covered in full after ded		ered in full after ded
Major dental care		Covered	in full after ded	Covered in full afte	er ded	Cover ded	red in full after	r Covered in full after c	
Orthodontia (medically necessary only)		Covered in full after ded		Covered in full after ded		d Covered in ful ded		Cov	ered in full after ded

# Pediatric dental

COVENTRY Health Care An Aetna Company

Geography	Netv	work	Deductible and coinsurance	Member benefits	ŀ	Pediatric vision	Pediatric dental		Pharmacy	
		III COVENTRY SILVER S10 CONSV		L-C-Coventry Silve \$15 Copay PD	er	Carelink Meth IL Coventry G Carelink St. Jo IL Coventry G Carelink Swed IL Coventry G	ry Gold \$10 Copay		IL-C-Coventry Gold \$15 Copay PD	
		In netwo	rk you pay	In network you pa	ау	In network you pay			network you pay	
Dental check-up/preventive dental care (1 visit every 6 months)		Covered in full; ded waived		Covered in full after ded		Covered in full; ded waived		1	overed in full; ded aived	
Basic dental care		30% after ded		30% after ded	30% after ded 30%		30% after ded		30% after ded	
Major dental care		50% after ded		50% after ded	50% after ded 50%		50% after ded		50% after ded	
Orthodontia (medically necessary only)		50% after ded		50% after ded 50% after		50% after ded	50% after ded		50% after ded	

### Pharmacy

COVENTRY Health Care An Aetna Company

Geography	Network	Deductible coinsurar			Pediatric vision	Pediatric dental	Pharmacy
	IL Coventry Bronze Copay Carelink Me IL Coventry Bronze Copay Carelink St. IL Coventry Bronze \$15 Copay Carelink SwedishAmerican IL Coventry Bronze Copay UnityPoint H Quad Cities PD	ethodist PD 2 \$15 John's PD 2 4 PD 2 \$15	Only H Metho IL Cov Only H IL Cov Only H Swedi IL Cov	entry Bronze Deducti ISA Eligible Carelink odist PD entry Bronze Deducti ISA Eligible Carelink entry Bronze Deducti ISA Eligible Carelink shAmerican PD entry Bronze Ded On ligible UnityPoint Hea	ible St. John's PD ible ly	IL-C-Coventry Bronze \$20 Copay PD	IL-C-Coventry Bronze Deductible Only HSA Eligible PD
	In network you pay	/	In net	work you pay		In network you pay	In network you pay
Pharmacy deductible	Integrated with me	dical ded	Integr	ated with medical dec	t	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: Covered in ded	n full after	Generic: Covered in full after ded			Generic: Covered in full after ded	Generic: Covered in full after ded
Preferred brand drugs	Covered in full afte	r ded	Covered in full after ded			Covered in full after ded	Covered in full after ded
Non-preferred drugs	Generic & Brand: C after ded	overed in full	Generic & Brand: Covered in full after ded			Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded
Specialty drugs	P: Covered in full at NP: Covered in full			rered in full after ded overed in full after ded	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

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

## Pharmacy

COVENTRY Health Care An Aetna Company

Geography	Network	Deductible ar coinsurance		Pediatric vision	Pediatric dental	Pharmacy
	IL Coventry Sil Carelink Meth IL Coventry Sil Carelink St. Jol IL Coventry Sil Carelink Swed IL Coventry Sil UnityPoint Hea Cities PD	odist PD ver \$10 Copay hn's PD ver \$10 Copay ishAmerican PD ver \$10 Copay	IL-C-Coventry Silver \$15 Copay PD	IL Coventry Gol Carelink Metho IL Coventry Gol Carelink St. Joh IL Coventry Gol Carelink Swedis IL Coventry Gol UnityPoint Hea Cities PD	dist PD d \$10 Copay n's PD d \$10 Copay shAmerican PD d \$10 Copay	IL-C-Coventry Gold \$15 Copay PD
	In network you	і рау	In network you pay	In network you pay		In network you pay
Pharmacy deductibl	e \$500 per mem	ber	\$500 per member	\$250 per memb	ber	\$250 per member
Preferred generic dr	ugs Low Cost Generation ded waived Generic: \$15 co waived		Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Gener ded waived Generic: \$10 cc	ric: \$3 copay; pay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
Preferred brand drug	gs \$40 copay afte	r ded	\$40 copay after ded	\$40 copay after	ded	\$40 copay after ded
Non-preferred drugs	Generic & Brar after ded	nd: \$75 copay	Generic & Brand: \$75 copa after ded	y Generic & Bran ded	d: \$70 copay after	Generic & Brand: \$70 copay after ded
Specialty drugs	P: 40% after de NP: 50% after d		P: 40% after ded NP: 50% after ded	P: 40% after de NP: 50% after d		P: 40% after ded NP: 50% after ded

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

Netwo	ork			Health Care An Aetna Company					
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy			
Coventry S Coventry B	iold \$15 Copay ilver \$15 Copay ronze \$20 Copa	PD	ole PD	Number of	<b>ithin Southerr</b> providers: [En pitals: [Enter in : None	ter info]			

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



#### **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	ΡΡΟ	Yes / Yes	Coventry One Carelink	Madison, Monroe, Saint Clair



#### **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	РРО	Yes / Yes	FocusedCare	Madison, Monroe, Saint Clair

# Deductible coinsurance

COVENTRY<sup>®</sup> Health Care An Aetna Company

Geography	Ne	twork	Deductible and 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		IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD		
	In network you pay			In network you pay			In network you	грау	In network you pay	
Deductible individu family <sup>1</sup> (applies to out-of-pocket max	•	\$6,850/\$13,700		\$6,450/\$12,900		\$6,850/\$13,700		\$6,450/\$12,900		
Member coinsurand	ce	0%		0%			0%		0%	
Out-of-pocket maxi individual/family <sup>1</sup> (maximum you will for all covered serv	l pay	\$6,850/\$13,700		\$6,4	\$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.

# Deductible coinsurance

COVENTRY<sup>®</sup> Health Care An Aetna Company

Geography	Ne	etwork	Deductible and coinsurance		Member benefits		Pediatric Pediatric vision dental			Pharmacy		
		Copay PD IL Coventry	try Silver \$15 / Silver \$15 JsedCare HPN	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		
Deductible individu family <sup>1</sup> (applies to out-of-pocket max	-	\$3,500/\$7,000		\$3,500/\$7,000			\$1,400/\$2,800		\$1,400/\$2,800			
Member coinsurant	ce	30%	30%		30%		20%		20%			
Out-of-pocket maxi individual/family <sup>1</sup> (maximum you wil for all covered ser	/ <sup>1</sup> \$6,200/\$12,400 will pay		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.

COVENTRY Health Care An Aetna Company

Geography	graphy Network		Deductible and 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		IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO Pl		
		In network	< you pay	In ne	etwork you pay		In network you	и рау	In ne	etwork you pay
Primary care office visit		\$20 copay; ded waived		Covered in full after deductible		\$15 copay; ded waived		Covered in full after ded		
Specialist office visit		Covered in full after deductible		Covered in full after deductible			Covered in full	after ded	Cove	ered in full after ded
Hospital stay		Covered in full after deductible		Covered in full after deductible			Covered in full after ded		Cove	ered in full after ded
Outpatient surgery (Ambulatory Surgi Center/Hospital)	Ambulatory Surgical Covered				Covered in full after deductible		Covered in full after ded		Covered in full after	
Emergency room (C waived if admitted)	d Covered in full after			Covered in full after deductible			Covered in full after ded		Covered in full after	
Urgent care \$100 copay; deductible waived			ered in full after uctible		\$100 copay; d	ed waived	Cove	ered in full after ded		

COVENTRY Health Care An Aetna Company

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Geography	eography Network		Deductible and coinsurance		Member benefits		Pediatric Pediatric vision dental		;	Pharmacy
		IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD			oventry Silver \$10 ay Carelink PPO PD	IL-S-Coventry Copay PD IL Coventry Go Copay Focuse	old \$15	IL Coventry Gold \$10 Copay Carelink PPO PD		
		In networ	k you pay	In network you pay			In network yo	u pay	In ne	etwork you pay
Primary care office visit		\$15 copay; ded waived		\$10 copay; ded waived		\$10 copay; ded waived		\$15 copay; ded waived		
Specialist office visit		\$75 copay	; ded waived	\$75	copay; ded waived		\$35 copay; de	d waived	\$40	copay; ded waived
Hospital stay		\$500 copay per admission after ded; then 30%		\$500 copay per admission after ded; then 30%		1	20% after ded		20% after ded	
Outpatient surgery (Ambulatory Surgical		\$250 copay plus 30% after ded		\$250 copay plus 30% after ded		r ded	20% after ded		20% after ded	
Emergency room (C waived if admitted)			ay after ded	\$500 copay after ded			\$250 copay after ded		\$250 copay after	
Urgent care \$75 copay; ded waived			\$75 copay; ded waived			\$75 copay; de	d waived	\$75 copay; ded waived		

COVENTRY<sup>®</sup> Health Care An Aetna Company

Geography	aphy Network		Deductible and coinsurance		Member benefits	Pediatric vision		Pediatric dental		Pharmacy
		IL-S-Coventry Bronze \$20 Copay PD IL Coventry Bronze \$20 Copay FocusedCare HPN PD		Ded IL C Ded	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 P	
		In netwo	rk you pay	In n	etwork you pay		In network yo	ou pay	ln n	etwork you pay
Preventive care/screening/immunization (age and frequency limits apply)		Covered in full; ded waived		Cov	Covered in full; ded waived		Covered in full; ded waived		Covered in full; ded waived	
<b>Annual routine GYN</b> (annual pap/mamr		Covered waived	Covered in full; ded waived		Covered in full; ded waived		Covered in full; ded waived		Cov wai	ered in full; ded ved
Diagnostic lab		Covered in full after ded		Covered in full after ded			Covered in full after ded		Covered in full afte	
Diagnostic X-ray		Covered	in full after ded	Cov	ered in full after ded		Covered in full after ded		Cov	ered in full after ded
Imaging (CT/PET scans, MRIs)		Covered	in full after ded	Cov	ered in full after ded		Covered in fu	ll after ded	Cov	ered in full after ded

COVENTRY Health Care An Aetna Company

Geography	Geography Netwo		ork Deductible ar 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 netwo	rk you pay	In n	etwork you pay		In network yo	u pay	In 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 full; ded waived		Covered in full; ded waived		
Annual routine GYN (annual pap/mamr		Covered in full; ded waived		Covered in full; ded waived		ed	Covered in full; ded waived		Cov wai	ered in full; ded ved
Diagnostic lab		30% after ded		30% after ded			20% after ded		20% after ded	
Diagnostic X-ray 309		30% afte	ifter ded		30% after ded		20% after ded		20% after ded	
Imaging (CT/PET s MRIs)	scans,	\$250 cop after ded	ay plus 30%	\$25	0 copay plus 30% afte	er ded	20% after ded		20%	after ded

# Pediatric vision

COVENTRY Health Care An Aetna Company

						-	A CARLES STATE			
Geography	Net	work	Deductible and coinsurance		Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		\$20 Copay PDIIL Coventry Bronze \$20ICopay FocusedCare HPNI		Ded IL Co Ded	IL-S-Coventry Bronze Deductible Only HSA Eligible IL Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN PD		IL Coventry Br \$15 Copay Ca		IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD	
1		In network you pay		In network you pay		In network you pay		In network you pay		
<b>Pediatric eye exam</b> per year) <sup>2</sup>	(1 visit	Covered in full; deductible waived		Covered in full; deductible waived		Covered in full; deductible waived		Covered in full; ded waived		
Pediatric glasses/co (Coverage is limite set of frames and contact lenses or e lenses per calenda	ed to 1 1 set of eyeglass				overed in full after eductible		Covered in full; deductible waived		Covered in full after ded	

# Pediatric vision

COVENTRY Health Care An Aetna Company

							A BARRELES			17 A
Geography Netw		work Deductible a coinsurance					Pediatric Pediatr vision dental			Pharmacy
		Copay PD IL Covent	ntry Silver \$15 ry Silver \$15 cusedCare HPN	Con	oventry Silver \$10 ay Carelink PPO PD		IL-S-Coventry Copay PD IL Coventry Go Copay Focused	old \$15		oventry Gold \$10 ay Carelink PPO 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; deductible waived		Covered in full; deductible waived		Covered in full; deductible waived		Covered in full; ded waived		
set of trames and 1 set of		Covered i deductibl	,	Cove	ered in full; ded waive	ed	Covered in full deductible wa		Cove waiv	ered in full; ded /ed

# Pediatric dental

COVENTRY<sup>®</sup> Health Care An Aetna Company

Geography	Geography Network		Deductible ar coinsurance				Pediatric Pediatri vision dental			Pharmacy
		\$20 Copa IL Covent	entry Bronze ny PD cry Bronze \$20 ncusedCare HPN	Ded IL C Ded	-Coventry Bronze luctible Only HSA Elig oventry Bronze luctible Only HSA Elig usedCare HPN PD	_	IL Coventry Bi \$15 Copay Ca	ronze relink PPO PD	Dec	oventry Bronze luctible Only HSA ible Carelink PPO PD
		In netwo	rk you pay	ln n	etwork you pay		In network yo	u pay	In n	etwork you pay
Dental check-up/pre dental care (1 visit every 6 mor		Covered in full; ded waived		Covered in full after ded		Covered in full; ded waived		Covered in full after ded		
Basic dental care	sic dental care Covered		Covered in full after ded		Covered in full after ded		Covered in full after ded		Covered in full after ded	
Major dental care		Covered	in full after ded	Covered in full after ded			Covered in full after ded		Covered in full after ded	
<b>Orthodontia</b> (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

COVENTRY Health Care An Aetna Company

						-	2 ARASAN		3	- AF
Geography Networ		ork Deductible an coinsurance				l	Pediatric vision	Pediatric dental		Pharmacy
		Copay PD	ntry Silver \$15 ) ry Silver \$15 cusedCare HPN		oventry Silver \$10 Day Carelink PPO PD		IL-S-Coventry Copay PD IL Coventry G Copay Focuse			oventry Gold \$10 ay Carelink PPO PD
		In network you pay		In network you pay		In 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		Covered in full; ded waived		Cov wai	ered in full; ded <i>v</i> ed	
Basic dental care		30% after ded		30% after ded		30% after ded		30% after ded		
Major dental care		50% after ded		50% after ded		50% after ded		50% after ded		
<b>Orthodontia</b> (medically necessary o	only)	50% after	r ded	50%	6 after ded		50% after ded		50%	after ded

## Pharmacy

COVENTRY Health Care An Aetna Company

Geography	Network	Network Deductible coinsura				Pediatric vision	Pediatri dental	-	Pharmacy
	IL-S-Coventry I \$20 Copay PD IL Coventry Br Copay Focused PD	ronze \$20	IL-S-Coventry Bronze Deductible Only HSA Eligible IL Coventry Bronze Deductible Only HSA Eligible FocusedCare HPN PD		ןן כ	IL Coventry Bronze \$15 Copay Carelink PPO PD		IL Coventry Bronze Deductible Only HSA Eligible Carelink PPO PD	
	In network you	u pay	In network you pay		I	In network you p	pay	In network you pay	
Pharmacy deductible	e Integrated with ded	Integrated with medical ded		Integrated with medical ded		Integrated with medical ded		Integrated with medical ded	
Preferred generic dro	Generic: Cover after ded	Generic: Covered in full after ded		Generic: Covered in full after ded		Generic: Covered in full after ded		Generic: Covered in full after ded	
Preferred brand drug	gs Covered in full	l after ded	Coverec	d in full after ded	C	Covered in full after ded		Covered in full after ded	
Non-preferred drugs	Generic & Brar in full after ded		Generic & Brand: Covered in full after ded		full   fi	Generic & Brand: Covered in full after ded		Generic & Brand: Covered in full after ded	
Specialty drugs	P: Covered in full after		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.

## Pharmacy

COVENTRY Health Care An Aetna Company

Geography	Network	vork Deductible a coinsurance				Pediatric Pediatric vision dental		С	Pharmacy
	Copay PD IL Coventry Sil	. ,		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	In network you pay		etwork you pay		In network you pay		In network you pay	
Pharmacy deductible	e \$500 per mem	\$500 per member		0 per member		\$250 per member		\$250 per member	
Preferred generic dru	ded waived	ded waived Generic: \$15 copay; ded		<ul> <li>Cost Generic: \$5 cop</li> <li>waived</li> <li>eric: \$15 copay; ded</li> <li>ved</li> </ul>	ay;	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived		copay ded v	vaived ric: \$10 copay; ded
Preferred brand drug	<b>s</b> \$40 copay afte	\$40 copay after ded		copay after ded		\$40 copay after ded		\$40 copay after ded	
Non-preferred drugs	Generic & Bran after ded	nd: \$75 copay		eric & Brand: \$75 cop r ded	ay	Generic & Brand: \$70 copay after ded		Generic & Brand: \$70 copay after ded	
Specialty drugs	ialty drugs P: 40% after ded NP: 50% after ded			0% after ded 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.



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

#### **Topline changes for Illinois**

- On-exchange and off-exchange plans
- One Silver plan: Silver copay plan (Silver Integrated 2750 plan was removed)
- Off Exchange Catastrophic Aetna OAMC, Coventry S-IL Carelink and FocusedCare HPN plans removed



# **Snapshot of 2016 benefit design changes in Illinois**

- 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 f	or 2016				ret	
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy

<ul> <li>Bronze copay plan</li> <li>\$5 lower PCP copay</li> <li>deductible now \$6,850</li> <li>Maximum out-of-pocket</li></ul>	<ul> <li>Silver copay plan</li> <li>Deductible now \$3,500</li> <li>Maximum out-of-pocket</li></ul>	<ul> <li>Gold copay plan</li> <li>\$5 higher PCP copay</li> <li>Pharmacy tier 2 increase</li></ul>
is \$6,850 <li>Pharmacy: all tiers 100%</li>	now \$6,250 <li>Pharmacy tier 2</li>	to \$40 <li>Pharmacy Tier 4 preferred</li>
after deductible	deductible + \$40	increase to 40%
Bronze HSA plan <ul> <li>Deductible now \$6,450</li> </ul>		

# New for 2016 Geography Network Deductible and coinsurance Member benefits Pediatric vision Pediatric dental Pharmacy

Bronze copay plan <ul> <li>Pharmacy: all tiers 100%</li> <li>after deductible</li> </ul>	<ul> <li>Silver copay plan</li> <li>Deductible now \$3,500</li> <li>Maximum out-of-pocket now \$6,250 (Carelink) or \$6,200 (PPO/FocusedCare HPN)</li> <li>Pharmacy tier 2 deductible + \$40</li> </ul>	<ul> <li>Gold copay plan</li> <li>Lower Specialist copay; now \$40</li> <li>Maximum out-of-pocket lowered to \$5,000 (Carelink) or \$4,950 (PPO/FocusedCare HPN)</li> <li>Pharmacy tier 4 increase to 40%</li> </ul>
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