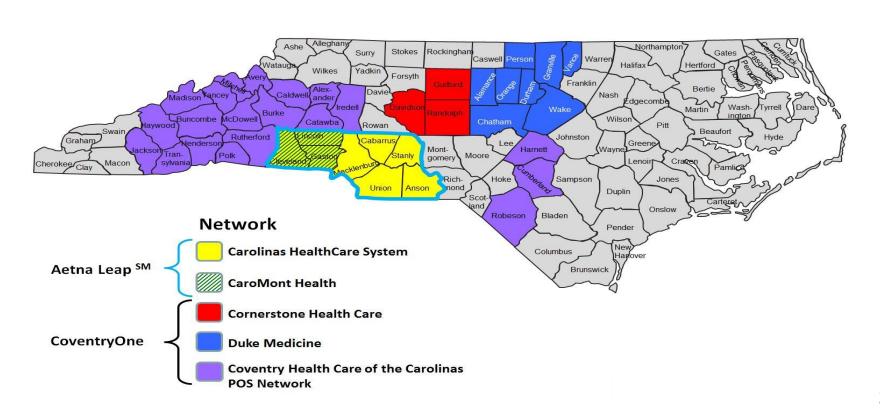


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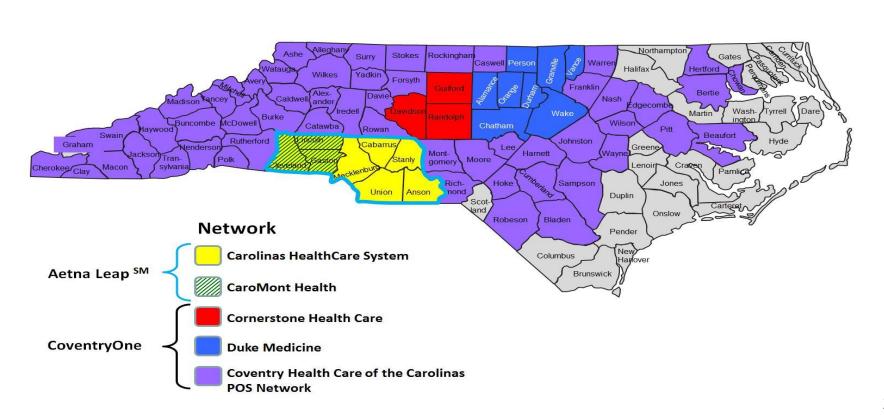


Aetna North Carolina Individual On Exchange Counties 2016





Aetna North Carolina Individual Off Exchange Counties 2016





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

Coventry Gold \$5 Copay Duke Medicine PD
Coventry Silver \$10 Copay Duke Medicine PD
Coventry Silver \$10 Copay 2750 Duke Medicine PD
Coventry Bronze \$35 Copay Duke Medicine PD
Coventry Bronze Ded Only HSA Eligible Duke Medicine PD
Coventry Catastrophic Duke Medicine 100% PD

Network within NC:

Number of providers: [Enter info]

Major hospitals: [Enter info]

Reciprocity: With Tier 2 providers in SC

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	2 Tier + OON Cat: 1 Tier + OON	HNOption	No/No	Carelink Duke Medicine	Alamance, Chatham, Durham, Granville, Orange, Person, Vance, Wake



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

Coventry Gold \$5 Copay Cornerstone PD
Coventry Silver \$10 Copay Cornerstone PD
Coventry Silver \$10 Copay 2750 Cornerstone PD
Coventry Bronze \$35 Copay Cornerstone PD
Coventry Bronze Ded Only HSA Eligible Cornerstone PD
Coventry Catastrophic Cornerstone100% PD

Network within NC:

Number of providers: [Enter info]

Major hospitals: [Enter info]

Reciprocity: With Tier 2 providers in SC

On	Off	Product structure Product PCP / referral Network used		Service area		
Υ	Υ	2 Tier + OON Cat: 1 Tier + OON	HNOption	No/No	Carelink Cornerstone	Guilford, Randolph, Davidson



Geography Network Deductible and coinsurance benefits Pediatric dental Vision Pharmacy

Product name:

Coventry Gold \$10 PD
Coventry Silver \$10 Copay PD
Coventry Silver \$10 Copay 2750 PD
Coventry Bronze \$15 Copay PD
Coventry Bronze Ded Only HSA Eligible PD
Coventry Catastrophic 100% PD

Network within NC:

Number of providers: [Enter info]

Major hospitals: [Enter info]

Reciprocity: SC

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Υ	Υ	1 Tier + OON	POS	No/No	Broad	Alexander, Avery, Buncombe, Burke, Caldwell, Catawba, Cumberland, Harnett, Haywood, Henderson, Iredell, Jackson, McDowell, Mitchell, Polk, Robeson, Rutherford, Transylvania, Yancy

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Geography	Network	Deductible and coinsurance			Member benefits		ediatric vision	Pediatric dental	Pharmacy
	NC Coventry B \$15 Copay PD	NC Coventry Bronze \$15 Copay PD NC Coventry Ded Only HS Eligible PD			Eligible Du		ze Ded Only HS	Duke Medicine	onze \$35 Copay)
	In network you	In network you pay		In network you pay		In network you pay		In network you pay	Non-designated you pay
Deductible individu family¹ (applies to out-of-pocket maximum)	\$6,850/\$13,7	700	\$6,450/\$12,900		\$5,825/\$11	1,650	\$6,450/\$12,90	\$5,500/\$11,000	\$6,750/\$13,500
Member coinsurance	nce 0%		0%		0%		0%	0%	0%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)		700	\$6,450/\$12,900		\$5,825/\$11,650		\$6,450/\$12,90	56,850/\$13,700	\$6,850/\$13,700

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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.

				The state of		J.A.	9443	4	44	
Geography	Network		Deductible and coinsurance		Member benefits		ediatric vision	Pediatric dental	Pharmacy	
		-		NC Coventry Silver Silver \$10 Copay 2750 PD NC		icine PI	r \$10 Copay) r \$10 Copay	NC Coventry Silver \$10 Copay 2750 Duke Medicine PD NC Coventry Silver \$10 Copay 2750 Cornerstone PD		
	In network yo	In network you pay		In network you pay		k you	Non-designated you pay	In network you pay	Non-designated you pay	
Deductible individu family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,0	00	\$2,750/\$5,500		\$3,500/\$7,000		\$5,750/\$11,500	\$2,750/\$5,500	\$5,750/\$11,500	
Member coinsurance	se 30%		40%		20%		40%	30%	40%	
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services) \$6,250/\$12,500		500	\$6,850/\$13,700		\$5,400/\$10,800		\$6,500/\$13,000	\$6,450/\$12,900	\$6,850/\$13,700	

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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.

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Geography	Network		Deductible and coinsurance benefits		Pediatric vision	Pediatric dental	Pharmacy		
		1	oventry Gold \$5 Copa oventry Gold \$5 Copa	=	NC Coventry Gold \$10 PD				
		In ne	twork you pay	Non-designated yo	ou pay	In network you pay			
Deductible individu family ¹ (applies to out-of-pocket max		\$1,2	50/\$2,500	\$3,500/\$7,000		\$1,400/\$2,800			
Member coinsuran	ce	20%		40%		20%			
Out-of-pocket maxi individual/family ¹ (maximum you wil covered services)		\$4,2	50/\$8,500	\$6,000/\$12,000		\$5,000/\$10,000			

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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.

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Geography	graphy Network		Deductible and coinsurance		Member benefits		Pediatric vision		Pediatric dental			Pharmacy
		NC Coventry E \$15 Copay PD	•		NC Coventry Bronze Ded Only HSA Eligible		NC Coventry Bronze Ded Only HSA Eligible Duke Medicine PD NC Coventry Bronze Ded Only HSA Eligible Conerstone PD		ne PD Only	NC Coventry Bronze \$35 Copay Duke Medicine P NC Coventry Bronze \$35 Copay Cornerstone PD		edicine PD ronze \$35
		In network yo	u pay	In network	you pay	In no	etwork you	Non-de you pay	signated /	In network you pay	(Non- designated you pay
Primary care office visit		\$15 copay; de waived	d	Covered in	full after ded		vered in full Covered er ded after de			\$35 copay ded waive		\$50 copay after ded
Specialist office visit		Covered in ful ded	I in full after Cove		Covered in full after ded		ered in full r ded	Covered in full after ded		\$75 copay after ded	;	\$100 copay after ded
Hospital stay		Covered in full after ded		Covered in full after ded			ered in full r ded	Covered in full after ded		\$250 copa per admiss after ded	·	\$500 copay per admission after ded
Outpatient surgery (Ambulatory Surgic Center/Hospital)	cal	Covered in ful ded	l after	Covered in	full after ded	Covered in full after ded		Covere after de		\$250 copa after ded	У	\$500 copay after ded
Emergency room		Covered in ful ded	l after	Covered in	full after ded		ered in full r ded	Paid at the designated level		\$250 copa after ded	У	Paid at the designated level
Urgent care		\$100 copay; d waived	ed	Covered in full after ded			Covered in full after ded Covered in full			\$60 copay after ded		\$150 copay after ded
All percentages shown are what member pays, PD: includes pediatric dental. On exchange mirrors off without PD												

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waived

Geography	Geography Netwo		Deductible and coinsurance		Member benefits		Pediatric vision		Pediatric dental			Pharmacy
		NC Coventry Silver \$10 Copay PD		NC Coventry Silver \$10 Copay 2750 PD		NC Coventry Silver \$10 Copay Duke Medicine PD NC Coventry Silver \$10 Copay Cornerstone PD			NC Coventry Silver \$10 Copay 2750 Duke Medicine PD NC Coventry Silver \$10 Copay 2750 Cornerstone PD			
		In network you pay		In network you pay		In network you Non-d		Non-de you pay	signated	In network you pay		Non- designated you pay
Primary care office visit		\$10 copay; ded waived		\$10 copay; ded waived		\$10 waiv	copay; ded red	\$50 copay after ded		\$10 copay; ded waived		\$50 copay after ded
Specialist office visit		\$75 copay; ded waived		\$75 copay; ded waived		\$60 waiv	copay; ded red	\$75 copay after ded		\$65 copay; ded waived		\$75 copay after ded
Hospital stay		\$250 copay per admission after ded; then 30%*		40% after ded		adm ded;	O copay per ission after to 20%	\$500 copay per admission after ded; then 40%		30% after (ded	\$500 copay per admission after ded; then 40%
Outpatient surgery (Ambulatory Surgion Center/Hospital)	(Ambulatory Surgical \$		ter ded;	40% after ded			O copay r ded; then	\$500 copay after ded; then 40%		30% after (ded	\$250 copay after ded; then 40%
Emergency room \$500		\$500 copay af	ter ded	\$500 copay after ded		-	O copay r ded	Paid at the designated level		\$250 copay after ded	У	Paid at the designated level
Urgent care		\$75 copay; ded waived \$75 c		\$75 copay;	575 CODAV: DED WAIVED		copay; ded	40% aller ded		\$75 copay;		40% after ded

waived

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ded waived

All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD. *Inpatient hospital maternity stay is \$500 copay per admission after deductible; then 30%.

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Geography	Network	Deductible and coinsurance	Meml benef		Pediatric vision		Pediatric dental	Pharmacy			
		NC Coventry Gold \$5 (NC Coventry Gold \$5 (NC Coventry Gold \$10 PD					
		In network you pay	Non-	Non-designated you pay			In network you pay				
Primary care office	visit	\$5 copay; ded waived	\$30	\$30 copay; ded waived			\$10 copay; ded waived				
Specialist office visi	t	\$40 copay; ded waived	\$75	\$75 copay after ded			copay; ded waived				
Hospital stay		20% after ded	after	\$250 copay per admission after ded; then 40%			20% after ded				
Outpatient surgery (Ambulatory Surgi Center/Hospital)	cal	20% after ded	40%	40% after ded			20% after ded				
Emergency room		\$250 copay after ded	Paid	Paid at the designated level			\$250 copay after ded				
Urgent care		\$75 copay; ded waived	\$150	\$150 copay; ded waived			\$75 copay; ded waived				

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Geography	١	Network		ictible and nsurance	Member benefits		Pediatric vision		Pediatric dental			Pharmacy	
		NC Coventry \$15 Copay PI	·		ry Bronze HSA Eligible PD	NC Coventry Bronze Ded Only HSA Eligible Duke Medicine PD NC Coventry Bronze Ded Only HSA Eligible Conerstone PD				Duke Medio	NC Coventry Bronze \$35 Copay Duke Medicine PD NC Coventry Bronze \$35 Copay Cornerstone PD		
		In network yo	ou pay	In network	you pay	In ne	etwork you	Non-des you pay	signated ′	In network	you	Non- designated you pay	
Preventive care/screening/imm ation (age and frequency limits apply)		Covered in fu waived	ıll; ded	Covered in waived	full; ded		ered in full; waived	Covered ded wai		Covered in ded waived	1	Covered in full; ded waived	
Annual routine GYN exam (annual pap/mammogram)		Covered in fu waived	ıll; ded	Covered in waived	full; ded		ered in full; waived	Covered after de		Covered in to	1	Covered in full; ded waived	
Diagnostic lab		Covered in fu	ıll after	Covered in	full after ded		ered in full er ded	Covered after de		Covered in tage	full	Covered in full after ded	
Diagnostic X-ray		Covered in fu	ıll after	Covered in	full after ded		ered in full er ded	Covered after de		Covered in tage	full	\$25 copay after ded	
Imaging (CT/PET so MRIs)	cans,	, Covered in fu ded	ıll after	Covered in	full after ded		ered in full er ded	Covered after de		\$250 copay after ded		\$500 copay after ded	
All nercentages show	wn are	e what member r	navs PD:	includes nedia	tric dental. On exc	hange	mirrors off w	ithout PD					

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Geography	١	letwork		ctible and surance	Member benefits		Pediatric vision		Pediatric dental			Pharmacy	
		NC Coventry Silver \$10 Copay PD		NC Coventry Silver \$10 Copay 2750 PD		Duke NC C	Coventry Silve Medicine Coventry Silverstone PD	PD ver \$10 Cd		2750 Duke	Med y Sil	lver \$10 Copay one PD	
		In network you pay		In network you pay		In ne	etwork you	Non-des you pay	ignated	In network y pay	you	Non- designated you pay	
Preventive care/screening/imm ation (age and frequency limits apply)		Covered in fu waived	ıll; ded	Covered in waived	full; ded		ered in full; waived	Covered ded wai	•	Covered in f ded waived	' l	Covered in full; ded waived	
Annual routine GYN exam (annual pap/mammogram)		Covered in fu waived	ıll; ded	Covered in waived	full; ded		ered in full; waived	Covered ded wai	,	Covered in f ded waived	ull;	Covered in full; ded waived	
Diagnostic lab		30% after ded	d	40% after d	led	20%	after ded	40% afte	er ded	30% after do	ed	40% after ded	
Diagnostic X-ray		30% after ded	d	40% after d	led	20%	after ded	40% afte	er ded	30% after de	ed	40% after ded	
Imaging (CT/PET so MRIs)	cans,	\$250 copay a ded; then 309		40% after d	led		copay ded; then	\$500 cop after dec 40%	•	30% after do	ed	\$250 copay after ded; then 40%	

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

Diagnostic X-ray

Imaging (CT/PET scans, MRIs)

Geography Network		Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy			
		NC Coventry Gold \$5 NC Coventry Gold \$5			NC Coventry G	NC Coventry Gold \$10 PD			
		In network you pay	Non-des	In network you	In network you pay				
Preventive care/screening/imm		Covered in full; ded v	vaived Covered	in full; ded waived	Covered in full	ded waived			
Annual routine GYN (annual pap/mamr		Covered in full; ded v	vaived Covered	in full; ded waived	Covered in full	ded waived			
Diagnostic lab		20% after ded	40% afte	r ded	20% after ded				

40% after ded

\$100 copay after ded; then 40%

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20% after ded

20% after ded

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

20% after ded

20% after ded

Pediatric vision

						1297			10	W.
Geography	I	Network	IPTWORK		uctible and Member nsurance benefits		atric ion	Pediatric dental		Pharmacy
		NC Coventry \$15 Copay PD		NC Coventr Ded Only H	y Bronze SA Eligible PD	NC Coventry Br HSA Eligible Du NC Coventry Br HSA Eligible Co	ike Medicine onze Ded O	e PD nly	Duke Medici	Bronze \$35 Copay
		In network yo	twork you pay In network you pa		you pay	In network you designate pay		d you	In network yo	Non-designated you pay
Pediatric eye exam (visit per year)	[1	Covered in fu waived	ll; ded	Covered in toward	full; ded	Covered in full; ded waived	Paid at the designated level		Covered in fu	Paid at the designated level
Pediatric glasses/contacts (Coverage is limite 1 set of frames and set of contact lense eyeglass lenses pe calendar year)	d 1 es or	Covered in fu waived	ll; ded	Covered in	full after ded	Covered in full after ded	Paid at the designated level		Covered in fu ded waived	Paid at the designated level

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Pediatric vision

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Geography	Ī	IETWORK		uctible and Member nsurance benefits					Pediatric dental		Р	harmacy
\$10 Copay		NC Coventry : \$10 Copay PE		NC Coventr \$10 Copay 2		Duke NC C	oventry Sile Medicine oventry Sil erstone PE	PD ver \$10 Co		NC Coventry 2750 Duke N NC Coventry 2750 Corners	ledici Silver	ne PD · \$10 Copay
		In network yo	u pay	In network	you pay	In ne pay	twork you	Non- designate pay	ed you	In network yo	ou N	lon-designated ou pay
Pediatric eye exam (visit per year)	(1	Covered in fu waived	ll; ded	Covered in twaived	Covered in full; ded waived		red in full; waived	Paid at the designated level		Covered in fu	III; d	Paid at the lesignated evel
Pediatric glasses/contacts (Coverage is limite 1 set of frames and set of contact lense eyeglass lenses pe calendar year)	d 1 es or	Covered in fu waived	ll; ded	Covered in twaived	full; ded		red in full; waived	Paid at the designate level	_	Covered in fu ded waived	III; d	Paid at the lesignated evel

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Pediatric vision

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Geography	Network		Deductible and coinsurance		Member benefits	Pediatric vision		Pediatric dental	Pharmacy	
			Coventry Gold \$5 Cop Coventry Gold \$5 Cop	_		סי	NC	Coventry Gold \$10 P	D	
		In ne	etwork you pay		Non-designate	ed you pay	In network you pay			
Pediatric eye exam (1 visit per year)		Covered in full; ded waived			Paid at the de	signated level	Covered in full; ded waived			
Pediatric glasses/co (Coverage is limite of frames and 1 se lenses or eyeglass calendar year)	ed to 1 set et of contact	Cove	ered in full; ded waive	ed	Paid at the de	signated level	Cov	vered in full; ded waiv	ed	

COVENTRY° Health Care

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Pediatric dental

						A Alles San					() () () () () () () () () ()
Geography	I	Network		nsurance Member benefits			Pediatric vision		Pediatric dental		Pharmacy
		NC Coventry Bronze \$15 Copay PD In network you pay		NC Coventi Ded Only H	ry Bronze ISA Eligible PD	HSA PD NC C	Eligible Do	ronze Ded uke Medici ronze Ded onerstone I	ne Only	Duke Medicin	Bronze \$35 Copay
		In network yo	ou pay	In network	you pay	In ne	etwork pay	Non- designate you pay	ed	In network yo pay	u Non-designated you pay
Dental check- up/preventive dental care (2 visits per year)		Covered in fu waived	ıll; ded	Covered in	full after ded		ered in full r ded	Paid at th designate level		Covered in ful ded waived	l; Paid at the designated level
Basic dental care		Covered in fu	ıll after	Covered in	full after ded		ered in full ded	Paid at th designate level		30% after ded	Paid at the designated level
Major dental care		Covered in fu	ıll after	Covered in	full after ded		ered in full ded	Paid at th designate level	_	50% after ded	Paid at the designated level
Orthodontia (medically necessa only)	ary	Covered in fu	ıll after	Covered in	full after ded		ered in full ded	Paid at th designate level		50% after ded	Paid at the designated level

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Pediatric dental

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Geography	1	Network	ΔΤΜ/ΛΥΚ		nsurance Member benefits				ا	Pediatric dental	Pharmacy
		NC Coventry \$10 Copay PI	Coventry Silver Copay PD \$10 Copay 2750 etwork you pay In network you pay		•	Duke NC Co	Medicine	ilver \$10 Co		2750 Duke M	Silver \$10 Copay
		In network yo	ou pay	In network	you pay	In net you p	work ay	Non- designate you pay	ed	In network yo pay	u Non-designated you pay
Dental check- up/preventive dental care (2 visits per year)		Covered in fu waived	ill; ded	Covered in waived	full; ded	Cover full; d waive	ed	Paid at the designate level	_	Covered in ful ded waived	l; Paid at the designated level
Basic dental care		30% after de	d	30% after o	ded	30% a	ıfter ded	Paid at the designate level	_	30% after ded	Paid at the designated level
Major dental care		50% after de	d	50% after o	ded	50% a	ıfter ded	Paid at the designate level	_	50% after ded	Paid at the designated level
Orthodontia (medically necessa only)	ary	50% after de	d	50% after o	ded	50% a	ıfter ded	Paid at the designate level	_	50% after ded	Paid at the designated level

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Pediatric dental

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Geography	Network	Deductible and coinsurance	Member benefits	Pediat visio		Pediatric dental	Pharmacy
		NC Coventry Gold \$5 NC Coventry Gold \$5			NC Cov	entry Gold \$10 PD	
		In network you pay	Non-designate	ed you pay	In netw	ork you pay	
Dental check-up/pr dental care (2 visits per year)	reventive	Covered in full; ded waived	Paid at the de	signated	Covere	d in full; ded waived	
Basic dental care		30% after ded	Paid at the de	signated	30% aft	er ded	
Major dental care		50% after ded	Paid at the de	signated	50% aft	er ded	
Orthodontia (medically necess	ary only)	50% after ded	Paid at the de	signated	50% aft	er ded	

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Pharmacy

									*# <u>}</u>
Geography	Network	eductible and coinsurance	Memb benef	_	Pediatric vision		Pediatric dental		Pharmacy
	NC Coventry Bronze \$15 Copay PD	NC Coventry Br Ded Only HSA I		HSA Elig	gible Dul entry Bro	onze Ded On ke Medicine onze Ded On nerstone PD	PD	Duke Medicine	onze \$35 Copay
	In network you pay	In network you	pay	In netwo	ork you	Non-desigr you pay	nated	In network you pay	Non-designated you pay
Pharmacy deductible	Integrated with medical ded	Integrated with	medical ded	Integrat medical		Integrated medical de		Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: Covered in full after ded	Generic: Covere	ed in full	Generic Covered after de	l in full	Generic: Covered in after ded	full	Generic: \$20 copay after dec	Generic: \$20 copay after ded
Preferred brand drugs	Covered in full after ded	Covered in full a	after ded	Covered after de	-	Covered in after ded	full	\$50 copay after ded	\$50 copay after ded
Non-preferred drugs	Generic & Brand: Covered in full after ded	Generic & Bran in full after ded		Generic Brand: (in full after de	Covered	Generic & Brand: Covin full after ded	ered	Generic & Brand: \$75 copay after dec	Generic & Brand: \$75 Copay after ded
Specialty drugs*	P: Covered in full after ded NP: Covered in full after ded	P: Covered in fu NP: Covered in ded		P: Cover full afte NP: Cov full afte	r ded ered in	P: Covered full after de NP: Covere full after de	ed ed in	P: 40% after de NP: 50% after ded	d P: 40% after ded NP: 50% after ded

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P: Covered in full after ded; NP: Covered in full after ded

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

Pharmacy

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Geography	Network			ember nefits	Pediatric vision			Pediatric dental	Pharmacy		
	NC Coventry Silver \$10 Copay PD	NC Coventry Sil \$10 Copay 2750		NC Covent Medicine I NC Covent Cornerstor	PD ry Silver :	\$10 Copay D \$10 Copay	uke	ke NC Coventry Silver \$10 Copay 2750 Duke Medicine PD NC Coventry Silver \$10 Copay 2750 Cornerstone PD			
	In network you pay	In network you pay		In network you pay		Non-designated you pay		In network you pay	Non-designated you pay		
Pharmacy deductible	\$500 per member	Integrated with ded	Integrated with medical ded		nember	\$500 per member		Integrated with medical ded	Integrated with medical ded		
Preferred generic drugs	Low Cost Generic: copay; ded waived Generic: \$15 copay ded waived	copay; ded waived		Low Cost 6 \$3 copay; ded waived Generic: \$ copay; ded	d 10	Low Cost Generic: \$3 copay; ded waived Generic: \$1 copay; ded waived	I	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived		
Preferred brand drugs	\$40 copay after de	d \$45 copay after	ded	\$40 copay ded	after	\$40 copay a	after	\$45 copay afte ded	r \$45 copay after ded		
Non-preferred drugs	Generic & Brand: \$ copay after ded	Generic & Brand copay after ded	•	Generic & \$75 copay ded		Generic & Brand: \$75 copay after		Generic & Brand: \$80 copay after de	Generic & Brand: \$80 d copay after ded		
Specialty drugs*	P: 40% after ded NP: 50% after ded	P: 40% after de NP: 50% after d	-	P: 40% afte NP: 50% af		P: 40% afte ded NP: 50% af ded		P: 40% after de NP: 50% after ded	P: 40% after ded NP: 50% after ded		

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P: Covered in full after ded; NP: Covered in full after ded All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Pharmacy

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Geography	Netwo	rk	Deductible and coinsurance	Member benefits	_	diatric vision	Pediatric dental	Pharmacy	
			ventry Gold \$5 Copay ventry Gold \$5 Copay			NC Coventr	ry Gold \$10 PD		
		In netv	work you pay	Non-designated you	ı pay	In network	you pay		
Pharmacy deductib	le	\$0 per	member	\$0 per member		\$250 per member			
Preferred generic d	rugs		ost Generic: \$3 copay ic: \$10 copay	Low Cost Generic: \$ Generic: \$10 copay		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived			
Preferred brand dru	ıgs	\$30 co	pay	\$30 copay		\$40 copay after ded			
Non-preferred drug	ŗs	Generi copay	ic & Brand: \$65	Generic & Brand: \$6 copay	65	Generic & E	Brand: \$70 copay afte	r ded	
Specialty drugs*		P: 40% NP: 50		P: 40% NP: 50%		P: 40% afte NP: 50% aft			

COVENTRY

Health Care

An Aetna Company

P: Covered in full after ded; NP: Covered in full after ded

Catastrophic

Annual routine GYN exam (annual pap/mammogram)

All other benefits

						Company
Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			NC Coventry	/ Catastrophic 100 / Catastrophic Duk / Catastrophic Cori	e Medicine 100%	PD
Member benefits			In network you	u pay		
Deductible individu (applies towards out	al/family¹ t-of-pocket maximun	n)	\$6,850/\$13,70	00		
Member coinsurance	ce		0%			
-	mum individual/fam pay for all covered se	-	\$6,850/\$13,70	00		
Primary care visit			Visits 1 – 3: \$2 ded waived Visits 4+: Cove	20 copay; ered in full after ded		
Preventive care/scr limits apply)	eening/immunizatio	on(age and frequency vi	sit Covered in full deductible wa			

COVENTRY®

Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan. All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Covered in full after deductible

Geography Deductible and Member Pediatric Ped

benefits

vision

dental

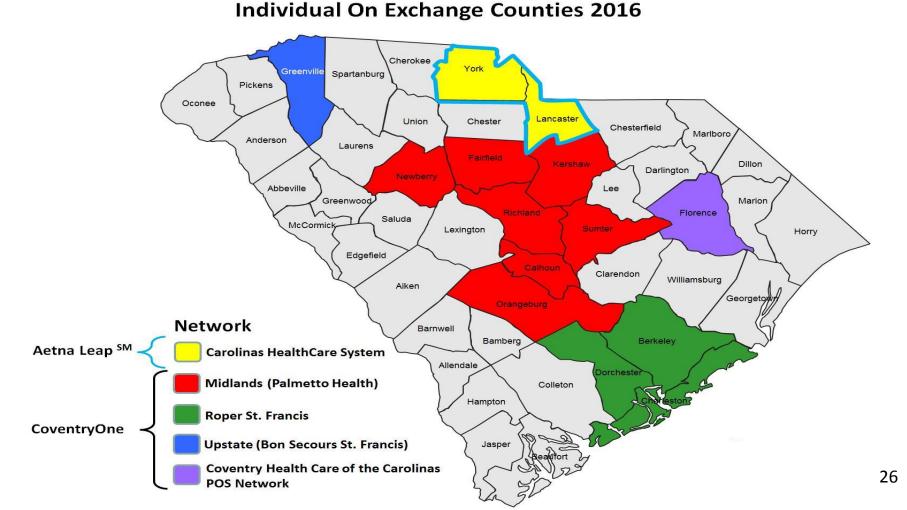
Pharmacy

Aetna South Carolina

coinsurance

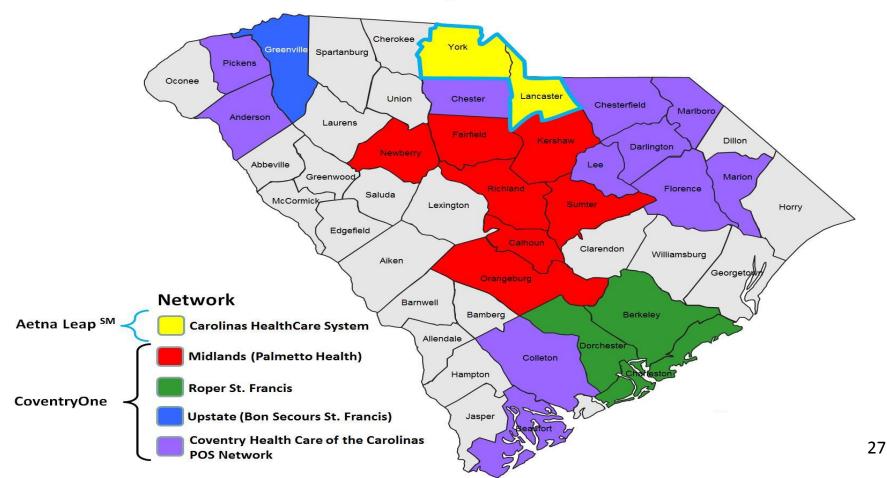
Network

Geography





Aetna South Carolina Individual Off Exchange Counties 2016





Geography Network Deductible and coinsurance Member Pediatric dental Vision Pharmacy

Product name:

Coventry Gold \$10 PD
Coventry Silver \$10 Copay PD
Coventry Silver \$10 Copay 2750 PD
Coventry Bronze \$15 Copay PD
Coventry Bronze Ded Only HSA Eligible PD
Coventry Catastrophic 100% PD

Network within SC:

Number of providers: [Enter info]

Major hospitals: [Enter info]

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Υ	Υ	1 Tier + OON	POS	No/No	CHC Carolinas POS Network	Florence



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

Product name:

Coventry Gold \$5 Copay Midlands PD
Coventry Silver \$10 Copay Midlands PD
Coventry Silver \$10 Copay 2750 Midlands PD
Coventry Bronze \$35 Copay Midlands PD
Coventry Bronze Ded Only HSA Eligible Midlands PD
Coventry Catastrophic Midlands100% PD

Network within SC:

Number of providers: [Enter info]

Major hospitals: [Enter info]

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Υ	Y	1 Tier No OON	НМО	No/No	Carelink Midlands	Calhoun, Fairfield, Kershaw, Newberry, Orangeburg, Richland, Sumter



Geography Network Deductible and coinsurance benefits Pediatric dental Vision Pharmacy

Product name:

Coventry Gold \$5 Copay Upstate PD
Coventry Silver \$10 Copay Upstate PD
Coventry Silver \$10 Copay 2750 Upstate PD
Coventry Bronze \$35 Copay Upstate PD
Coventry Bronze Ded Only HSA Eligible Upstate PD
Coventry Catastrophic Upstate 100% PD

Network within SC:

Number of providers: [Enter info]

Major hospitals: [Enter info]

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Υ	1 Tier No OON	НМО	No/No	Carelink-Upstate (Bon Secours)	Greenville



Geography Network Deductible and coinsurance Member Pediatric dental Vision Pharmacy

Product name:

Coventry Gold \$10 PD
Coventry Silver \$10 Copay PD
Coventry Silver \$10 Copay 2750 PD
Coventry Bronze \$15 Copay PD
Coventry Bronze Ded Only HSA Eligible PD
Coventry Catastrophic 100% PD

Network within SC:

Number of providers: [Enter info]

Major hospitals: [Enter info]

On	Off	Product structure	Product	PCP / referral	Network used	Service area
Y	Y	1 Tier No OON	НМО	No/No	Carelink-Roper St. Francis	Berkeley, Charleston, Dorchester

Geography	Ne	etwork	Deductible ar		Member benefits	Pediatric vision		Pediatric dental	Pharmacy	
		Copay Rope SC Coventry Copay Midl SC Coventry	ventry Bronze \$35 Roper/St. Francis PD ventry Bronze \$35 Midlands PD ventry Bronze \$35 Upstate PD		entry Bronze pay PD	SC Coventry Bronze Ded Only HSA Eligible PD		SC Coventry Bronze Ded Only HSA Eligible Upstate PD SC Coventry Bronze Ded Only HSA Eligible Roper/St. Francis PD SC Coventry Bronze Ded Only HSA Eligible Midlands PD		
		In network you pay	Non- Designated	In netw	ork you pay	In network you pay		In network yo pay	u Non-Designated	
Deductible individu family¹ (applies to out-of-pocket max	-	\$5,500/ \$11,000	\$6,750/ \$13,500	\$6,750,	/\$13,700	\$6,450/\$12,900		\$5,825/ \$11,650	\$6,450/ \$12,900	
Member coinsurance	ce	0%	0%	0%		0%		0%	0%	
Out-of-pocket maxi individual/family ¹ (maximum you will for all covered serv	l pay	\$6,850/ \$13,700	\$6,850/ \$13,700	\$6,850,	/\$13,700	\$6,450/\$12,900		\$5,825/ \$11,650	\$6,450/ \$12,900	

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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.

							A PROCESSION OF THE PROCESSION			
Geography	Network		Deductible and coinsurance		Member benefits		ediatric vision	Pediatric dental	Pharmacy	
	SC Coventry Sil \$10 Copay PD	SC Coventry Silver \$10 Copay PD		SC Coventry Silver \$10 Copay 2750 PD		SC Coventry Silver \$10 Copay Roper/St. Francis PD SC Coventry Silver \$10Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD		SC Coventry Silver \$10 Copay 2750 Roper/St. Francis PD SC Coventry Silver \$10Copay 2750 Midlands PD SC Coventry Silver \$10 Copay 2750 Upstate PD		
	In network you	In network you pay		In network you pay		k you	Non-designated you pay	In network you pay	Non-designated you pay	
Deductible individu family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,00	00	\$2,750/\$5,500		\$3,500/\$7,000		\$5,750/\$11,500	\$2,750/\$5,500	\$5,750/\$11,500	
Member coinsurance	se 30%		40%		20%		40%	30%	40%	
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)		500	\$6,850/\$13	3,700	\$5,400/\$10),800	\$6,500/\$13,000	\$6,450/\$12,900	\$6,850/\$13,700	

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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.

					ATTACAST	9	- W.	
Geography	Network		Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy	
		SC Co	oventry Gold \$5 Midla oventry Gold \$5 Upsta oventry Gold \$5 Rope	ate PD	SC Coventry Gold \$10 PD			
		In ne	twork you pay	Non-designated yo	ou pay	In network you pay		
Deductible individue family¹ (applies to out-of-pocket max		\$1,2	50/\$2,500	\$3,500/\$7,000		\$1,400/\$2,800		
Member coinsuran	ce	20%		40%		20%		
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)		\$4,250/\$8,500		\$6,000/\$12,000		\$5,000/\$10,000		

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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.

per admission

after ded

\$250 copay

\$250 copay

after ded

\$60 copay

after ded

after ded

admission after

deductible

\$500 copay

after deductible

Paid at the

designated level

\$150 copay

after deductible

Hospital stay

Outpatient surgery

Center/Hospital)

Emergency room

Urgent care

(Ambulatory Surgical

Iviemo	er t	peneti	TS				Health Care An Aetna Company		
Geography	Net	work Deductible and coinsurance		Member benefits	Pediatric vision		ediatric dental	Pharmacy	
		SC Coventry Copay Roper SC Coventry Copay Midla SC Coventry Copay Upsta	r/St. Francis PD Bronze \$35 ands PD Bronze \$35	SC Coventry Bronze \$15 Copay PD	SC Coventry Bronze Ded Only HSA Eligible PD		SC Coventry Bronze Ded Only HSA Eligible Roper/St. Francis PD SC Coventry Bronze Ded Only HSA Eligible Midlands PD Silver \$10 Copay PD VA Aetna Whole Health Silver \$10 Copay PD		
		In network you pay	Non- Designated	In network you pay	In network you pay		In network you	u Non-Designated	
Primary care office	visit	\$35 copay; ded waived	d \$50 copay after deductible	\$15 copay; ded waived	Covered in full after dea	d	Covered in full after ded	Covered in full after deductible	
Specialist office visit		\$75 copay \$100 copay after ded after deductible		Covered in full after ded	Covered in full after ded		Covered in full after ded	Covered in full after deductible	
		\$250 copay	\$500 copay per				Covered in full	Covered in full	

Covered in full after ded

Covered in full after ded

Covered in full after ded

\$100 copay; ded waived

Covered in full after ded

Covered in full

Covered in full

Paid at the

after deductible

designated level

Covered in full

after deductible

after deductible

Covered in full

Covered in full

Covered in full

Covered in full

after ded

after ded

after ded

after ded

waived

then 30%

then 30%

Hospital stay

Outpatient surgery

Center/Hospital)

Emergency room

Urgent care

(Ambulatory Surgical

\$500 copay per

admission after ded;

\$250 copay after ded;

\$500 copay after ded

\$75 copay; ded

waived

Memb	bene'	fits		CCOVENTRY° Health Care An Aetna Company							
Geography		Network	Deductible coinsura		Member benefits				iatric ntal	Pharma	су
		_ ·	SC Coventry Silver \$10 Copay PD SC Coventry Silver \$10 Copay 2750 PD		-	SC Coventry Silver \$10 Copay Roper/St. Francis PD SC Coventry Silver \$10Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD			SC Coventry Silver \$10 Copay 2750 Roper/St. Francis PD SC Coventry Silver \$10Copay 2750 Midlands PD SC Coventry Silver \$10 Copay 2750 Upstate PD		
		In network you pay		In network	In network you pay		Non-de	esignated /	In network you pay	Non- designa you pay	ited /
Primary care office	Primary care office visit \$10 copay; ded waived		\$10 copay;	\$10 copay; ded waived		\$50 co _l ded	oay after	\$10 copay; ded waived		•	
Specialist office visit		\$75 copay; ded		\$75 copay;	ded waived	\$60 copay; ded	\$75 co	oay after	\$65 copay;	· · · · · · · · · · · ·	•

ded

ded;

then 40%

\$500 copay

after ded;

then 40%

Paid at the

designated level

40% after ded

\$500 copay per

admission after

waived

ded;

20%

then 20%

\$100 copay

\$250 copay

\$75 copay; ded

after ded

waived

after ded; then

\$100 copay per

admission after

after ded

\$500 copay

after ded;

then 40%

\$250 copay

after ded;

then 40%

Paid at the

designated

40% after ded

level

per admission

ded waived

30% after ded

30% after ded

\$250 copay

\$75 copay;

ded waived

after ded

40% after ded

40% after ded

\$500 copay after ded

\$75 copay; ded waived

Member benefits

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy					
		SC Coventry Gold \$5 M SC Coventry Gold \$5 U SC Coventry Gold \$5 Ro	pstate PD		SC C	oventry Gold \$10 PD						
		In network you pay	Non-designat	ed you pay	In network you pay							
Primary care office	visit	\$5 copay; ded waived	\$30 copay; do	ed waived	\$10 copay; ded waived							
Specialist office visi	t	\$40 copay; ded waived	\$75 copay aft	er ded	\$40	copay; ded waived						
Hospital stay		20% after ded	\$250 copay p after ded; then 40%	er admission	20%	after ded						
Outpatient surgery (Ambulatory Surgi Center/Hospital)	cal	20% after ded	40% after ded	d	20%	after ded						
Emergency room		\$250 copay after ded	Paid at the de	esignated level	\$250) copay after ded						
Urgent care		\$75 copay; ded waived	\$150 copay; (ded waived	\$75 copay; ded waived							

An Aetna Company

Memb	er b	enefi	ts				Health	ENTRY° Care Company
Geography	Netv	vork	Deductible an coinsurance		Pediatric vision		liatric ental	Pharmacy
		Copay Rope PD SC Coventr Copay Mid	y Bronze \$35	SC Coventry Bronze \$15 Copay PD	SC Coventry Br Ded Only HSA I PD		SC Coventry Bronze Ded Only HSA Eligible Upstate PD SC Coventry Bronze Ded Only HSA Eligible Roper/St. Francis PD SC Coventry Bronze Ded Only HSA Eligible Midlands PD	
		In network you pay	Non- Designated	In network you pay	In network you	pay	In network you pay	Non- Designated
Preventive care/screening/imm (age and frequence apply)		Covered in full; ded waived	Covered in full; deductible waived	Covered in full; ded waive	d Covered in full; waived	ded	Covered in full; ded waived	Covered in full; ded waived
			Covered in					

Covered in full; ded waived

Covered in full after ded

Covered in full after ded

Covered in full after ded

Covered in

Covered in full

Covered in full

Covered in full

full; ded

waived

after ded

after ded

after ded

Covered in full; ded

Covered in full after ded

Covered in full after ded

Covered in full after ded

waived

Covered in

Covered in full

Covered in full

Covered in full

full; ded

waived

after ded

after ded

after ded

Annual routine GYN exam

Diagnostic lab

Diagnostic X-ray

MRIs)

Imaging (CT/PET scans,

(annual pap/mammogram)

Covered in

Covered in

Covered in

\$250 copay

after ded

full after

full after

ded

ded

full; ded

waived

full;

deductible

Covered in

deductible

\$25 copay

deductible

\$500 copay

deductible

after

after

full after

waived

Member benefits

Imaging (CT/PET scans,

MRIs)

\$250 copay after

ded; then 30%

40% after ded

Mem)ei	bene	1115							Health (Care	
Geography	N	letwork		ctible and surance	Member benefits		Pedia visio			diatric Pharmacy ental		
		SC Coventry \$10 Copay Pl		SC Coventry Silver \$10 Copay 2750 PD		SC Coventry Silver \$10 Copay Roper/St. Francis PD SC Coventry Silver \$10Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD		ny	2750 Roper/St. SC Coventry Silv 2750 Midlands SC Coventry Silv 2750 Upstate Pl		er \$10Copay D er \$10 Copay	
		In network yo	ou pay	In network	you pay	In no	etwork you	Non-desig you pay	nated	In network y pay	ou	Non- designated you pay
Preventive care/screening/imn ation (age and frequence limits apply)		· · ·		Covered in waived	full; ded		ered in full; waived	Covered in ded waive	′	Covered in fo	' / I	Covered in full; ded waived
Annual routine GYN exam (annual pap/mammogram)		Covered in fu waived	ıll; ded	Covered in waived	full; ded		ered in full; waived	Covered in ded waive	- /	Covered in food	' / I	Covered in full; ded waived
Diagnostic lab		30% after de	d	40% after d	ed	20%	after ded	40% after	ded	30% after de	d	40% after ded
Diagnostic X-ray		30% after de	d	40% after d	ed	20%	after ded	40% after	ded	30% after de	d	40% after ded
Imaging (CT/PET s	scans.	\$250 copav a	fter			\$10	О сорау	\$500 copa	ny .			\$250 copay

after ded; then

20%

after ded; then

40%

30% after ded

after ded; then

40%

Member benefits

Geography	Network	Deductible and coinsurance			Pediatric vision		Pediatric dental	Pharmacy	
		SC Coventry Gold \$5 SC Coventry Gold \$5 SC Coventry Gold \$5	5 Upstate	e PD)		SC Coventry Go	old \$10 PD	
		In network you pay		In network you pay					
Preventive care/screening/imn (age and frequence		Covered in full; ded v	waived	Covered in	full; ded waived	Covered in full; ded waived			
Annual routine GYN (annual pap/mamr		Covered in full; ded v	waived	Covered in	full; ded waived		Covered in full; ded waived		
Diagnostic lab		20% after ded		40% after d	ed		20% after ded		
Diagnostic X-ray		20% after ded	40% after ded				20% after ded		
Imaging (CT/PET s	scans, MRIs)	20% after ded		\$100 copay after ded; then 40%			20% after ded		

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

Pediatric vision

	100	A STATE OF THE PARTY OF THE PAR			A ALA		100	- 14 A	
Geography	eography Network		eductible and coinsurance	Member benefits	Pediatric vision		ediatric dental	Pharmacy	
		SC Coventry Bronze \$35 Copay Roper/St. Francis PD SC Coventry Bronze \$35 Copay Midlands PD SC Coventry Bronze \$35 Copay Upstate PD		SC Coventry Bronze \$15 Copay PD	SC Coventry Bronze Ded Only HSA Eligib	le PD	HSA Eligible U SC Coventry I HSA Eligible I	Bronze Ded Only Roper/St. Francis PD Bronze Ded Only	
		In network you pay	Non- Designated	In network you pay	In network you pay		In network yo	u Non-Designated	
Pediatric eye exam per year)	(1 visit	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Covered in full; ded v	waived	Covered in fu after ded	Paid at the designated level	
Pediatric glasses/co (Coverage is limite set of frames and contact lenses or e lenses per calenda	ed to 1 1 set of eyeglass	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Covered in full after o	ded	Covered in fu after ded	II; Paid at the designated level	

COVENTRY® Health Care An Aetna Company

Pediatric vision

		And the second second										
Geography	Ī	Network		ctible and surance	Member benefits		Pedia visi			ediatric dental		Pharmacy
	SC Coventry Silver \$10 Copay PD			SC Coventry \$10 Copay	•	Roper/St. SC Coven Midlands	. Franc try Sil PD try Sil	ver \$10 Co cis PD ver \$10Co _l ver \$10 Co	рау	SC Coventry 2750 Roper/ SC Coventry 2750 Midlan SC Coventry 2750 Upstate	St. Fi Silve ds PI Silve	rancis PD r \$10Copay D
		In network yo	u pay	In network	you pay	In networ pay	k you	Non- designate pay	ed you	In network yo	ou	Non-designated you pay
Pediatric eye exam visit per year)	(1	Covered in fu waived	ll; ded	Covered in twaived	full; ded	Covered i ded waive	•	Paid at the designate level		Covered in fu	ıll;	Paid at the designated level
Pediatric glasses/contacts (Coverage is limited 1 set of frames and set of contact lense eyeglass lenses per calendar year)	d 1 es or	Covered in fu waived	ll; ded	Covered in twaived	full; ded	Covered i ded waive	- /	Paid at the designate level		Covered in fu ded waived	ıll;	Paid at the designated level

An Aetna Company

Pediatric vision

					ESTUA:		2. X. Y.	F-14	
Geography	Network	Deductible ar coinsurance	-	Member benefits	Pediatric vision	Pediatric dental		Pharmacy	
		SC Coventry Gold \$5 SC Coventry Gold \$5 SC Coventry Gold \$5	Upstate	PD		SC (Coventry Gold \$10 PI)	
		In network you pay		Non-designate	ed you pay	ln r	network you pay		
Pediatric eye exam year)	(1 visit per	Covered in full; ded waived Paid at the designated level				Covered in full; ded waived			
Pediatric glasses/co (Coverage is limite of frames and 1 se lenses or eyeglass calendar year)	ed to 1 set et of contact	Covered in full; ded v	waived	Paid at the de	esignated level	Cov	vered in full; ded waiv	ed	

COVENTRY[®] Health Care **An Aetna Company**

Pediatric dental

					AVENERA		9	- W ₂		
Geography	Netv	work	Deductible and coinsurance	Member benefits	Pediatric vision	P	ediatric dental	Pharmacy		
		Copay Rope SC Coventr Copay Mid	y Bronze \$35	SC Coventry Bronze \$15 Copay PD	SC Coventry Bronze Ded Only HSA Eligib	le PD	HSA Eligible I SC Coventry I HSA Eligible I	Bronze Ded Only Roper/St. Francis PD Bronze Ded Only		
		In network you pay	Non- Designated	In network you pay	In network you pay		In network yo	ou Non-Designated		
Dental check-up/pr dental care (2 visits per year)	eventive	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Covered in full after	Covered in full after ded		Covered in full after ded		II Paid at the designated level
Basic dental care		30% after ded	Paid at the designated level	Covered in full after ded	Covered in full after	Covered in full after ded		II Paid at the designated level		
Major dental care		50% after ded	Paid at the designated level	Covered in full after ded	Covered in full after	ded	Covered in fu after ded	II Paid at the designated level		
Orthodontia (medically necessa	ary only)	50% after ded	Paid at the designated level	Covered in full after ded	Covered in full after	ded	Covered in fu after ded	II Paid at the designated level		

COVENTRY° Health Care **An Aetna Company**

Pediatric dental

							ATT			9	
Geography	١	Network		ctible and surance	Member benefits		Pedi visi		ı	Pediatric dental	Pharmacy
		SC Coventry S \$10 Copay PI		SC Coventr \$10 Copay	•	Rope SC C Midl SC C	er/St. Fran oventry Si ands PD	lver \$10 Co cis PD lver \$10Co lver \$10 Co	pay	2750 Roper/S SC Coventry S Midlands PD	ilver \$10Copay 2750 ilver \$10 Copay
		In network yo	ou pay	In network	you pay	In ne you	etwork pay	Non- designate you pay	d	In network yo pay	u Non-designated you pay
Dental check- up/preventive dental care (2 visits per year)		Covered in fu waived	ll; ded	Covered in waived	full; ded	Cove full; waiv		Paid at th designate level		Covered in ful ded waived	l; Paid at the designated level
Basic dental care		30% after de	d	30% after o	led	30%	after ded	Paid at th designate level	_	30% after ded	Paid at the designated level
Major dental care		50% after dec	d	50% after o	ded	50%	after ded	Paid at th designate level	_	50% after ded	Paid at the designated level
Orthodontia (medically necessa only)	ıry	50% after de	d	50% after o	ded	50%	after ded	Paid at th designate level	_	50% after ded	Paid at the designated level

COVENTRY® Health Care An Aetna Company

Pediatric dental

	The second second			AVAL					
Geography	Network	Deductible and coinsurance	Member benefits	Pediat visio		Pediatric dental	Pharmacy		
		SC Coventry Gold \$5 SC Coventry Gold \$5 SC Coventry Gold \$5	Upstate PD	SC Coventry Gold \$10 PD					
		In network you pay	Non-designate	In network you pay					
Dental check-up/pr dental care (2 visits per year)	eventive	Covered in full; ded Paid at the designated level				Covered in full; ded waived			
Basic dental care		30% after ded Paid at the designated level				30% after ded			
Major dental care		50% after ded	Paid at the de level	signated	50% after ded				
Orthodontia (medically necess	ary only)	50% after ded	Paid at the designated level			50% after ded			

COVENTRY® Health Care An Aetna Company

Pharm	acy				COVENTRY° Health Care An Aetna Company					
Geography	Network	Deductible coinsurar		Member benefits		Pediatric vision	Pediatric dental	Pharmacy		
	SC Coventry E Copay Roper, SC Coventry E Copay Midlar SC Coventry E Copay Upstat	/St. Francis PD Bronze \$35 nds PD Bronze \$35	l .	oventry Bronze Copay PD		Coventry Bronze d Only HSA Eligible PD	SC Coventry Bronze Ded Only H Eligible Upstate PD SC Coventry Bronze Ded Only H Eligible Roper/St. Francis PD SC Coventry Bronze Ded Only H Eligible Midlands PD			
	In network you pay	In network Preferred	In net	twork you pay	In r	network you pay	In network you	pay		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded		rated with cal ded	Inte	egrated with medical ded	Integrated with	n medical ded		
Preferred generic dru	Generic: \$20 copay after ded	Generic: \$25 copay after ded		ric: Covered in fter ded	Cov	vered in full after ded	Generic: Cover	ed in full after ded		
Preferred brand drugs	\$50 copay after ded	\$60 copay after ded	Cover ded	red in full after	Cov	vered in full after ded	Covered in full	after ded		
Non-preferred drugs	Generic & Brand: \$75 copay after ded	Generic & Brand: \$85 copay after ded		ric & Brand: red in full after		neric & Brand: Covered in l after ded	Generic & Brar after ded	id: Covered in full		
	P: 40% after	P· 40% after	P: Co	vered in full						

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: 40% after

ded

NP: 50%

after ded

after ded

after ded

NP: Covered in full

P: 40% after

ded

NP: 50%

after ded

Specialty drugs*

Pharmacy

					120		9	****
Geography	Network			mber nefits	efits vision		Pediatric dental	Pharmacy
	SC Coventry Silver SC Coventry Silver \$10 Copay PD \$10 Copay 2750		Roper/St. Fra oventry Silver SC Coventry			510Copay	Roper/St. Fran SC Coventry Sil Midlands PD SC Coventry Sil Upstate PD	ver \$10Copay 2750 ver \$10 Copay 2750
	In network you pay	In network you	pay	In network	you pay	Non-designate you pay	d In network you pay	Non-designated you pay
Pharmacy deductible	\$500 per member	Integrated with ded	medical	\$500 per m	nember	\$500 per member	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded		Seneric: d 10 waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived
Preferred brand drugs	\$40 copay after ded	\$45 copay after	ded	\$40 copay ded	after	\$40 copay afte ded	\$45 copay afte	\$45 copay after ded
Non-preferred drugs	Generic & Brand: \$75 copay after ded	Generic & Brand copay after ded		Generic & \$75 copay ded		Generic & Brand: \$75 copay after dec	Generic & Brand: \$80 Copay after ded	Generic & Brand: \$80 copay after ded
Specialty drugs*	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after d	_	P: 40% afte NP: 50% af		P: 40% after ded NP: 50% after ded	P: 40% after de NP: 50% after ded	P: 40% after ded NP: 50% after ded

COVENTRY®
Health Care
An Aetna Company

P: Covered in full after ded; NP: Covered in full after ded All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Pharmacy

					The state of the s	An Aetn	a Company		
Geography	Network	Deductible and coinsurance	Member benefits	Pediat vision		Pediatric dental	Pharmacy		
		SC Coventry Gold \$ SC Coventry Gold \$ SC Coventry Gold \$		SC Coventry Gold \$10 PD					
		In network preferre	d you pay	In network preferred you pay					
Pharmacy deductib	le	\$0 per member		\$250 per member					
Preferred generic d	rugs	Low Cost Generic: \$ Generic: \$10 copay		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived					
Preferred brand dru	ıgs	\$30 copay		\$35 copay after ded					
Non-preferred drug	65 copay	Generic & Brand: \$65 copay after ded							
Specialty drugs*		P: 40% NP: 50%			P: 40% after ded NP: 50% after ded				

COVENTRY®

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

P: Covered in full after ded; NP: Covered in full after ded

Catastrophic

Geography	Network	Deductible and coinsurance			Pediatric vision	Pediatric dental	Pharmacy			
		SC Coventry Ca	atastrophic 100%	PD	SC Coventry Catastrophic Upstate 100% PD SC Coventry Catastrophic Roper/St. Francis 100% PD SC Coventry Catastrophic Midlands 100% PD					
Member benefits		In network you pa	ау							
Deductible individu (applies towards out	al/family¹ t-of-pocket maximum	\$6,850/\$13,700			\$6,850/\$13,7	\$6,850/\$13,700				
Member coinsurance	ce	0%			0%					
Out-of-pocket maxing individual/family (maximum you will page services)		\$6,850/\$13,700			\$6,850/\$13,700					
Primary care visit		Visits 1 – 3: \$25 c	opay; ded waived d in full after ded		Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded					
Preventive care/screening/imn frequency visit limit Annual routine GYN pap/mammogram)	s apply)	Covered in full; deductible waive	d		Covered in full; deductible waived					
All other benefits		Covered in full aft	er deductible		Covered in full after deductible					

COVENTRY®
Health Care
An Aetna Company

Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan. All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

Catastrophic

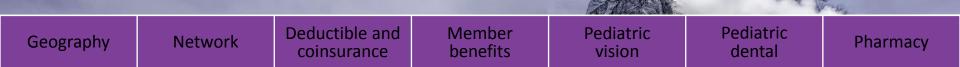
Geography	Network	Deductible and coinsurance	Member benefits			Pharmacy						
			SC Coventry SC Coventry	SC Coventry Catastrophic 100% PD SC Coventry Gold \$5 Midlands PD SC Coventry Gold \$5 Upstate PD SC Coventry Gold \$5 Roper/St. Francis PD								
Member benefits			In network yo	u pay								
Deductible individu (applies towards ou	al/family¹ t-of-pocket maximur	m)	\$6,850/\$13,70	00								
Member coinsurance	ce		0%	0%								
•	mum individual/fam pay for all covered se	•	\$6,850/\$13,70	\$6,850/\$13,700								
Primary care visit			ded waived	Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded								
limits apply)	reening/immunization	on(age and frequency vis	Covered in ful	Covered in full; deductible waived								
All other benefits			Covered in full	Covered in full after deductible								

COVENTRY° Health Care

An Aetna Company

Unlike metal-level coverage, this plan is a catastrophic plan offering. Only individuals who are younger than age 30 or have a hardship exemption may enroll in this plan. All percentages shown are what member pays. PD: includes pediatric dental. On exchange mirrors off without PD.

New for 2016



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

Topline changes for North Carolina and South Carolina

- Regional Health plus removed from the network for South Carolina
- Some product types were changed and plans moved to the Consumer Platform
- PCP and referrals are no longer required for 2016
- · 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
- Office visit copays will include in-office services like lab/radiology
- Out-of-network (OON) benefits include OON deductible and 50% coinsurance
- Advanced imaging in ER included in copay
- Ultrasound for maternity care includes deductible in one-time copay; no longer separate cost share



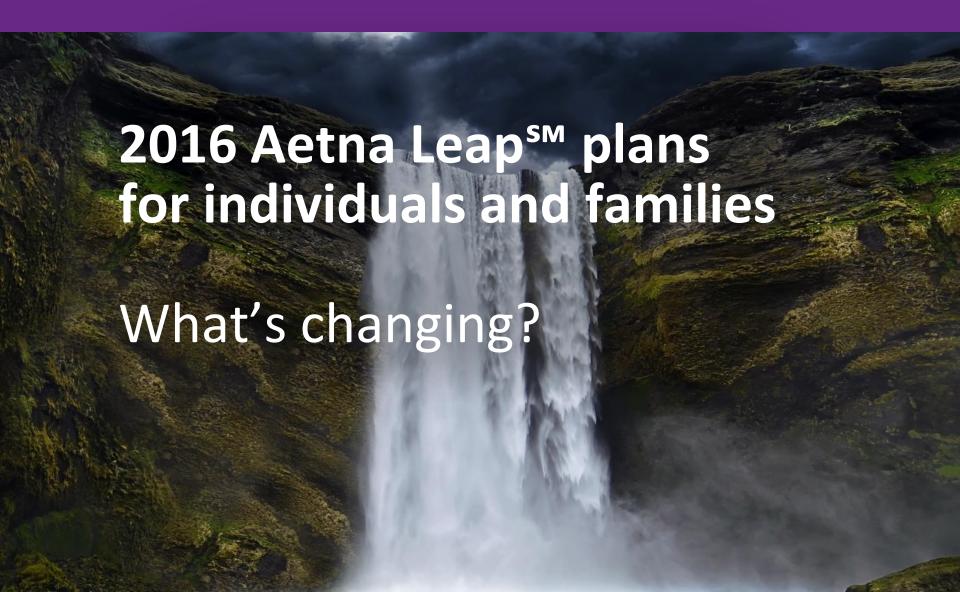
Quick highlights of pharmacy changes in North Carolinaand South Carolina

- Coventry Preferred RX network cost shares
- Mail-order delivery with opt-out strategy
- Mail-order multiplier 2.5x for tier 1, 2 and 3 drugs

New f	or 2016						Health	ENTRY° Care a Company			
Geography	Network		uctible and nsurance	Member benefits	Pediatr vision		Pediatric dental	Pharmacy			
NC Coventry in-network plan changes											
(Duke a	lan ave a \$35 PCP Cope and Cornerstone) Specialist \$75 after Pharmacy tier 2 deductible + \$75 Pharmacy tier 4 is a after deductible pay plan Most services cove n full after deduct Pharmacy covered full after deductible ed stepped copays	r ded 40% ered ible in	• Ma \$6 • PC • Re • Ph	grated plan aximum out-of-po ,850 P copay increased moved stepped co armacy tier 3 ded O preferred	to \$10 ppays	Gold		ave \$5 PCP for and Cornerstone st copay; now -of-pocket 000 ped copays n - Pharmacy tier ter deductible			
Bronze H S A pl • Maxim \$6,450	um out-of-pocket	now	\$ • R • P	ay plan Maximum out-of-p 66,250 Removed stepped Pharmacy tier 2 no copay after deduct	copays w \$40						

New f	or 2016				e kill		Health	ENTRY [®] Care a Company
Geography	Network		uctible and nsurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy
SC Coventry in	-network plan c	hang	es					
(Roper, and Up) A S A F A S A S A S A S A S A S	ave a \$35 PCP Cop /St Francis, Midlar	ded 40% ered ible in	• Ma \$6 • PC • Re • Ph	grated plan aximum out-of-po ,850 P copay increased moved stepped co armacy tier 3 ded 0 preferred	to \$10 ppays	Gold	Roper,	eve \$5 PCP for 'St Francis, ids, and Upstate st copay; now -of-pocket 000 ped copays
Bronze H S A pl • Maxim \$6,450	um out-of-pocket	now	\$ • F • F	ay plan Maximum out-of-p 66,250 Removed stepped Pharmacy tier 2 no copay after deduct	copays w \$40			

aetna



Aetna LeapsM plans

Unique plan designs that make health plans simpler for our members

Simplified product portfolio with bronze, silver, and gold plans that are affordable, easy to understand and easy to use:

- Low copayments for routine care and other services in most plans.
- No coinsurance plans pays 100% after copayment or deductible for covered innetwork benefits.
- Only one deductible for medical and pharmacy. Deductible is also the out-of-pocket maximum for in-network covered services. Once a member meets the deductible, the plan pays 100% for covered services from network providers.
- No referrals required. We encourage members to have a primary care physician to coordinate any complex care, but it is not required.

Aetna Leap plans

Unique plan designs that make health plans simpler for our members

- Using network providers and pharmacies is the easiest way to save money.
 - Aetna Leap plans do not provide benefits when you use doctors, hospitals or pharmacies that are not in the network.
 - Our pharmacy network has changed for 2016. Before you fill a prescription, find a pharmacy in our local network.
 - Starting November 1, you can browse through our updated directory or look up pharmacies using our provider search tool – just like you'd look for a doctor or hospital. This is an important step because your pharmacy may no longer be a part of the local network.

Charlotte, NC & SC – Base Portfolio

NETWORK: Carolinas Health Care System OR CaroMont Health System

- IN NETWORK Plan covers 100% after you pay your co-pay (where applicable) or meet your deductible
- OUT OF NETWORK No benefits, except treatment for a true medical emergency

	Aetna Leap Catastrophic	Aetna Leap Aetna Leap Basic HSA Basic Plus		Aetna Leap Aetna Le Everyday Everyday					Aetna Leap Diabetes					
Monthly premium	TBD	TBD		TBD		TBD		TBD		TBD		TBD		
		Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	
Deductible/Max you pay	\$6,850	\$5,825	\$6,450	\$6,355	\$6,850	\$4,800	\$6,850	\$4,010	\$6,850	\$2,750	\$6,850	\$2,900	\$6,850	
Primary Care Physician	\$20 each for first 3 visits, then deductible	Deductible		\$35	Deduct	\$25	Deduct	\$10	Deduct	\$10	Deduct	\$10	Deduct	
Specialist	Deductible	Deductible		Deductible		Deductible		Deductible		\$75	Deduct	\$10* / \$100	Deduct	
Lab	Deductible	Dedu	ctible	Deductible		\$25	Deduct	\$10	Deduct	\$10	Deduct	\$10	Deduct	
Urgent Care	Deductible	Dedu	ctible	\$70	Deduct	\$50	Deduct	\$20	Deduct	\$20	Deduct	\$20	Deduct	
Virtual Medicine	Deductible	Dedu	ctible	\$10		\$25		\$10		Free		Free		
Retail Clinic	Deductible	Dedu	ctible	\$	10	\$25 Deduct		\$10 Deduct		Deductible		Deductible		
Rx Generic – Retail Rx Generic – By Mail	Deductible	Dedu	ctible	Dedu	ıctible		0 days 0 days			\$5/30 days \$10/90 days		\$5/30 days \$10/90 days		
Rx Preferred Brand – Retail Rx Preferred Brand – By Mail	Deductible	Dedu	ctible	Dedu	ıctible	Deductible		Deductible		\$50/30 days \$100/90 days		\$50/30 days \$100/90 days		
Diabetic Supplies	Deductible	Dedu	ctible	Dedu	Deductible		ctible	Deductible		Deductible		Fr	ee	
Everything else	Deductible	Dedu	ctible	Dedu	Deductible		Deductible		Deductible		Deductible		Deductible	
Rewards (age 18 and over)	n/a	Up to	o \$40	Up to \$40		Up to \$60		Up to \$60		n/a		Up to \$150		

^{*} Includes Ophthalmologists, Podiatrists, Endocrinologists, Dieticians, Vascular Specialists, Psychiatrists, and Psychologists

Charlotte, NC & SC - CSR Variants (Silver)

Only differences in variant plans are the premium and the in-network deductible

NETWORK: Carolinas Health Care System OR CaroMont Health System

- IN NETWORK Plan covers 100% after you pay your co-pay (where applicable) or meet your deductible
- OUT OF NETWORK No benefits, except treatment for a true medical emergency

		Leap yday 8%	Everyday Ever			a Leap ryday 7%	Aetna Leap Everyday Plus 73%		Aetna Leap Everyday Plus 84%		Aetna Leap Everyday Plus 97%		
Monthly premium	TBD		TBD		TBD		TBD		TBD		TBD		
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	
Deductible/Max you pay	\$3,900	\$5,350	\$1,300	\$2,250	\$450	\$1,300	\$3,610	\$5,450	\$1,400	\$2,250	\$500	\$1,325	
Primary Care Physician	\$25	Deduct	\$25	Deduct	\$25	Deduct	\$10	Deduct	\$10	Deduct	\$10	Deduct	
Specialist			Deduc	tible			Deductible						
Lab	\$25	Deduct	\$25	Deduct	\$25	Deduct	\$10	Deduct	\$10	Deduct	\$10	Deduct	
Urgent Care	\$25	Deduct	\$25	Deduct	\$25	Deduct	\$10	Deduct	\$10	Deduct	\$10	Deduct	
Virtual Medicine			\$2	5			\$10						
Retail Clinic	\$25	Deduct	\$25	Deduct	\$25	Deduct	\$10	Deduct	\$10	Deduct	\$10	Deduct	
Rx Generic – Retail			\$10/30) days			\$10/30 days						
Rx Generic – By Mail			\$20/90) days			\$20/90 days						
Rx Preferred Brand – Retail			D - d	.a.: _									
Rx Preferred Brand – By Mail			Deduc	тіріе			Deductible						
Diabetic Supplies			Deduc	tible			Deductible						
Everything else			Deduc	tible			Deductible						
Rewards (age 18 and over)			Up to	\$60			Up to \$60						