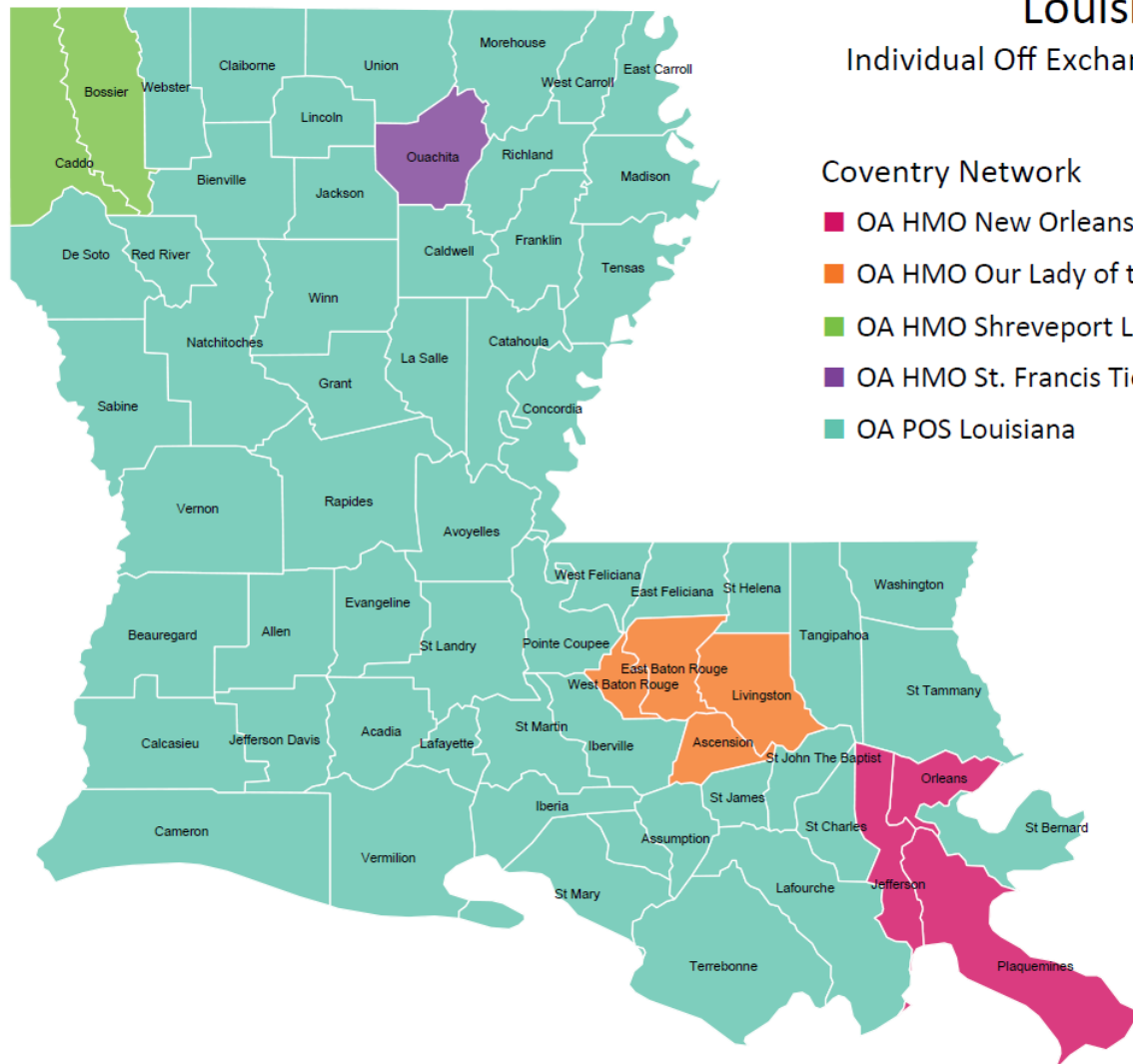


Geography	Network	Deductible and Coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
-----------	---------	----------------------------	-----------------	------------------	------------------	----------

Louisiana

Individual Off Exchange Counties 2016



Coventry Network

- OA HMO New Orleans Louisiana & OA POS Louisiana
- OA HMO Our Lady of the Lake & OA POS Louisiana
- OA HMO Shreveport Louisiana & OA POS Louisiana
- OA HMO St. Francis Tiered & OA POS Louisiana
- OA POS Louisiana

Network



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

Product name:

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

Network:

- Reciprocity: No
- Major hospitals:
 - All contracted hospitals
- Nuance: New legal name: Aetna Health Inc.

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	1 Tier + OON	HNOption	No / No	Broad	Statewide

Network



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

Product name:

- Coventry Gold \$10 Copay HMO NO PD
- Coventry Silver \$10 Copay HMO NO PD
- Coventry Bronze \$15 Copay HMO NO PD
- Coventry Bronze Deductible Only HSA Eligible HMO NO PD

Network:

Reciprocity: No

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	1 Tier No OON	HNOnly	No / No	New Orleans	Jefferson, Orleans, Plaquemines

Network



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

Product name:

- Coventry Gold \$10 Copay HMO SH PD
- Coventry Silver \$10 Copay HMO SH PD
- Coventry Bronze \$15 Copay HMO SH PD
- Coventry Bronze Deductible Only HSA Eligible HMO SH PD

Network:

Reciprocity: No

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	1 Tier No OON	HNOnly	No / No	Shreveport	Bossier, Caddo

Network



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

Product name:

- Coventry Gold \$10 Copay Our Lady of the Lake PD
- Coventry Silver \$10 Copay Our Lady of the Lake PD
- Coventry Bronze \$15 Copay Our Lady of the Lake PD
- Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PD

Network:

- Reciprocity: No
- Major hospitals:
- Our Lady of the Lake Medical Center
 - St Elizabeth Hospital
 - Woman’s Hospital

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	1 Tier No OON	HNOnly	Yes / No	Our Lady of the Lake	Ascension, East Baton Rouge, Livingston, West Baton Rouge

Network



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

Product name:

- Coventry Gold \$10 Copay St Francis PD
- Coventry Silver \$10 Copay St Francis PD
- Coventry Bronze \$35 Copay St Francis PD

Network:

Reciprocity: No

On	Off	Product structure	Product	PCP / referral	Network used	Service area
N	Y	1 Tier + OON	QPOS	Yes / No	St. Francis	Ouachita

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	LA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PD	LA Coventry Bronze Deductible Only HSA Eligible HMO NO PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PD	LA Coventry Bronze \$15 Copay POS PD	LA Coventry Bronze Deductible Only HSA Eligible POS PD	LA Coventry Bronze \$35 Copay St Francis PD	
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	Non-Designated
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	\$5,500/\$11,000	\$6,750/\$13,500
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	\$6,850/\$13,700	\$6,850/\$13,700

All percentages shown are what member pays. PD: includes pediatric dental.

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NO PD LA Coventry Silver \$10 Copay HMO SH PD LA Coventry Silver \$10 Copay Our Lady of the Lake PD	LA Coventry Silver \$10 Copay POS PD		LA Coventry Silver \$10 Copay St Francis PD	
		In network you pay	In network you pay	In network you pay	Non-designated	
		\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$5,750/\$11,500	
		30%	30%	20%	40%	
		\$6,250/\$12,500	\$6,250/\$12,500	\$5,400/\$10,800	\$6,500/\$13,000	

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.

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Gold \$10 Copay HMO NO PD LA Coventry Gold \$10 Copay HMO SH PD LA Coventry Gold \$10 Copay HMO Our Lady of the Lake PD	LA Coventry Gold \$10 Copay POS PD		LA Coventry Gold \$5 Copay St. Francis PD	
		In network you pay	In network you pay	In network you pay	Non-designated	
		\$1,400/\$2,800	\$1,400/\$2,800	\$1,250/\$2,500	\$3,500/\$7,000	
		20%	20%	20%	40%	
		\$5,000/\$10,000	\$5,000/\$10,000	\$4,250/\$8,500	\$6,000/\$12,000	

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.

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	LA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay LOTL PD	LA Coventry Bronze Deductible Only HSA Eligible HMO NO PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PD	LA Coventry Bronze \$15 Copay POS PD	LA Coventry Bronze Deductible Only HSA Eligible POS PD	LA Coventry Bronze \$35 Copay St Francis PD	
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	Non-Designated
Primary care office visit	\$15 copay; deductible waived	Covered in full after deductible	\$15 copay; deductible waived	Covered in full after deductible	\$35 copay; deductible waived	\$50 copay after deductible
Specialist office visit	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	\$75 copay after deductible	\$100 copay after deductible
Hospital stay	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	\$250 copay per admission after deductible	\$500 copay per admission after deductible
Outpatient surgery (Ambulatory Surgical Center/Hospital)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	\$250 copay after deductible	\$500 copay after deductible
Emergency room (copay waived if admitted)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	\$250 copay after deductible	Paid at the designated level
Urgent care	\$100 copay; deductible waived	Covered in full after deductible	\$100 copay; deductible waived	Covered in full after deductible	\$60 copay; deductible waived	\$150 copay after deductible

All percentages shown are what member pays. PD: includes pediatric dental.

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NO PD LA Coventry Silver \$10 Copay HMO SH PD LA Coventry Silver \$10 Copay Our Lady of the Lake PD	LA Coventry Silver \$10 Copay POS PD		LA Coventry Silver \$10 Copay St Francis PD	
		In network you pay	In network you pay	In network you pay	Non-designated	
Primary care office visit		\$10 copay; deductible waived	\$10 copay; deductible waived	\$10 copay; deductible waived	\$50 copay after deductible	
Specialist office visit		\$75 copay; deductible waived	\$75 copay; deductible waived	\$60 copay; deductible waived	\$75 copay after deductible	
Hospital stay		\$500 copay per admission after deductible; then 30%	\$500 copay per admission after deductible; then 30%	\$100 copay per admission after deductible; then 20%	\$500 copay per admission after deductible; then 40%	
Outpatient surgery (Ambulatory Surgical Center/Hospital)		\$250 copay after deductible; then 30%	\$250 copay after deductible; then 30%	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%	
Emergency room (copay waived if admitted)		\$500 copay after deductible	\$500 copay after deductible	\$250 copay after deductible	Paid at the designated level	
Urgent care		\$75 copay; deductible waived	\$75 copay; deductible waived	\$75 copay; deductible waived	40% after deductible	

All percentages shown are what member pays. PD: includes pediatric dental.

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Gold \$10 Copay HMO NO PD LA Coventry Gold \$10 Copay HMO SH PD LA Coventry Gold \$10 Copay HMO Our Lady of the Lake PD	LA Coventry Gold \$10 Copay POS PD		LA Coventry Gold \$5 Copay St. Francis PD	
		In network you pay	In network you pay	In network you pay	Non-designated	
Primary care office visit		\$10 copay; deductible waived	\$10 copay; deductible waived	\$5 copay; deductible waived	\$30 copay; deductible waived	
Specialist office visit		\$40 copay; deductible waived	\$40 copay; deductible waived	\$40 copay; deductible waived	\$75 copay after deductible	
Hospital stay		20% after deductible	20% after deductible	20% after deductible	\$250 copay per admission after deductible; then 40%	
Outpatient surgery (Ambulatory Surgical Center/Hospital)		20% after deductible	20% after deductible	20% after deductible	40% after deductible	
Emergency room (copay waived if admitted)		\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	Paid at the designated level	
Urgent care		\$75 copay; deductible waived	\$75 copay; deductible waived	\$75 copay; deductible waived	\$150 copay; deductible waived	

All percentages shown are what member pays. PD: includes pediatric dental.

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	LA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PD	LA Coventry Bronze Deductible Only HSA Eligible HMO NO PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PD	LA Coventry Bronze \$15 Copay POS PD	LA Coventry Bronze Deductible Only HSA Eligible POS PD	LA Coventry Bronze \$35 Copay St Francis PD	
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	Non-Designated
Preventive care/screening/immunization (age and frequency limits apply)	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
Annual routine GYN exam (annual pap/mammogram)	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
Diagnostic lab	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible
Diagnostic X-ray	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	\$25 copay after deductible
Imaging (CT/PET scans, MRIs)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	\$250 copay after deductible	\$500 copay after deductible

All percentages shown are what member pays. PD: includes pediatric dental.

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NO PD LA Coventry Silver \$10 Copay HMO SH PD LA Coventry Silver \$10 Copay Our Lady of the Lake PD	LA Coventry Silver \$10 Copay POS PD	LA Coventry Silver \$10 Copay St Francis PD		
		In network you pay	In network you pay	In network you pay	Non-designated	
Preventive care/screening/immunization (age and frequency limits apply)		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
Annual routine GYN exam (annual pap/mammogram)		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
Diagnostic lab		30% after deductible	30% after deductible	20% after deductible	40% after deductible	
Diagnostic X-ray		30% after deductible	30% after deductible	20% after deductible	40% after deductible	
Imaging (CT/PET scans, MRIs)		\$250 copay after deductible; then 30%	\$250 copay after deductible; then 30%	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%	

All percentages shown are what member pays. PD: includes pediatric dental.

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			LA Coventry Gold \$10 Copay HMO NO PD LA Coventry Gold \$10 Copay HMO SH PD LA Coventry Gold \$10 Copay HMO Our Lady of the Lake PD	LA Coventry Gold \$10 Copay POS PD	LA Coventry Gold \$5 Copay St. Francis PD	
			In network you pay	In network you pay	In network you pay	Non-designated
			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	Covered in full; deductible waived	Covered in full; deductible waived
			20% after deductible	20% after deductible	20% after deductible	40% after deductible
			20% after deductible	20% after deductible	20% after deductible	40% after deductible
			20% after deductible	20% after deductible	20% after deductible	\$100 copay after deductible; then 40%

All percentages shown are what member pays. PD: includes pediatric dental.

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	LA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PD	LA Coventry Bronze Deductible Only HSA Eligible HMO NO PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PD	LA Coventry Bronze \$15 Copay POS PD	LA Coventry Bronze Deductible Only HSA Eligible POS PD	LA Coventry Bronze \$35 Copay St Francis PD	
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	Non-designated
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	Paid at the designated level
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 deductible	Covered in full; deductible waived	Paid at the designated level

All percentages shown are what member pays. PD: includes pediatric dental.

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NO PD LA Coventry Silver \$10 Copay HMO SH PD LA Coventry Silver \$10 Copay Our Lady of the Lake PD		LA Coventry Silver \$10 Copay POS PD	LA Coventry Silver \$10 Copay St Francis PD	
		In network you pay	In network you pay	In network you pay	Non-designated	
	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	Paid at the designated level
	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; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Paid at the designated level

All percentages shown are what member pays. PD: includes pediatric dental.

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Gold \$10 Copay HMO NO PD LA Coventry Gold \$10 Copay HMO SH PD LA Coventry Gold \$10 Copay HMO Our Lady of the Lake PD		LA Coventry Gold \$10 Copay POS PD	LA Coventry Gold \$5 Copay St. Francis PD	
		In network you pay		In network you pay	In network you pay	Non-designated
Pediatric eye exam (1 visit per year)		Covered in full; deductible waived		Covered in full; deductible waived	Covered in full; deductible waived	Paid at the designated level
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; deductible waived	Covered in full; deductible waived	Paid at the designated level

All percentages shown are what member pays. PD: includes pediatric dental.

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	LA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PD	LA Coventry Bronze Deductible Only HSA Eligible HMO NO PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PD	LA Coventry Bronze \$15 Copay POS PD		LA Coventry Bronze Deductible Only HSA Eligible POS PD	LA Coventry Bronze \$35 Copay St Francis PD
	In network you pay	In network you pay	In network you pay	In network you pay	In network you pay	Non-Designated
Dental check-up/preventive dental care (2 visits per year)	Covered in full; deductible waived	Covered in full after deductible	Covered in full; deductible waived	Covered in full after deductible	Covered in full; deductible waived	Paid at the designated level
Basic dental care	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	30% after deductible	Paid at the designated level
Major dental care	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	50% after deductible	Paid at the designated level
Orthodontia (medically necessary only)	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	50% after deductible	Paid at the designated level

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NO PD LA Coventry Silver \$10 Copay HMO SH PD LA Coventry Silver \$10 Copay Our Lady of the Lake PD	LA Coventry Silver \$10 Copay POS PD		LA Coventry Silver \$10 Copay St Francis PD	
		In network you pay	In network you pay	In network you pay	Non-designated	
		Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Paid at the designated level	
		30% after deductible	30% after deductible	30% after deductible	Paid at the designated level	
		50% after deductible	50% after deductible	50% after deductible	Paid at the designated level	
		50% after deductible	50% after deductible	50% after deductible	Paid at the designated level	

All percentages shown are what member pays. PD: Pediatric dental

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Gold \$10 Copay HMO NO PD LA Coventry Gold \$10 Copay HMO SH PD LA Coventry Gold \$10 Copay HMO Our Lady of the Lake PD	LA Coventry Gold \$10 Copay POS PD		LA Coventry Gold \$5 Copay St. Francis PD	
		In network you pay	In network you pay	In network you pay	Non-designated	
		Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Paid at the designated level
		30% after deductible	30% after deductible	30% after deductible	30% after deductible	Paid at the designated level
		50% after deductible	50% after deductible	50% after deductible	50% after deductible	Paid at the designated level
		50% after deductible	50% after deductible	50% after deductible	50% after deductible	Paid at the designated level

All percentages shown are what member pays. PD: Pediatric dental

Pharmacy

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	LA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PD	LA Coventry Bronze Deductible Only HSA Eligible HMO NO PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PD		LA Coventry Bronze \$15 Copay POS PD	LA Coventry Bronze Deductible Only HSA Eligible POS PD	LA Coventry Bronze \$35 Copay St Francis PD
	In network you pay	In network you pay		In network you pay	In network you pay	In network you pay
Pharmacy deductible	Integrated with Medical Deductible	Integrated with Medical Deductible		Integrated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic drugs	Generic: Covered in full after deductible	Generic: Covered in full after deductible		Generic: Covered in full after deductible	Generic: Covered in full after deductible	Generic: \$20 copay after deductible
Preferred brand drugs	Covered in full after deductible	Covered in full after deductible		Covered in full after deductible	Covered in full after deductible	\$50 copay after deductible
Non-preferred drugs	Generic & Brand: Covered in full after deductible	Generic & Brand: Covered in full after deductible		Generic & Brand: Covered in full after deductible	Generic & Brand: Covered in full after deductible	Generic & Brand: \$75 copay after deductible
Specialty drugs	P: Covered in full after deductible NP: Covered in full after deductible	P: Covered in full after deductible NP: Covered in full after deductible		P: Covered in full after deductible NP: Covered in full after deductible	P: Covered in full after deductible NP: Covered in full after deductible	P: 40% up to \$150 after deductible NP: 50% up to \$150 after deductible

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

All percentages shown are what member pays. PD: includes pediatric dental.

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NO PD LA Coventry Silver \$10 Copay HMO SH PD LA Coventry Silver \$10 Copay Our Lady of the Lake PD		LA Coventry Silver \$10 Copay POS PD		LA Coventry Silver \$10 Copay St Francis PD
		In network you pay		In network you pay		In network you pay
Pharmacy deductible		\$500 per Member		\$500 per Member		\$500 per Member
Preferred generic drugs		Low Cost Generic: \$5 copay; deductible waived Generic: \$15 copay; deductible waived		Low Cost Generic: \$5 copay; deductible waived Generic: \$15 copay; deductible waived		Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived
Preferred brand drugs		\$40 copay after deductible		\$40 copay after deductible		\$40 copay after deductible
Non-preferred drugs		Generic & Brand: \$75 copay after deductible		Generic & Brand: \$75 copay after deductible		Generic & Brand: \$75 copay after deductible
Specialty drugs		P: 40% up to \$150 after deductible NP: 50% up to \$150 after deductible		Preferred Specialty: 40% up to \$150 after deductible Non-Preferred Specialty: 50% up to \$150 after deductible		P: 40% up to \$150 after deductible NP: 50% up to \$150 after deductible

P=Preferred specialty drugs; NP=non-preferred specialty drugs.
All percentages shown are what member pays. PD: includes pediatric dental.

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Gold \$10 Copay HMO NO PD LA Coventry Gold \$10 Copay HMO SH PD LA Coventry Gold \$10 Copay HMO Our Lady of the Lake PD	LA Coventry Gold \$10 Copay POS PD	LA Coventry Gold \$5 Copay St. Francis PD		
		In network you pay	In network you pay	In network you pay		
Pharmacy deductible	\$250 per Member		\$250 per Member		\$0 per Member	
Preferred generic drugs	Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived		Low Cost Generic: \$3 copay; deductible waived Generic: \$10 copay; deductible waived		Low Cost Generic: \$3 copay Generic: \$10 copay	
Preferred brand drugs	\$40 copay after deductible		\$40 copay after deductible		\$30 copay	
Non-preferred drugs	Generic & Brand: \$70 copay after deductible		Generic & Brand: \$70 copay after deductible		Generic & Brand: \$65 copay	
Specialty drugs	P: 40% up to \$150 after deductible NP: 50% up to \$150 after deductible		P: 40% up to \$150 after deductible NP: 50% up to \$150 after deductible		P: 40% up to \$150 NP: 50% up to \$150	

P=Preferred specialty drugs; NP=non-preferred specialty drugs.
 All percentages shown are what member pays. PD: includes pediatric dental.