

Netwo	ork		COVENTRY Health Care An Aetna Company				
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy	
Coventry Silver	\$10 Copay POS PI \$10 Copay POS P \$15 Copay POS 2e \$15 Copay POS	D	Re	e twork: ciprocity: No ajor hospitals: All contracted ho	ospitals		

Coventry Bronze Deductible Only HSA Eligible POS PD

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

Netwo	ork		COVENTRY Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Pharmacy	
Coventry Silve Coventry Bror	d \$10 Copay HMO er \$10 Copay HMC nze \$15 Copay HM	NO PD	O NO PD	Network: Reciprocity: N	D	

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

Netwo	ork		COVENTRY Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Coventry Silver Coventry Bronz	\$10 Copay HMO S \$10 Copay HMO S ze \$15 Copay HMC	SH PD	SH PD		vork: procity: No	

C	Dn	Off	Product structure	Product	PCP / referral	Network used	Service area
٩	٧	Y	1 Tier No OON	HNOnly	No / No	Shreveport	Bossier, Caddo

Netwo	ork		COVENTRY Health Care An Aetna Company				
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy	
Coventry Silver Coventry Bronz	e \$15 Copay Our I	dy of the Lake PD dy of the Lake PD ady of the Lake PD HSA Eligible Our La		• St E	ity: No	Medical Center	

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

Netwo	ork		COVENTRY Health Care An Aetna Company			
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric dental	Vision	Pharmacy
Coventry Silver	\$10 Copay St Fran \$10 Copay St Frar e \$35 Copay St Fra	ncis PD		work: iprocity: 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

COVENTRY[®] Health Care An Aetna Company

Geography							liatric Pediat sion denta			Ρ	harmacy
	LA Coventry Bro \$15 Copay HMG PD LA Coventry Bro \$15 Copay HMG PD Coventry Bronz Copay Our Lady the Lake PD	D NO onze D SH e \$15	LA Coventry B Deductible Or Eligible HMO LA Coventry B Deductible Or Eligible HMO LA Coventry B Deductible Or Eligible Our L the Lake	nly HSA NO PD Bronze nly HSA SH PD Bronze nly HSA ady of	LA Coventry \$15 Copay l		LA Covent Deductible Eligible PC	only HSA	LA Cove Copay S	-	Bronze \$35 acis PD
	In network you	рау	In network yo	u pay	In network	you pay	In network	you pay	In netw you pay		Non- Designated
Deductible individu family ¹ (applies to out-of-pocket maximum)	al / \$6,850/\$13,70	0	\$6,450/\$12,	900	\$6,850/\$1	3,700	\$6,450/	\$12,900	\$5,500/\$1	1,000	\$6,750/\$13,500
Member coinsuranc	e 0%		0%		0%		0	%	0%		0%
Out-of-pocket maximum individual/family ¹ (maximum you will pay for all covered services)			\$6,450/\$12		\$6,850/\$1	3,700	\$6,450/	\$12,900	\$6,850/\$1	3,700	\$6,850/\$13,700

Deductible coinsurance

COVENTRY[®] Health Care An Aetna Company

				EX TO DO N		Press.	
Geography	Network	Deductible and coinsurance		ember nefits	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NO P LA Coventry Silver \$10 Copay HMO SH P LA Coventry Silver \$10 Our Lady of the Lake I	D) Copay	LA Coventry \$10 Copay F		i10 Copay St Francis	
		In network you pay		In network	x you pay	In network you pay	Non-designated
Deductible individual/ family ¹ (applies to out-of-pocket maximum)		\$3,500/\$7,000		\$3,500/\$7,000		\$3,500/\$7,000	\$5,750/\$11,500
Member coinsurance		30%		30%		20%	40%
Out-of-pocket maximum individual/family ¹ (maximum you will pay for all covered services)		\$6,250/\$12,500		\$6 <i>,</i>	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

COVENTRY[®] Health Care An Aetna Company

					AND TRANSPORT		Presh .		
Geography	Network	Deductible and coinsurance		ember nefits	Pediatric vision	Pediatric dental	Pharmacy		
				LA Coventry POS PD	r Gold \$10 Copay	LA Coventry Gold \$5 Copay St. Francis PD			
		In network you pay		In network	x you pay	In network you pay	Non-designated		
Deductible individu family ¹ (applies to out-of-pocket max		\$1,400/\$2,800		\$1	,400/\$2,800	\$1,250/\$2,500	\$3,500/\$7,000		
Member coinsurand	ce	20%			20%	20%	40%		
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)		\$5,000/\$10,000		\$5 <i>,</i>	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.

COVENTRY Health Care An Aetna Company

Geography	NEIWORK		ctible and Memb surance benef				liatric Pedia sion den				harmacy
	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		Sronze \$15 Copay POS PD		LA Covent Deductibl HSA Eligib	e Only	Copay St Fran		=
	In network you	і рау	In network	you pay	ln netw pay	ork you	In networl	k you pay	In netwoi you pay	ŕk	Non- Designated
Primary care office visi	t \$15 copay; deductible waived		Covered in full after deductible			opay; le waived	Covered ir deduc		\$35 copa deductible w		\$50 copay after deductible
Specialist office visit	Covered in ful deductibl		Covered in full after deductible			n full after ctible	er Covered in full af deductible		\$75 copay a deductib		\$100 copay after deductible
Hospital stay	Covered in ful deductibl			n full after ctible		n full after ctible	Covered ir deduc		\$250 copay admission a deductib	fter	\$500 copay per admission after deductible
Outpatient surgery (Ambulatory Surgical Center/Hospital)	Covered in ful deductibl			n full after ctible		n full after ctible	Covered ir deduo		\$250 copay deductib		\$500 copay after deductible
Emergency room (copay waived if admitted)	Covered in ful deductibl			n full after ctible		n full after ctible	Covered ir deduc		\$250 copay deductib		Paid at the designated level
Urgent care	\$100 copay; deductible waived					\$100 copay; Covered in full after deductible waived deductible		\$60 copa deductible w	· · ·	\$150 copay after deductible	

COVENTRY Health Care An Aetna Company

Geography	Network	Deductible and coinsurance	Membe benefit		Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NO PE LA Coventry Silver \$10 Copay HMO SH PD LA Coventry Silver \$10 Our Lady of the Lake P	Сорау		entry Silver pay POS PD	LA Coventry Silve Francis PD	r \$10 Copay St
		In network you pay			work you pay	In network you pay	Non-designated
Primary care office visit		\$10 copay; deductible waived			copay; deductible waived	\$10 copay; deductible waived	\$50 copay after deductible
Specialist office visi	t	\$75 copay; deductible waived			copay; deductible waived	\$60 copay; deductible waived	\$75 copay after deductible
Hospital stay		\$500 copay per admission after deductible; then 30%			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 Surgica Center/Hospital)	al	\$250 copay after deductik	ble; then 30%	\$250 c	opay after deductible; then 30%	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%
Emergency room (c if admitted)	opay waived	\$500 copay after de	ductible	\$50	0 copay after deductible	\$250 copay after deductible	Paid at the designated level
Urgent care		\$75 copay; deductible waived			copay; deductible waived	\$75 copay; deductible waived	40% after deductible

COVENTRY Health Care An Aetna Company

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Geography	Network	Deductible and Membe coinsurance benefits		-	Pediatric vision	Pediatric dental	Pharmacy
		LA Coventry Gold \$10 NO PD LA Coventry Gold \$10 SH PD LA Coventry Gold \$10 Our Lady of the Lake P	Copay HMO Copay HMO	LA Cov POS PI	entry Gold \$10 Copay)	LA Coventry Gold Francis PD	l \$5 Copay St.
		In network you pay			work you pay	In network you pay	Non-designated
Primary care office	visit	\$10 copay; deductible waived			copay; deductible waived	\$5 copay; deductible waived	\$30 copay; deductible waived
Specialist office visi	t	\$40 copay; deductible waived			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 Surgica Center/Hospital)	I	20% after deductible			20% after deductible	20% after deductible	40% after deductible
Emergency room (co if admitted)	opay waived	\$250 copay after de	\$250 copay after deductible \$250 copay after deductible		0 copay after deductible	\$250 copay after deductible	Paid at the designated level
Urgent care		\$75 copay; deductible waived			copay; deductible waived	\$75 copay; deductible waived	\$150 copay; deductible waived

COVENTRY Health Care An Aetna Company

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etwork			_						F	harmacy
\$15 Copay PD LA Coventr \$15 Copay PD Coventry B Copay Our	HMO NO y Bronze HMO SH ronze \$15 Lady of	Deductible Only HS Eligible HMO NO PI LA Coventry Bronze Deductible Only HS Eligible HMO SH PI LA Coventry Bronze Deductible Only HS		LA Coventry Bronze \$15 Copay POS PD		LA Coventry Bronze Deductible Only HSA Eligible POS PD		LA Coventry Copay St Fra		=
In network	In network you pay		rk you pay	In netwo	ork you pay	In netwo	ork you pay	In netwo you pay	ork	Non- Designated
Covered in ful								deductib	le	Covered in full; deductible waived
			· · · ·					deductib	le	Covered in full; deductible waived
									-	Covered in full after deductible
										\$25 copay after deductible
	tible	dedu								\$500 copay after deductible
	 \$15 Copay PD LA Coventri \$15 Copay PD Coventry B Copay Our the Lake PE In network Covered in full waiv Covered in full waiv Covered in full covered in deduct Covered in deduct Covered in 	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 PDIn network you payCovered in full; deductible waivedCovered in full after deductibleCovered in full after deductibleCovered in full after deductibleCovered in full after deductible	COINSURANCELA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PDLA Coven Deductible Eligible H LA Coven Deductible Eligible O the LaIn network you payIn network vou payCovered in full; deductible waivedCovered deductibleCovered in full; deductible waivedCovered deductibleCovered in full; deductible deductibleCovered deductibleCovered in full; deductible waivedCovered deductibleCovered in full after deductibleCovered in deductibleCovered in full after deductibleCovered in deductible	Perform coinsurance bener 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 SH PD LA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PD In network you pay In network you pay In network you pay In network you pay 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 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	Detwork coinsurance benefits LA Coventry Bronze LA Coventry Bronze LA Coventry Bronze LA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze Deductible Only HSA LA Coventry Bronze \$15 Copay HMO SH PD LA Coventry Bronze Deductible Only HSA LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze \$15 Copay Our Lady of the Lake PD In network you pay In network you pay In network you pay In network you pay In network you pay In network deductible Covered in full; Covered in full; deductible Covered in full; Covered deductible Covered in full; Covered in full; deductible Covered in full; Covered deductible Covered in full; Covered in full; 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 Covered in full after deductible Covered in full after deductible	etworkDeductible and coinsuranceMember benefitsPedia visiLA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze beductible Only HSA Eligible Our Lady of the Lake PDLA Coventry Bronze \$15 Copay POS PDIn network you payIn network you payIn network you payIn network you payIn network you payCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full after deductibleCovered in full; deductible waivedCovered in full; deductible waivedCovered in full after deductibleCovered in full after deductible	Letwork coinsurance benefits vision LA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze beductible Only HSA Eligible HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD LA Coventry Bronze beductible Only HSA Eligible HMO SH PD LA Coventry Bronze beductible Only HSA Eligible Our Lady of the Lake PD LA Coventry Bronze \$15 Copay POS PD LA Covered in full; Covered in full; deductible waived Covered in full; deductible waived Covered in full; deductible waived Covered in full; deductible waived Covered in full deductible Covered in full after deductible Covered in full	etworkDeductible and coinsuranceMember benefitsPediatric visionPediatric dentLA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible Onu Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible Onu Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible Onu Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible Onu Lady of the Lake PDLA coventry Bronze Deductible Only HSA Eligible Onu Lady of the Lake PDIn network you payIn network you payCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full after deductibleCovered in full after d	etworkDeductible and coinsuranceMember benefitsPediatric visionPediatric dentalLA coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze beductible Only HSA Eligible HMO SH PD LA Coventry Bronze \$15 Copay Our Lady of the Lake PDLA Coventry Bronze to coverty Bronze Deductible Only HSA Eligible Our Lady of the Lake PDLA coventry Bronze to covered in full; deductible Only HSA Eligible Our Lady of the Lake PDIn network you payIn network you payCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; 	etworkDeductible and coinsuranceMember benefitsPediatric visionPediatric dentalLA Coventry Bronze \$15 Copay HMO NO PD LA Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay HMO SH PD Coventry Bronze \$15 Copay Our Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible HMO SH PD LA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PDLA Coventry Bronze Deductible Only HSA Eligible Our Lady of the Lake PDIn network you payIn network you payIn network you payIn network vou payIn network you payCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible waivedCovered in full; deductible wai

COVENTRY Health Care An Aetna Company

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Geography I	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			Coventry Silver 0 Copay POS PD	LA Coventry Silver \$10 Copay St Francis PD			
		In network you p	ay	Ir	n 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		
Annual routine GYN exan (annual pap/mammogram		Covered in full; d	leductible 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, M	naging (CT/PET scans, MRIs) \$250 copar		eductible; then 30%	\$	250 copay after deductible; then 30%	\$100 copay after deductible; then 20%	\$500 copay after deductible; then 40%		

COVENTRY Health Care An Aetna Company

Geography	Network	Deductible and Consurance Consurance Consurance Construction Consurance Consu		Pediatric vision	Pediatric dental	Pharmacy	
		NO PD LA Coventry Gol SH PD	d \$10 Copay HMO	LA Coventry Gold \$10 Copay POS PD	LA Coventry Gold \$5 Copay St. Francis PD		
		In network you p	bay	In network you pay	In network you pay	Non-designated	
Preventive care/scr immunization (age and frequency		Covered in full; c	leductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	
Annual routine GYN (annual pap/mamm		Covered in full; c	leductible waived	Covered in full; deductible waived	Covered in full; deductible waived	Covered in full; deductible waived	
Diagnostic lab		20% after	deductible	20% after deductible	20% after deductible	40% after deductible	
Diagnostic X-ray		20% after	deductible	20% after deductible	20% after deductible	40% after deductible	
Imaging (CT/PET scans, MRIs)		20% after	deductible	20% after deductible	20% after deductible	\$100 copay after deductible; then 40%	

Pediatric vision

COVENTRY Health Care An Aetna Company

Geography		Network				lember enefits		liatric sion	Pedia dent		Ph	narmacy
		LA Coventry B \$15 Copay HW PD LA Coventry B \$15 Copay HW PD Coventry Bron \$15 Copay Out of the Lake PD	AO NO Bronze AO SH Nze Ir Lady	LIGIBLE HIMO LA Coventry E Deductible Or Eligible HMO LA Coventry E	nly HSA NO PD Bronze nly HSA SH PD Bronze nly HSA Lady of	LA Coventry \$15 Copay F		LA Covent Deductible Eligible PC	only HSA	LA Cove Copay S	-	ronze \$35 :is PD
		In network yoເ	u pay	In network yo	ou pay	In network y	you pay	In network	you pay	In netw you pay	ork	Non- designated
Pediatric eye exam visit per year)	(1	Covered in full; dec waived	ductible	Covered in full; de waived	eductible	Covered in full; waived		Covered in fu wai		Covered deductible		Paid at the designated level
Pediatric glasses/contacts (Coverage is limited set of frames and 1 s of contact lenses or eyeglass lenses per calendar year)	set	Covered in full; dec waived	ductible	e Covered in full deductibl		Covered in full; waived		Covered in dedu		Covered deductible		Paid at the designated level

Pediatric vision

COVENTRY Health Care An Aetna Company

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Geography	Network	Deductible and Member coinsurance benefit		-			ediatric dental	Pharmacy
		LA Coventry Silver \$10 Copay HMO NC LA Coventry Silver \$10 Copay HMO SH LA Coventry Silver \$ Our Lady of the Lake	LA Coventry Silver \$10 Copay POS PD			LA Coventry Silver \$10 Copay Francis PD		
		In network you pay		In net	work you pay		In network yo pay	ou Non-designated
Pediatric eye exam (1 visit per year)		Covered in full; deduc	tible waived	Covered in full; deductible waived			Covered in full deductible waiv	-
Pediatric glasses/co limited to 1 set of fr contact lenses or ey calendar year)	ames and 1 set of	Covered in full; deduc	tible waived	Cove	ered in full; deductible wa	ived	Covered in full deductible waiv	·

Pediatric vision

COVENTRY Health Care An Aetna Company

Geography	Network	Deductible and Member coinsurance benefit				Pediatric dental		Pharmacy	
		LA Coventry Gold \$1 HMO NO PD LA Coventry Gold \$1 HMO SH PD LA Coventry Gold \$1 HMO Our Lady of th	LA Cove PD	entry Gold \$10 Copa	LA Coventry Gold \$5 Copay St. Francis PD				
		In network you pay	In net	work you pay	In network y pay	ou Non-designated			
Pediatric eye exam	(1 visit per year)	Covered in full; deduc	Cove	red in full; deductible wa	ived	Covered in ful deductible waiv			
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; deduc	Cove	red in full; deductible wa	Covered in ful deductible waiv				

Pediatric dental

COVENTRY Health Care An Aetna Company

					ATAN	ALCON MAL		3	- Sky		
Geography	Network				ember nefits	Pediatric vision		Pediatr denta			narmacy
	LA Coventry BronzeDeductible\$15 Copay HMO NOEligible HMPDLA Coventry Bronze\$15 Copay HMO SHEligible HMPDLA Coventry Bronze\$15 Copay Our LadyDeductible\$15 Copay Our LadyEligible Out		LA Coventry Deductible Of Eligible HMO LA Coventry Deductible Of Eligible HMO LA Coventry Deductible Of Eligible Our I the Lake	nly HSA NO PD Bronze nly HSA SH PD Bronze nly HSA Lady of	LA Coventr \$15 Copay	-	Deductible Uni		uctible Only		Bronze \$35 ncis PD
	In network you	u pay	In network ye	ou pay	In network	you pay	In netw	ork you pay	In net you p		Non- Designated
Dental check- up/preventive dental care (2 visits per year)	Covered in full; dec waived	ductible	Covered in fu deductib			ill; deductible ved		d in full after ductible	Covered dedu wai	tible	Paid at the designated level
Basic dental care	Covered in full a deductible	after	Covered in fu deductib			n full after ctible		d in full after ductible	30% dedu		Paid at the designated level
Major dental care	Covered in full a deductible	after	Covered in fu deductib			n full after ctible		d in full after ductible	50% dedu		Paid at the designated level
Orthodontia (medically necessary only)	Covered in full a deductible	after	Covered in fu deductib			n full after ctible		d in full after ductible	50% dedu		Paid at the designated level

Pediatric dental

COVENTRY Health Care An Aetna Company

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Geography	Network	Deductible and Memi coinsurance benef				Pediatric dental	Pharmacy		
		LA Coventry Silver \$10 Copay HMO NO LA Coventry Silver \$10 Copay HMO SH I LA Coventry Silver \$2 Our Lady of the Lake	PD 10 Copay		ntry Silver ay POS PD	LA Coventry Silver \$10 Copay St Fra PD			
		In network you pay		In netw	ork you pay	In network you pay	Non-designated		
Dental check-up/pr dental care (2 visits per year)	eventive	Covered in full; deducti	ble waived	Covered ir	n full; deductible waived	Covered in full; deductible waived	Paid at the designated level		
Basic dental care		30% after deduc	tible	30%	6 after deductible	30% after deductible	Paid at the designated level		
Major dental care		50% after deduc	tible	50%	6 after deductible	50% after deductible	Paid at the designated level		
Orthodontia (medically necessary only)		50% after deduc	tible	50%	6 after deductible	50% after deductible	Paid at the designated level		
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Pediatric dental

COVENTRY[®] Health Care An Aetna Company

							And a second
Geography	Network	Deductible and Mem coinsurance bene			Pediatric vision	Pediatric dental	Pharmacy
				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
Dental check-up/preventive dental care (2 visits per year) ²		Covered in full; deductible waived		Covered in full; deductible waived		Covered in full; deductible waived	Paid at the designated level
Basic dental care		30% after deductible		30% after deductible		30% after deductible	Paid at the designated level
Major dental care		50% after deductible		50% after deductible		50% after deductible	Paid at the designated level
Orthodontia (medically necessary only)		50% after deductible		50% after deductible	Paid at the designated level		

Pharmacy

COVENTRY Health Care An Aetna Company

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Geography	Network	Deductible coinsura				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		Deductible Eligible HN LA Coventr Deductible Eligible HN LA Coventr Deductible gible Our	•		ventry Bronze opay POS PD	LA Coventry Bronze Deductible Only HSA Eligible POS PD	LA Coventry Bronze \$35 Copay St Francis PD
	In network you	u pay In I	network y	vou pay	In net	work you pay	In network you pay	In network you pay
Pharmacy deductibl	e Integrated with Deductibl		ntegrated w Deduc		Inte	grated with Medical Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible
Preferred generic dr	ugs Generic: Covered i deductibl		neric: Cover deduc	ed in full after ctible	Gener	ic: Covered in full after deductible	Generic: Covered in full after deductible	Generic: \$20 copay after deductible
Preferred brand dru	gs Covered in ful deductibl	Cove	ered in full a	fter deductible	Covered in full after deductible		Covered in full after deductible	\$50 copay after deductible
Non-preferred drug	s Generic & Brand: (full after dedu		neric & Bran full after de	nd: Covered in eductible	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 fu deductibl NP: Covered in f deductibl	le full after N	P: Covered i deduc NP: Covered deduc	tible in full after		ed in full after deductible 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.

Pharmacy

COVENTRY Health Care An Aetna Company

Geography	Network	Deductible and Member coinsurance 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 c	copay; deductible waived	Low Cost Generic: \$5 copay; deductible waived		Low Cost Generic: \$3 copay; deductible waived	
		Generic: \$15 copa	y; deductible waived	Generic: \$15 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	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.

Pharmacy



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Geography	Network	Deductible and Coinsurance Member benefits		Pediatric vision	Pediatric dental		Pharmacy
		PD LA Coventry Gold PD	\$10 Copay HMO NO \$10 Copay HMO SH \$10 Copay HMO Our PD	LA Coventry Gold \$10 Copay POS PD		LA Coventry Gold \$5 Copay St. Francis PD	
		In network you pa	Ŋ	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	
D-Droforrod chocialty drugs: ND-non-proform				NP: 50% up to \$150 a		N	r. 50% up t0 \$150

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