

Product

Geography



Geography

Network

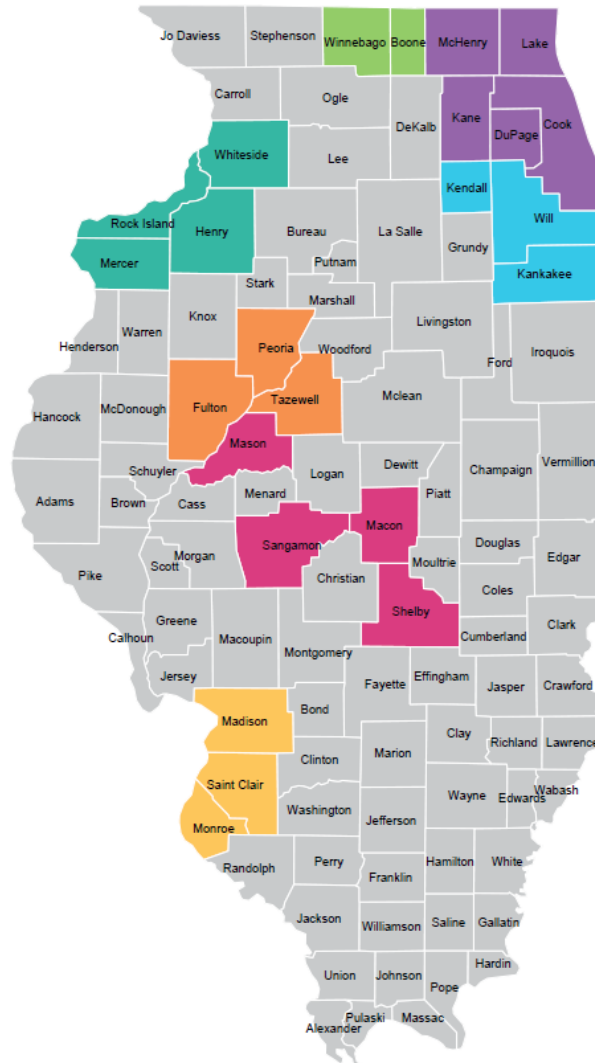
Deductible and
coinsurance

Member
benefits

Pediatric
vision

Pediatric
dental

Pharmacy



Illinois Individual Off Exchange Counties 2016

Aetna Network

- HMO IL Aetna Whole Health Chicago & OAMC Illinois Savings Plus
- OAMC Illinois Savings Plus

Coventry Network

- Carelink from Coventry - A St. John's Hospital Partnership Network
- Carelink from Coventry - A UnityPoint Health-Methodist Partnership Network
- Carelink from Coventry - Swedish American Partnership Network
- Carelink from Coventry Powered by UnityPoint Quad Cities
- CoventryOne Carelink from Coventry & FocusedCare HPN

Geography



Geography

Network

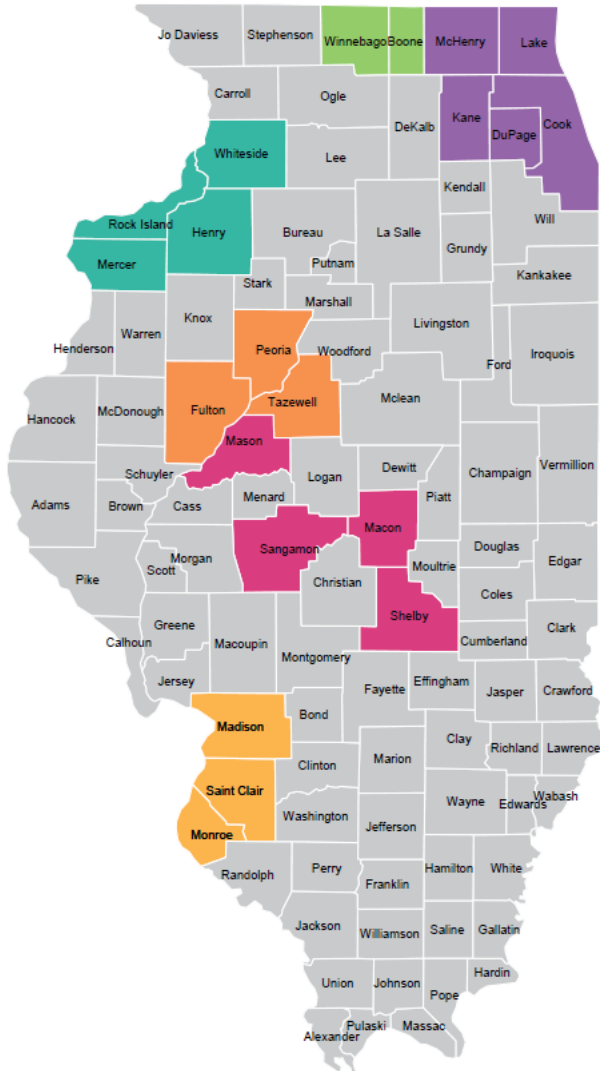
Deductible and
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Illinois

Individual On Exchange Counties 2016

Aetna Network

- HMO IL Aetna Whole Health Chicago & OAMC Illinois Savings Plus

Coventry Network

- Carelink from Coventry - A St. John's Hospital Partnership Network
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- Carelink from Coventry - Swedish American Partnership Network
- Carelink from Coventry Powered by UnityPoint Quad Cities
- CoventryOne Carelink from Coventry & FocusedCare HPN

Geography



Geography

Network

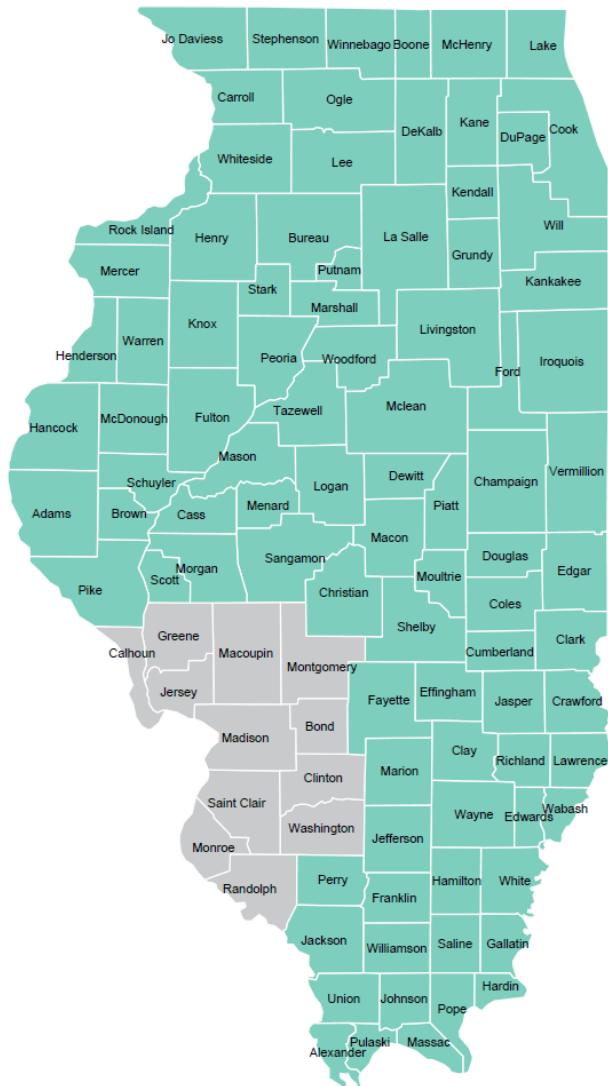
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Central Illinois

Individual On and Off Exchange Counties 2016

Coventry Network

■ CoventryOne PPO Network

Geography



Geography

Network

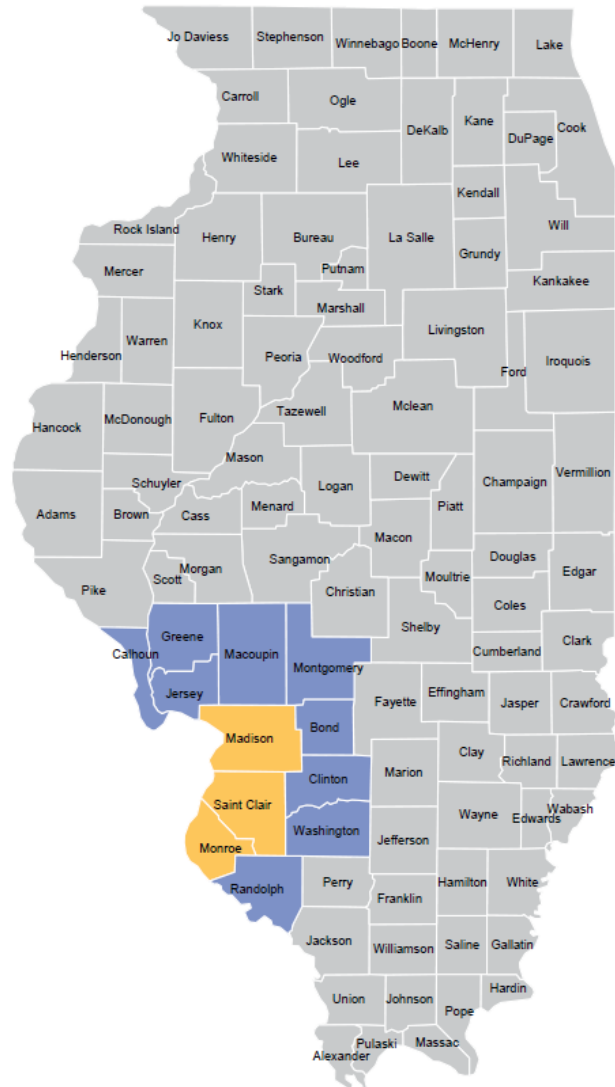
Deductible and
coinsurance

Member
benefits

Pediatric
vision

Pediatric
dental

Pharmacy



Southern Illinois Individual On and Off Exchange Counties 2016

Coventry Network

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



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

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	HMO	Yes / Yes	Advocate	Cook, DuPage, Kane, Lake, McHenry



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

- 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	Network	Deductible and coinsurance	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 network you pay	In network you pay		In network you pay		In network you pay
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$6,450/\$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/family¹ (maximum you will pay for all covered services)	\$6,450/\$12,900	\$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.

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,000	\$3,500/\$7,000		\$1,400/\$2,800		\$1,400/\$2,800
Member coinsurance	30%	30%		20%		20%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,250/\$12,500	\$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.

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
	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 pay	In network you pay	In network you pay	
Primary care office visit	Covered in full after ded	\$15 copay; ded waived	Covered in full after ded	\$15 copay; ded waived		
Specialist office visit	Covered in full after deductible	Covered in full after deductible	Covered in full after ded	Covered in full after ded		
Hospital stay	Covered in full after deductible	Covered in full after deductible	Covered in full after ded	Covered in full after ded		
Outpatient surgery (Ambulatory Surgical Center/Hospital)	Covered in full after deductible	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	Covered in full after deductible	Covered in full after ded	Covered in full after ded		
Urgent care	Covered in full after ded	\$100 copay; ded waived	Covered in full after ded	\$100 copay; ded waived		

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

Member benefits



Geography	Network	Deductible and coinsurance	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		
Primary care office visit	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived
Specialist office visit	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$40 copay; ded waived	\$40 copay; ded waived	\$40 copay; ded waived
Hospital stay	\$500 copay per admission after ded; then 30%	\$500 copay per admission after ded; then 30%	\$500 copay per admission after ded; then 30%	20% after ded	20% after ded	20% after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	20% after ded	20% after ded	20% after ded
Emergency room (copay waived if admitted)	\$500 copay after ded	\$500 copay after ded	\$500 copay after ded	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded
Urgent care	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	In network 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		Covered in full; ded waived
Annual routine GYN exam (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
Diagnostic lab	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded		Covered in full after ded
Diagnostic X-ray	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded		Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded		Covered in full after ded

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
	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		
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	Covered in full; ded waived	Covered in full; ded waived
Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	30% after ded	30% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Diagnostic X-ray	30% after ded	30% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Imaging (CT/PET scans, MRIs)	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	20% after ded	20% after ded	20% after ded	20% after ded

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

Pediatric vision



Geography	Network	Deductible and coinsurance	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 network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
Pediatric eye exam (1 visit per year)²	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible 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)³	Covered in full after ded	Covered in full; ded waived	Covered in full after ded	Covered in full after ded	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 vision



Geography	Network	Deductible and coinsurance	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
Pediatric eye exam (1 visit per year)²	Covered in full; deductible waived	Covered in full; deductible waived		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)³	Covered in full; deductible waived	Covered in full; ded waived		Covered in full; deductible waived		Covered in full; ded waived

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		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 pay	In network you pay	
Dental check-up/preventive dental care (2 visits per calendar year)		Covered in full after ded	Covered in full; ded waived	Covered in full after ded	Covered in full; ded waived	
Basic dental care		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	
Orthodontia (medically necessary only)		Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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		
Dental check-up/preventive dental care (2 visits per calendar year)	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
Basic dental care	30% after ded	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		50% after ded
Orthodontia (medically necessary only)	50% after ded	50% after ded	50% after ded	50% after ded		50% after ded

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

Pharmacy



Geography	Network	Deductible and coinsurance	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 network you pay	In network you pay		In network you pay		In network you pay
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded		Integrated with medical ded		Integrated with medical ded
Preferred generic drugs	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 drugs	Covered in full after ded	Covered in full after ded		Covered in full after ded		Covered in full after ded
Non-preferred drugs	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded		Generic & Brand: Covered in full after ded		Generic & Brand: Covered in full after ded
Specialty drugs	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded		P: Covered in full after ded NP: Covered in full after ded		P: Covered in full after ded NP: Covered in full after ded

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

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

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
Preferred brand drugs	\$40 copay after ded	\$40 copay 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		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.

Aetna stand alone dental plan



	PPO Plus Plan	PPO Plan
Calendar Year Deductible	<ul style="list-style-type: none"> • \$50 • \$1,200 calendar year max 	<ul style="list-style-type: none"> • \$100 • \$1,000 calendar year max
Diagnostic and preventative	<ul style="list-style-type: none"> • 100% • No waiting period 	<ul style="list-style-type: none"> • 80% • No waiting period
Periodontal maintenance cleanings and denture repair, rebase & relining	<ul style="list-style-type: none"> • 80% • 6 month waiting period 	<ul style="list-style-type: none"> • 50% • 6 month waiting period
Fillings, oral surgery, root canals	<ul style="list-style-type: none"> • 50% • 6 month waiting period 	<ul style="list-style-type: none"> • 50% • 6 month waiting period
Periodontics, crowns, cast restorations, dentures	<ul style="list-style-type: none"> • 50% • 18 month waiting period 	<ul style="list-style-type: none"> • 50% • 18 month waiting period
TMJ	<ul style="list-style-type: none"> • Not covered 	<ul style="list-style-type: none"> • Not covered

Network



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

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

Network within Central IL:

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

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier + OON	PPO	No	PPO Medical	Adams, Alexander, Boone, Brown, Bureau, Carroll, Cass, Champaign, Christian, Clark, Clay, Coles, Cook, Crawford, Cumberland, DeKalb, Dewitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lawrence, Lee, Livingston, Logan, Macon, Marion, Marshall, Mason, Massac, McDonough, McHenry, Mclean, Menard, Mercer, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, Stark, Stephenson, Tazewell, Union, Vermillion, Wabash, Warren, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford

Network



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

- 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	PPO	Yes / Yes	Carelink from Coventry - A UnityPoint Health-Methodist/Proctor Partnership Network	Peoria, Tazewell, Fulton

Network



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

- 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

Network



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

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 Network	Boone, Winnebago

Network



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

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	PPO	Yes / No	Carelink from Coventry Powered by UnityPoint Quad Cities	Henry, Mercer, Rock Island, Whiteside

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric 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 network you pay	In network you pay	In network you pay
Deductible individual/family¹ (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%	0%	0%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900	\$6,850/\$13,700	\$6,450/\$12,900		

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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	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	In network you pay	In network you pay
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,000	\$3,500/\$7,000	\$1,400/\$2,800	\$1,400/\$2,800		
Member coinsurance	30%	30%	20%	20%		
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$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.

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
	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 network you pay
Primary care office visit	\$15 copay; deductible waived		Covered in full after deductible		\$20 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	Covered in full after ded
Hospital stay	Covered in full after deductible		Covered in full after deductible		Covered in full after ded	Covered in full after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	Covered in full after deductible		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		Covered in full after deductible		Covered in full after ded	Covered in full after ded
Urgent care	\$100 copay; deductible waived		Covered in full after deductible		Covered in full after ded	Covered in full after ded

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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	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
Primary care office visit	\$10 copay; ded waived		\$15 copay; ded waived	\$10 copay; ded waived		\$15 copay; ded waived
Specialist office visit	\$75 copay; ded waived		\$75 copay; ded waived	\$40 copay; ded waived		\$35 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 Surgical Center/Hospital)	\$250 copay plus 30% after ded		\$250 copay plus 30% after ded	20% after ded		20% after ded
Emergency room (copay waived if admitted)	\$500 copay after ded		\$500 copay after ded	20% after ded		\$250 copay after ded
Urgent care	\$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
	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 network 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
Diagnostic lab	Covered in full after ded	Covered in full after ded			Covered in full after ded	Covered in full after ded
Diagnostic X-ray	Covered in full after ded	Covered in full after ded			Covered in full after ded	Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded			Covered in full after ded	Covered in full after ded

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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	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
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
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 ded		20% after ded
Imaging (CT/PET scans, MRIs)	\$250 copay plus 30% after ded		\$250 copay plus 30% after ded	20% after ded		20% after ded

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<p>IL Coventry Bronze \$15 Copay Carelink Methodist PD</p> <p>IL Coventry Bronze \$15 Copay Carelink St. John's PD</p> <p>IL Coventry Bronze \$15 Copay Carelink SwedishAmerican PD</p> <p>IL Coventry Bronze \$15 Copay UnityPoint Health Quad Cities PD</p>	<p>IL Coventry Bronze Deductible Only HSA Eligible Carelink Methodist PD</p> <p>IL Coventry Bronze Deductible Only HSA Eligible Carelink St. John's PD</p> <p>IL Coventry Bronze Deductible Only HSA Eligible Carelink SwedishAmerican PD</p> <p>IL Coventry Bronze Ded Only HSA Eligible UnityPoint Health Quad Cities PD</p>			<p>IL-C-Coventry Bronze \$20 Copay PD</p>	<p>IL-C-Coventry Bronze Deductible Only HSA Eligible PD</p>
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
Pediatric eye exam (1 visit per year)	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; deductible waived	Covered in full after deductible	Covered in full after deductible	Covered in full; deductible waived	Covered in full after deductible	Covered in full after deductible

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
	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	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
Pediatric eye exam (1 visit per year)	Covered in full; deductible waived		Covered in full; deductible waived	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 in full; deductible waived		Covered in full after deductible	Covered in full; deductible waived		Covered in full after ded

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric 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 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 after ded	Covered in full; ded waived	Covered in full after ded	Covered in full after ded	
Basic dental care	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	
Major dental care	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	
Orthodontia (medically necessary only)	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	

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

Pediatric dental



Geography	Network	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		L-C-Coventry Silver \$15 Copay PD	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	
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	Covered in full; ded waived	
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 necessary only)	50% after ded		50% after ded	50% after ded	50% after ded	

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

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 network you pay
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded			Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	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 drugs	Covered in full after ded	Covered in full after ded			Covered in full after ded	Covered in full after ded
Non-preferred drugs	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded			Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded
Specialty drugs	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded			P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded

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

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

Pharmacy

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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	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	In network you pay	In network you pay
Pharmacy deductible	\$500 per member	\$500 per member	\$250 per member	\$250 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	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
Preferred brand drugs	\$40 copay after ded	\$40 copay after ded	\$40 copay after ded	\$40 copay 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	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	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.

Network



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

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

Network within Southern IL:

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

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

Network



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

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

Network within Southern IL:

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

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

Network



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

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

Network within Southern IL:

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

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	In network you pay	
Deductible individual/family¹ (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 maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900		\$6,850/\$13,700	\$6,450/\$12,900	

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD	IL Coventry Silver \$10 Copay Carelink PPO PD		IL-S-Coventry Gold \$15 Copay PD IL Coventry Gold \$15 Copay FocusedCare HPN PD		IL Coventry Gold \$10 Copay Carelink PPO PD
	In network you pay	In network you pay		In network you pay		In network you pay
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,000	\$3,500/\$7,000		\$1,400/\$2,800		\$1,400/\$2,800
Member coinsurance	30%	30%		20%		20%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,200/\$12,400	\$6,250/\$12,500		\$4,950/\$9,900		\$5,000/\$10,000

1 The family deductible and/or out-of-pocket limit can be met by a combination of family members. Each covered family member only needs to satisfy his or her individual deductible and/or out-of-pocket limit.

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	In network 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	Covered in full after ded	
Hospital stay	Covered in full after deductible	Covered in full after deductible		Covered in full after ded	Covered in full after ded	
Outpatient surgery (Ambulatory Surgical Center/Hospital)	Covered in full after deductible	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	Covered in full after deductible		Covered in full after ded	Covered in full after ded	
Urgent care	\$100 copay; deductible waived	Covered in full after deductible		\$100 copay; ded waived	Covered in full after ded	

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD		IL Coventry Silver \$10 Copay Carelink PPO PD	IL-S-Coventry Gold \$15 Copay PD IL Coventry Gold \$15 Copay FocusedCare HPN PD		IL Coventry Gold \$10 Copay Carelink PPO PD
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
Primary care office visit	\$15 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$15 copay; ded waived	\$15 copay; ded waived
Specialist office visit	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$35 copay; ded waived	\$40 copay; ded waived	\$40 copay; ded waived
Hospital stay	\$500 copay per admission after ded; then 30%	\$500 copay per admission after ded; then 30%	\$500 copay per admission after ded; then 30%	20% after ded	20% after ded	20% after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	20% after ded	20% after ded	20% after ded
Emergency room (copay waived if admitted)	\$500 copay after ded	\$500 copay after ded	\$500 copay after ded	\$250 copay after ded	\$250 copay after ded	\$250 copay after ded
Urgent care	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	In network you pay	In network you pay	
Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	
Diagnostic lab	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	
Diagnostic X-ray	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	

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
	IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD		IL Coventry Silver \$10 Copay Carelink PPO PD	IL-S-Coventry Gold \$15 Copay PD IL Coventry Gold \$15 Copay FocusedCare HPN PD		IL Coventry Gold \$10 Copay Carelink PPO PD
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay
Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	30% after ded	30% after ded	30% after ded	20% after ded	20% after ded	20% after ded
Diagnostic X-ray	30% after ded	30% after ded	30% after ded	20% after ded	20% after ded	20% after ded
Imaging (CT/PET scans, MRIs)	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	\$250 copay plus 30% after ded	20% after ded	20% after ded	20% after ded

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	In network you pay	
Pediatric eye exam (1 visit per year)²	Covered in full; deductible waived	Covered in full; deductible waived		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)³	Covered in full; deductible waived	Covered in full after deductible		Covered in full; deductible waived	Covered in full after ded	

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD		IL Coventry Silver \$10 Copay Carelink PPO PD	IL-S-Coventry Gold \$15 Copay PD IL Coventry Gold \$15 Copay FocusedCare HPN PD		IL Coventry Gold \$10 Copay Carelink PPO PD
	In network you pay		In network you pay	In network you pay		In network you pay
Pediatric eye exam (1 visit per year)²	Covered in full; deductible waived		Covered in full; deductible waived	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)³	Covered in full; deductible waived		Covered in full; ded waived	Covered in full; deductible waived		Covered in full; ded waived

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	In 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	Covered in full after ded	
Basic dental care	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	
Orthodontia (medically necessary only)	Covered in full after ded	Covered in full after ded		Covered in full after ded	Covered in full after ded	

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD		IL Coventry Silver \$10 Copay Carelink PPO PD	IL-S-Coventry Gold \$15 Copay PD IL Coventry Gold \$15 Copay FocusedCare HPN PD	IL Coventry Gold \$10 Copay Carelink PPO PD	
	In network you pay		In network you pay	In network you pay		In network you pay
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		Covered in full; ded waived
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 necessary only)	50% after ded		50% after ded	50% after ded		50% after ded

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

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay		In network you pay
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded		Integrated with medical ded		Integrated with medical ded
Preferred generic drugs	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 drugs	Covered in full after ded	Covered in full after ded		Covered in full after ded		Covered in full after ded
Non-preferred drugs	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded		Generic & Brand: Covered in full after ded		Generic & Brand: Covered in full after ded
Specialty drugs	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded		P: Covered in full after ded NP: Covered in full after ded		P: Covered in full after ded NP: Covered in full after ded

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

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

Pharmacy

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	IL-S-Coventry Silver \$15 Copay PD IL Coventry Silver \$15 Copay FocusedCare HPN PD	IL Coventry Silver \$10 Copay Carelink PPO PD		IL-S-Coventry Gold \$15 Copay PD IL Coventry Gold \$15 Copay FocusedCare HPN PD		IL Coventry Gold \$10 Copay Carelink PPO PD
	In network you pay	In network you pay		In network you pay		In network you pay
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		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
Preferred brand drugs	\$40 copay after ded	\$40 copay 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		P: 40% after ded NP: 50% after ded

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

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

New for 2016



Geography

Network

Deductible and
coinsurance

Member
benefits

Pediatric
vision

Pediatric
dental

Pharmacy

Be a powerful force. We want you to succeed in 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

New for 2016



Geography

Network

Deductible and
coinsurance

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benefits

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Pediatric
dental

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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.



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Aetna in-network plan changes		
Bronze copay plan <ul style="list-style-type: none"> • \$5 lower PCP copay • deductible now \$6,850 • Maximum out-of-pocket is \$6,850 • Pharmacy: all tiers 100% after deductible 	Silver copay plan <ul style="list-style-type: none"> • Deductible now \$3,500 • Maximum out-of-pocket now \$6,250 • Pharmacy tier 2 deductible + \$40 	Gold copay plan <ul style="list-style-type: none"> • \$5 higher PCP copay • Pharmacy tier 2 increase to \$40 • Pharmacy Tier 4 preferred increase to 40%
Bronze HSA plan <ul style="list-style-type: none"> • Deductible now \$6,450 		



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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Coventry in-network plan changes		
<p>Bronze copay plan</p> <ul style="list-style-type: none"> Pharmacy: all tiers 100% after deductible 	<p>Silver copay plan</p> <ul style="list-style-type: none"> Deductible now \$3,500 Maximum out-of-pocket now \$6,250 (Carelink) or \$6,200 (PPO/FocusedCare HPN) Pharmacy tier 2 deductible + \$40 	<p>Gold copay plan</p> <ul style="list-style-type: none"> Lower Specialist copay; now \$40 Maximum out-of-pocket lowered to \$5,000 (Carelink) or \$4,950 (PPO/FocusedCare HPN) Pharmacy tier 4 increase to 40%