

Product

Geography



Geography

Network

Deductible and coinsurance

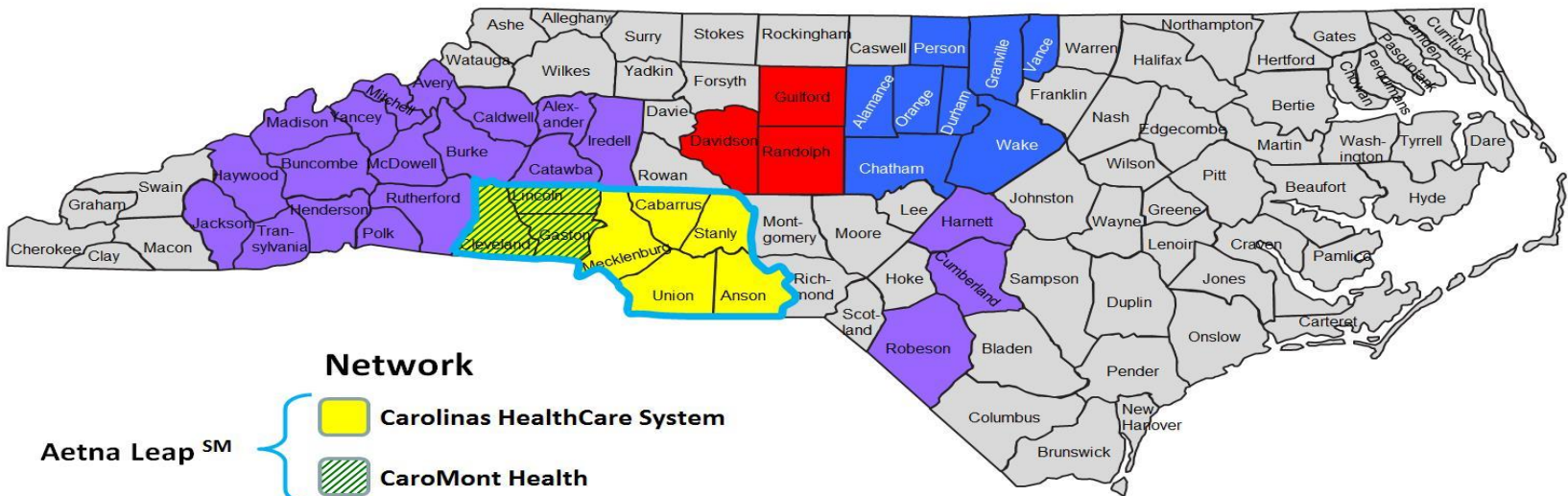
Member benefits

Pediatric vision

Pediatric dental

Pharmacy

Aetna North Carolina Individual On Exchange Counties 2016



Network

- Aetna LeapSM**
 - Carolinas HealthCare System
 - CaroMont Health
- CoventryOne**
 - Cornerstone Health Care
 - Duke Medicine
 - Coventry Health Care of the Carolinas POS Network

Geography



Geography

Network

Deductible and coinsurance

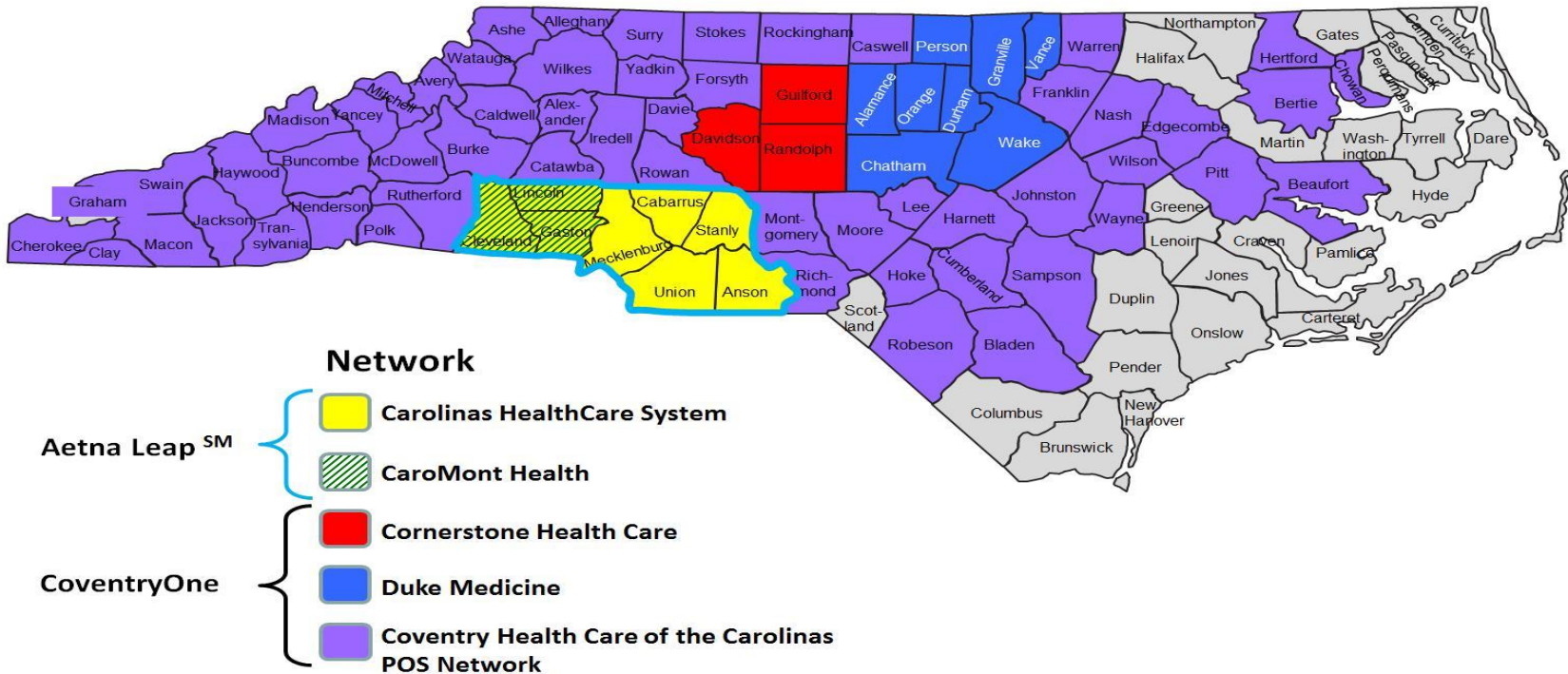
Member benefits

Pediatric vision

Pediatric dental

Pharmacy

Aetna North Carolina Individual Off Exchange Counties 2016



Network



Geography	Network	Deductible and coinsurance	Member benefits	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

Network



Geography	Network	Deductible and coinsurance	Member benefits	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
Y	Y	2 Tier + OON Cat: 1 Tier + OON	HNOption	No/No	Carelink Cornerstone	Guilford, Randolph, Davidson

Network



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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	NC Coventry Bronze \$15 Copay PD	NC Coventry Bronze Ded Only HSA Eligible PD	NC Coventry Bronze Ded Only HSA Eligible Duke Medicine PD NC Coventry Bronze Ded Only HSA Eligible Cornerstone PD		NC Coventry Bronze \$35 Copay Duke Medicine PD NC Coventry Bronze \$35 Copay 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
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$6,850/\$13,700	\$6,450/\$12,900	\$5,825/\$11,650	\$6,450/\$12,900	\$5,500/\$11,000	\$6,750/\$13,500
Member coinsurance	0%	0%	0%	0%	0%	0%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900	\$5,825/\$11,650	\$6,450/\$12,900	\$6,850/\$13,700	\$6,850/\$13,700

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

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	Non-designated you pay	In network you pay	Non-designated you pay
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,000	\$2,750/\$5,500	\$3,500/\$7,000	\$5,750/\$11,500	\$2,750/\$5,500	\$5,750/\$11,500
Member coinsurance	30%	40%	20%	40%	30%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,250/\$12,500	\$6,850/\$13,700	\$5,400/\$10,800	\$6,500/\$13,000	\$6,450/\$12,900	\$6,850/\$13,700

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

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		NC Coventry Gold \$5 Copay Duke Medicine PD NC Coventry Gold \$5 Copay Cornerstone PD			NC Coventry Gold \$10 PD	
		In network you pay	Non-designated you pay		In network you pay	
		\$1,250/\$2,500	\$3,500/\$7,000		\$1,400/\$2,800	
		20%	40%		20%	
		\$4,250/\$8,500	\$6,000/\$12,000		\$5,000/\$10,000	

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

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	NC Coventry Bronze \$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		NC Coventry Bronze \$35 Copay Duke Medicine PD NC Coventry Bronze \$35 Copay 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
Primary care office visit	\$15 copay; ded waived	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$35 copay; ded waived	\$50 copay after ded
Specialist office visit	Covered in full after ded	Covered in full after ded	Covered in full after 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	Covered in full after ded	Covered in full after ded	\$250 copay per admission after ded	\$500 copay per admission after ded
Outpatient surgery (Ambulatory Surgical Center/Hospital)	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$250 copay after ded	\$500 copay after ded
Emergency room	Covered in full after ded	Covered in full after ded	Covered in full after ded	Paid at the designated level	\$250 copay after ded	Paid at the designated level
Urgent care	\$100 copay; ded waived	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$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.

Member benefits

Geography	Network	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 pay	Non-designated you pay	In network you pay	Non-designated you pay
Primary care office visit	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$50 copay after ded	\$10 copay; ded waived	\$50 copay after ded
Specialist office visit	\$75 copay; ded waived	\$75 copay; ded waived	\$60 copay; ded waived	\$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	\$100 copay per admission after ded; then 20%	\$500 copay per admission after ded; then 40%	30% after ded	\$500 copay per admission after ded; then 40%
Outpatient surgery (Ambulatory Surgical Center/Hospital)	\$250 copay after ded; then 30%	40% after ded	\$100 copay after ded; then 20%	\$500 copay after ded; then 40%	30% after ded	\$250 copay after ded; then 40%
Emergency room	\$500 copay after ded	\$500 copay after ded	\$250 copay after ded	Paid at the designated level	\$250 copay after ded	Paid at the designated level
Urgent care	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	40% after ded	\$75 copay; ded waived	40% after ded

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%.

Member benefits



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

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	NC Coventry Bronze \$15 Copay PD	NC Coventry Bronze Ded Only HSA Eligible PD	NC Coventry Bronze Ded Only HSA Eligible Duke Medicine PD NC Coventry Bronze Ded Only HSA Eligible Cornerstone PD		NC Coventry Bronze \$35 Copay Duke Medicine PD NC Coventry Bronze \$35 Copay 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
Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full after ded	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded
Diagnostic X-ray	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$25 copay after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$250 copay after ded	\$500 copay after ded

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	Non-designated you pay	In network you pay	Non-designated you pay
Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	30% after ded	40% after ded	20% after ded	40% after ded	30% after ded	40% after ded
Diagnostic X-ray	30% after ded	40% after ded	20% after ded	40% after ded	30% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	\$250 copay after ded; then 30%	40% after ded	\$100 copay after ded; then 20%	\$500 copay after ded; then 40%	30% after ded	\$250 copay after ded; then 40%

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		NC Coventry Gold \$5 Copay Duke Medicine PD NC Coventry Gold \$5 Copay Cornerstone PD			NC Coventry Gold \$10 PD	
		In network you pay	Non-designated you pay	In network you pay		
Preventive care/screening/immunization (age and frequency limits apply)		Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived		
Annual routine GYN exam (annual pap/mammogram)		Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived		
Diagnostic lab		20% after ded	40% after ded	20% after ded		
Diagnostic X-ray		20% after ded	40% after ded	20% after ded		
Imaging (CT/PET 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



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy
	NC Coventry Bronze \$15 Copay PD	NC Coventry Bronze Ded Only HSA Eligible PD		NC Coventry Bronze Ded Only HSA Eligible Duke Medicine PD NC Coventry Bronze Ded Only HSA Eligible Cornerstone PD		NC Coventry Bronze \$35 Copay Duke Medicine PD NC Coventry Bronze \$35 Copay 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	
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Paid at the designated level	
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full after ded	Covered in full after ded	Paid at the designated level	Covered in full; ded waived	Paid at the designated level	

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision		Pediatric dental	Pharmacy
	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 P	
	In network you pay	In network you pay	In network you pay	Non-designated you pay	In network you pay	Non-designated you pay	
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Paid at the designated level	
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Paid at the designated level	

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		NC Coventry Gold \$5 Copay Duke Medicine PD NC Coventry Gold \$5 Copay Cornerstone PD		NC Coventry Gold \$10 PD		
		In network you pay	Non-designated you pay	In network you pay		
Pediatric eye exam (1 visit per year)		Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived		
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)		Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived		

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	NC Coventry Bronze \$15 Copay PD	NC Coventry Bronze Ded Only HSA Eligible PD	NC Coventry Bronze Ded Only HSA Eligible Duke Medicine PD NC Coventry Bronze Ded Only HSA Eligible Conerstone PD		NC Coventry Bronze \$35 Copay Duke Medicine PD NC Coventry Bronze \$35 Copay 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
Dental check-up/preventive dental care (2 visits per year)	Covered in full; ded waived	Covered in full after ded	Covered in full after ded	Paid at the designated level	Covered in full; ded waived	Paid at the designated level
Basic dental care	Covered in full after ded	Covered in full after ded	Covered in full after ded	Paid at the designated level	30% after ded	Paid at the designated level
Major dental care	Covered in full after ded	Covered in full after ded	Covered in full after ded	Paid at the designated level	50% after ded	Paid at the designated level
Orthodontia (medically necessary only)	Covered in full after ded	Covered in full after ded	Covered in full after ded	Paid at the designated level	50% after ded	Paid at the designated level

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 pay	Non-designated you pay	In network you pay	Non-designated you pay
Dental check-up/preventive dental care (2 visits per year)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Paid at the designated level
Basic dental care	30% after ded	30% after ded	30% after ded	Paid at the designated level	30% after ded	Paid at the designated level
Major dental care	50% after ded	50% after ded	50% after ded	Paid at the designated level	50% after ded	Paid at the designated level
Orthodontia (medically necessary only)	50% after ded	50% after ded	50% after ded	Paid at the designated level	50% after ded	Paid at the designated level

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		NC Coventry Gold \$5 Copay Duke Medicine PD NC Coventry Gold \$5 Copay Cornerstone PD			NC Coventry Gold \$10 PD	
		In network you pay	Non-designated you pay		In network you pay	
Dental check-up/preventive dental care (2 visits per year)		Covered in full; ded waived	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 designated level		50% after ded	
Orthodontia (medically necessary only)		50% after ded	Paid at the designated level		50% after ded	

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

Pharmacy

Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	NC Coventry Bronze \$15 Copay PD	NC Coventry Bronze Ded Only HSA Eligible PD	NC Coventry Bronze Ded Only HSA Eligible Duke Medicine PD NC Coventry Bronze Ded Only HSA Eligible Cornerstone PD	NC Coventry Bronze \$35 Copay Duke Medicine PD NC Coventry Bronze \$35 Copay 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	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: Covered in full after ded	Generic: Covered in full after ded	Generic: Covered in full after ded	Generic: Covered in full after ded	Generic: \$20 copay after ded	Generic: \$20 copay after ded
Preferred brand drugs	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	\$50 copay after ded	\$50 copay after ded
Non-preferred drugs	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: \$75 copay after ded	Generic & Brand: \$75 copay after ded
Specialty drugs*	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

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



Geography	Network	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 pay	Non-designated you pay	In network you pay	Non-designated you pay
Pharmacy deductible	\$500 per member	Integrated with medical ded	\$500 per member	\$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	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$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 after ded	\$40 copay after ded	\$45 copay after ded	\$45 copay after ded
Non-preferred drugs	Generic & Brand: \$75 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$75 copay after ded	Generic & Brand: \$75 copay after ded	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 ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

P: 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



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		NC Coventry Gold \$5 Copay Duke Medicine PD NC Coventry Gold \$5 Copay Cornerstone PD				NC Coventry Gold \$10 PD
		In network you pay	Non-designated you pay			In network you pay
Pharmacy deductible		\$0 per member	\$0 per member			\$250 per member
Preferred generic drugs		Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay Generic: \$10 copay			Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
Preferred brand drugs		\$30 copay	\$30 copay			\$40 copay after ded
Non-preferred drugs		Generic & Brand: \$65 copay	Generic & Brand: \$65 copay			Generic & Brand: \$70 copay after ded
Specialty drugs*		P: 40% NP: 50%	P: 40% NP: 50%			P: 40% after ded NP: 50% after ded

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.

Catastrophic



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
			NC Coventry Catastrophic 100% PD NC Coventry Catastrophic Duke Medicine 100% PD NC Coventry Catastrophic Cornerstone 100% PD			
			In network you pay			
Deductible individual/family¹ (applies towards out-of-pocket maximum)			\$6,850/\$13,700			
Member coinsurance			0%			
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)			\$6,850/\$13,700			
Primary care visit			Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded			
Preventive care/screening/immunization (age and frequency visit limits apply) Annual routine GYN exam (annual pap/mammogram)			Covered in full; deductible waived			
All other benefits			Covered in full after deductible			

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.



Geography

Network

Deductible and coinsurance

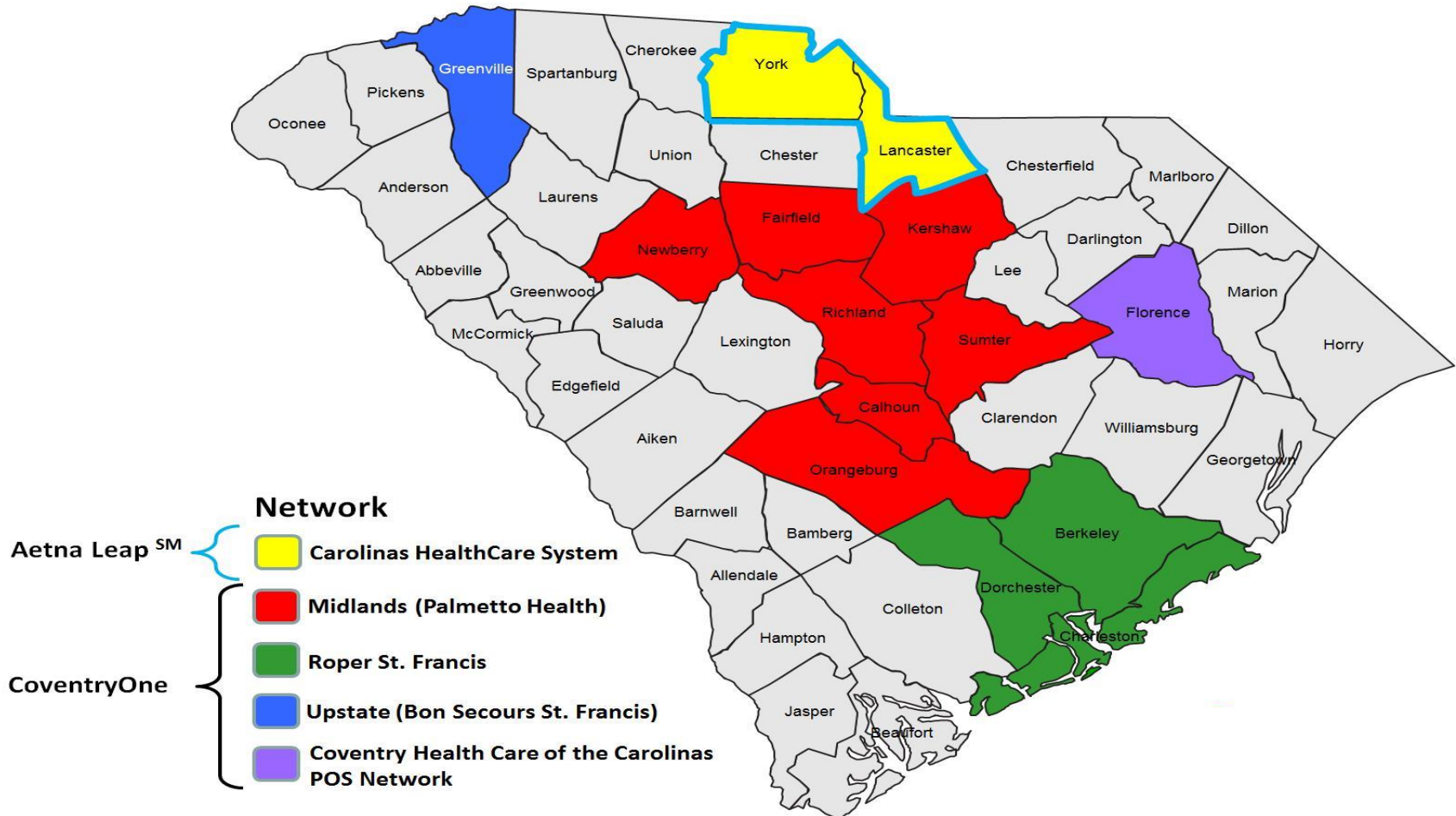
Member benefits

Pediatric vision

Pediatric dental

Pharmacy

Aetna South Carolina Individual On Exchange Counties 2016





Geography

Network

Deductible and coinsurance

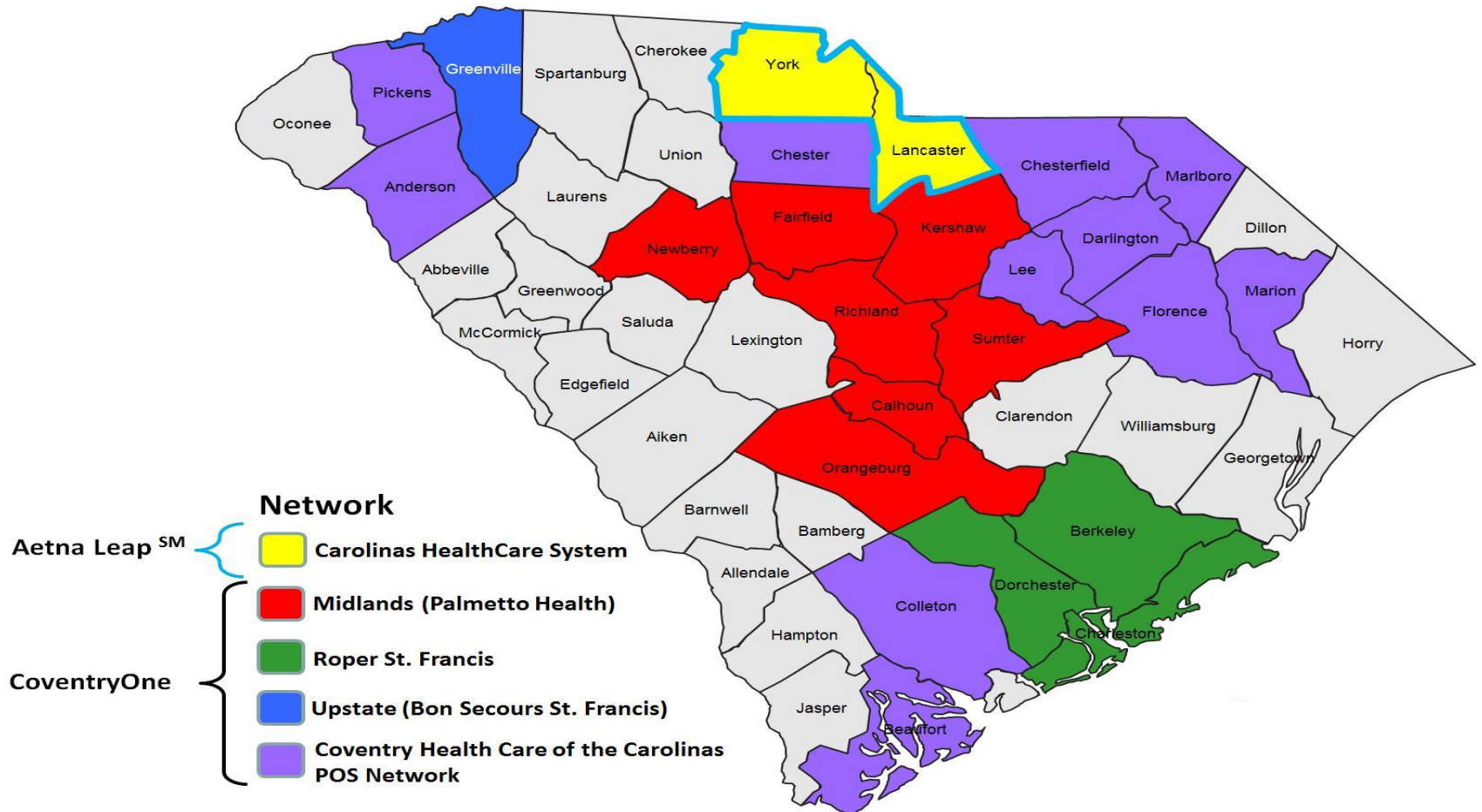
Member benefits

Pediatric vision

Pediatric dental

Pharmacy

Aetna South Carolina Individual Off Exchange Counties 2016



Network



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

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

Network



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

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

Network



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

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

Network



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

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric 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 Eligible 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 network you pay	In network you pay	In network you pay	Non-Designated
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$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	0%	0%	0%	0%	0%	0%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/ \$13,700	\$6,850/ \$13,700	\$6,850/\$13,700	\$6,450/\$12,900	\$5,825/ \$11,650	\$6,450/ \$12,900

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

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 \$10 Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD		SC Coventry Silver \$10 Copay 2750 Roper/St. Francis PD SC Coventry Silver \$10 Copay 2750 Midlands PD SC Coventry Silver \$10 Copay 2750 Upstate 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
Deductible individual/family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,000	\$2,750/\$5,500	\$3,500/\$7,000	\$5,750/\$11,500	\$2,750/\$5,500	\$5,750/\$11,500
Member coinsurance	30%	40%	20%	40%	30%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,250/\$12,500	\$6,850/\$13,700	\$5,400/\$10,800	\$6,500/\$13,000	\$6,450/\$12,900	\$6,850/\$13,700

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

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

Deductible coinsurance



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		SC Coventry Gold \$5 Midlands PD SC Coventry Gold \$5 Upstate PD SC Coventry Gold \$5 Roper/St. Francis PD			SC Coventry Gold \$10 PD	
		In network you pay	Non-designated you pay		In network you pay	
Deductible individual/family¹ (applies to out-of-pocket maximum)		\$1,250/\$2,500	\$3,500/\$7,000		\$1,400/\$2,800	
Member coinsurance		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	

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

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 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 pay	Non-Designated
Primary care office visit	\$35 copay; ded waived	\$50 copay after deductible	\$15 copay; ded waived	Covered in full after ded	Covered in full after ded	Covered in full after deductible
Specialist office visit	\$75 copay after ded	\$100 copay after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after deductible
Hospital stay	\$250 copay per admission after ded	\$500 copay per admission after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after deductible
Outpatient surgery (Ambulatory Surgical Center/Hospital)	\$250 copay after ded	\$500 copay after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after deductible
Emergency room	\$250 copay after ded	Paid at the designated level	Covered in full after ded	Covered in full after ded	Covered in full after ded	Paid at the designated level
Urgent care	\$60 copay after ded	\$150 copay after deductible	\$100 copay; ded waived	Covered in full after ded	Covered in full after ded	Covered in full after deductible

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	<p>SC Coventry Silver \$10 Copay PD</p> <p>In network you pay</p>	<p>SC Coventry Silver \$10 Copay 2750 PD</p> <p>In network you pay</p>	<p>SC Coventry Silver \$10 Copay Roper/St. Francis PD SC Coventry Silver \$10 Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD</p> <p>In network you pay</p>	<p>Non-designated you pay</p>	<p>SC Coventry Silver \$10 Copay 2750 Roper/St. Francis PD SC Coventry Silver \$10 Copay 2750 Midlands PD SC Coventry Silver \$10 Copay 2750 Upstate PD</p> <p>In network you pay</p>	<p>Non-designated you pay</p>
Primary care office visit	\$10 copay; ded waived	\$10 copay; ded waived	\$10 copay; ded waived	\$50 copay after ded	\$10 copay; ded waived	\$50 copay after ded
Specialist office visit	\$75 copay; ded waived	\$75 copay; ded waived	\$60 copay; ded waived	\$75 copay after ded	\$65 copay; ded waived	\$75 copay after ded
Hospital stay	\$500 copay per admission after ded; then 30%	40% after ded	\$100 copay per admission after ded; then 20%	\$500 copay per admission after ded; then 40%	30% after ded	\$500 copay per admission after ded; then 40%
Outpatient surgery (Ambulatory Surgical Center/Hospital)	\$250 copay after ded; then 30%	40% after ded	\$100 copay after ded; then 20%	\$500 copay after ded; then 40%	30% after ded	\$250 copay after ded; then 40%
Emergency room	\$500 copay after ded	\$500 copay after ded	\$250 copay after ded	Paid at the designated level	\$250 copay after ded	Paid at the designated level
Urgent care	\$75 copay; ded waived	\$75 copay; ded waived	\$75 copay; ded waived	40% after ded	\$75 copay; ded waived	40% after ded

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		SC Coventry Gold \$5 Midlands PD SC Coventry Gold \$5 Upstate PD SC Coventry Gold \$5 Roper/St. Francis PD			SC Coventry Gold \$10 PD	
		In network you pay	Non-designated you pay	In network you pay		
Primary care office visit		\$5 copay; ded waived	\$30 copay; ded waived	\$10 copay; ded waived		
Specialist office visit		\$40 copay; ded waived	\$75 copay after ded	\$40 copay; ded waived		
Hospital stay		20% after ded	\$250 copay per admission after ded; then 40%	20% after ded		
Outpatient surgery (Ambulatory Surgical Center/Hospital)		20% after ded	40% after ded	20% after ded		
Emergency room		\$250 copay after ded	Paid at the designated level	\$250 copay after ded		
Urgent care		\$75 copay; ded waived	\$150 copay; ded waived	\$75 copay; ded waived		

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

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 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 network you pay	In network you pay	In network you pay	Non-Designated
Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; deductible waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; deductible waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	Covered in full after ded	Covered in full after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded
Diagnostic X-ray	Covered in full after ded	\$25 copay after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded
Imaging (CT/PET scans, MRIs)	\$250 copay after ded	\$500 copay after deductible	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 \$10 Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD		SC Coventry Silver \$10 Copay 2750 Roper/St. Francis PD SC Coventry Silver \$10 Copay 2750 Midlands PD SC Coventry Silver \$10 Copay 2750 Upstate 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
Preventive care/screening/immunization (age and frequency limits apply)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Annual routine GYN exam (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived
Diagnostic lab	30% after ded	40% after ded	20% after ded	40% after ded	30% after ded	40% after ded
Diagnostic X-ray	30% after ded	40% after ded	20% after ded	40% after ded	30% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	\$250 copay after ded; then 30%	40% after ded	\$100 copay after ded; then 20%	\$500 copay after ded; then 40%	30% after ded	\$250 copay after ded; then 40%

Member benefits



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		SC Coventry Gold \$5 Midlands PD SC Coventry Gold \$5 Upstate PD SC Coventry Gold \$5 Roper/St. Francis PD			SC Coventry Gold \$10 PD	
		In network you pay	Non-designated you pay		In network you pay	
Preventive care/screening/immunization (age and frequency limits apply)		Covered in full; ded waived	Covered in full; ded waived		Covered in full; ded waived	
Annual routine GYN exam (annual pap/mammogram)		Covered in full; ded waived	Covered in full; ded waived		Covered in full; ded waived	
Diagnostic lab		20% after ded	40% after ded		20% after ded	
Diagnostic X-ray		20% after ded	40% after ded		20% after ded	
Imaging (CT/PET 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



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric 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 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 network you pay	In network you pay	In network you pay	Non-Designated
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Covered in full; ded waived	Covered in full; after ded	Paid at the designated level
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Covered in full after ded	Covered in full; after ded	Paid at the designated level

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 \$10 Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD	SC Coventry Silver \$10 Copay 2750 Roper/St. Francis PD SC Coventry Silver \$10 Copay 2750 Midlands PD SC Coventry Silver \$10 Copay 2750 Upstate 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
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Paid at the designated level
Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Paid at the designated level

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

Pediatric vision



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy	
	<p>SC Coventry Gold \$5 Midlands PD SC Coventry Gold \$5 Upstate PD SC Coventry Gold \$5 Roper/St. Francis PD</p>	<p>SC Coventry Gold \$10 PD</p>		<p>In network you pay</p>	<p>Non-designated you pay</p>	<p>In network you pay</p>	
<p>Pediatric eye exam (1 visit per year)</p>	<p>Covered in full; ded waived</p>	<p>Paid at the designated level</p>	<p>Covered in full; ded waived</p>		<p>Covered in full; ded waived</p>	<p>Paid at the designated level</p>	<p>Covered in full; ded waived</p>
<p>Pediatric glasses/contacts (Coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)</p>	<p>Covered in full; ded waived</p>	<p>Paid at the designated level</p>	<p>Covered in full; ded waived</p>				

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 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 network you pay	In network you pay	In network you pay	Non-Designated
Dental check-up/preventive dental care (2 visits per year)	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Covered in full after ded	Covered in full after ded	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 ded	Covered in full after ded	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 full after ded	Paid at the designated level
Orthodontia (medically necessary only)	50% after ded	Paid at the designated level	Covered in full after ded	Covered in full after ded	Covered in full after ded	Paid at the designated level

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 \$10 Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD		SC Coventry Silver \$10 Copay 2750 Roper/St. Francis PD SC Coventry Silver \$10 Copay 2750 Midlands PD SC Coventry Silver \$10 Copay 2750 Upstate 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
Dental check-up/preventive dental care (2 visits per year)	Covered in full; ded waived	Covered in full; ded waived	Covered in full; ded waived	Paid at the designated level	Covered in full; ded waived	Paid at the designated level
Basic dental care	30% after ded	30% after ded	30% after ded	Paid at the designated level	30% after ded	Paid at the designated level
Major dental care	50% after ded	50% after ded	50% after ded	Paid at the designated level	50% after ded	Paid at the designated level
Orthodontia (medically necessary only)	50% after ded	50% after ded	50% after ded	Paid at the designated level	50% after ded	Paid at the designated level

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

Pediatric dental



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		SC Coventry Gold \$5 Midlands PD SC Coventry Gold \$5 Upstate PD SC Coventry Gold \$5 Roper/St. Francis PD			SC Coventry Gold \$10 PD	
		In network you pay	Non-designated you pay		In network you pay	
Dental check-up/preventive dental care (2 visits per year)		Covered in full; ded waived	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 designated level		50% after ded	
Orthodontia (medically necessary only)		50% after ded	Paid at the designated level		50% after ded	

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

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 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	In network Preferred	In network you pay	In network you pay	In network you pay	
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: \$20 copay after ded	Generic: \$25 copay after ded	Generic: Covered in full after ded	Covered in full after ded	Generic: Covered in full after ded	Generic: Covered in full after ded
Preferred brand drugs	\$50 copay after ded	\$60 copay after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded	Covered in full after ded
Non-preferred drugs	Generic & Brand: \$75 copay after ded	Generic & Brand: \$85 copay after ded	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded
Specialty drugs*	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded

Pharmacy



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
	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 \$10 Copay Midlands PD SC Coventry Silver \$10 Copay Upstate PD		SC Coventry Silver \$10 Copay 2750 Roper/St. Francis PD SC Coventry Silver \$10 Copay 2750 Midlands PD SC Coventry Silver \$10 Copay 2750 Upstate 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 medical ded	\$500 per member	\$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	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$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 after ded	\$40 copay after ded	\$45 copay after ded	\$45 copay after ded
Non-preferred drugs	Generic & Brand: \$75 copay after ded	Generic & Brand: \$80 copay after ded	Generic & Brand: \$75 copay after ded	Generic & Brand: \$75 copay after ded	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 ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

P: 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



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		SC Coventry Gold \$5 Midlands PD SC Coventry Gold \$5 Upstate PD SC Coventry Gold \$5 Roper/St. Francis PD				SC Coventry Gold \$10 PD
		In network preferred you pay				In network preferred you pay
		\$0 per member				\$250 per member
		Low Cost Generic: \$3 copay Generic: \$10 copay				Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
		\$30 copay				\$35 copay after ded
		Generic & Brand: \$65 copay				Generic & Brand: \$65 copay after ded
		P: 40% NP: 50%				P: 40% after ded NP: 50% after ded

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.

Catastrophic



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
		SC Coventry Catastrophic 100% PD		SC Coventry Catastrophic Upstate 100% PD SC Coventry Catastrophic Roper/St. Francis 100% PD SC Coventry Catastrophic Midlands 100% PD		
		In network you pay				
		Deductible individual/family¹ (applies towards out-of-pocket maximum)	\$6,850/\$13,700	\$6,850/\$13,700		
		Member coinsurance	0%	0%		
		Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,850/\$13,700		
		Primary care visit	Visits 1 – 3: \$25 copay; ded waived Visits 4+: Covered in full after ded	Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded		
		Preventive care/screening/immunization (age and frequency visit limits apply) Annual routine GYN exam (annual pap/mammogram)	Covered in full; deductible waived	Covered in full; deductible waived		
		All other benefits	Covered in full after deductible	Covered in full after deductible		

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	Pediatric vision	Pediatric dental	Pharmacy
			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 you pay		
			Deductible individual/family¹ (applies towards out-of-pocket maximum)	\$6,850/\$13,700		
			Member coinsurance	0%		
			Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700		
			Primary care visit	Visits 1 – 3: \$20 copay; ded waived Visits 4+: Covered in full after ded		
			Preventive care/screening/immunization (age and frequency visit limits apply) Annual routine GYN exam (annual pap/mammogram)	Covered in full; deductible waived		
			All other benefits	Covered in full after deductible		

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



Geography

Network

Deductible and
coinsurance

Member
benefits

Pediatric
vision

Pediatric
dental

Pharmacy

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

New for 2016



Geography

Network

Deductible and
coinsurance

Member
benefits

Pediatric
vision

Pediatric
dental

Pharmacy

Quick highlights of pharmacy changes in North Carolina and 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 for 2016



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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NC Coventry in-network plan changes

<p>Bronze copay plan</p> <ul style="list-style-type: none"> • Now have a \$35 PCP Copay (Duke and Cornerstone) <ul style="list-style-type: none"> ➤ Specialist \$75 after ded ➤ Pharmacy tier 2 deductible + \$75 ➤ Pharmacy tier 4 is 40% after deductible • \$15 Copay plan <ul style="list-style-type: none"> ➤ Most services covered in full after deductible ➤ Pharmacy covered in full after deductible • Removed stepped copays 	<p>Silver integrated plan</p> <ul style="list-style-type: none"> • Maximum out-of-pocket now \$6,850 • PCP copay increased to \$10 • Removed stepped copays • Pharmacy tier 3 deductible + \$80 preferred 	<p>Gold copay plan</p> <ul style="list-style-type: none"> • PCP copay increased to \$10 <ul style="list-style-type: none"> ➤ Also have \$5 PCP for Duke and Cornerstone • Lower Specialist copay; now \$40 • Maximum out-of-pocket lowered to \$5,000 • Removed stepped copays • \$10 Copay Plan - Pharmacy tier 2 copay \$40 after deductible • Pharmacy tier 4 increased to 40%
<p>Bronze H S A plan</p> <ul style="list-style-type: none"> • Maximum out-of-pocket now \$6,450 	<p>Silver copay plan</p> <ul style="list-style-type: none"> • Maximum out-of-pocket now \$6,250 • Removed stepped copays • Pharmacy tier 2 now \$40 copay after deductible 	

New for 2016



Geography	Network	Deductible and coinsurance	Member benefits	Pediatric vision	Pediatric dental	Pharmacy
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SC Coventry in-network plan changes

<p>Bronze copay plan</p> <ul style="list-style-type: none"> • Now have a \$35 PCP Copay (Roper/St Francis, Midlands, and Upstate) <ul style="list-style-type: none"> ➤ Specialist \$75 after ded ➤ Pharmacy tier 2 deductible + \$75 ➤ Pharmacy tier 4 is 40% after deductible • \$15 Copay plan <ul style="list-style-type: none"> ➤ Most services covered in full after deductible ➤ Pharmacy covered in full after ded • Removed stepped copays 	<p>Silver integrated plan</p> <ul style="list-style-type: none"> • Maximum out-of-pocket now \$6,850 • PCP copay increased to \$10 • Removed stepped copays • Pharmacy tier 3 deductible + \$80 preferred 	<p>Gold copay plan</p> <ul style="list-style-type: none"> • PCP copay increased to \$10 <ul style="list-style-type: none"> ➤ Also have \$5 PCP for Roper/St Francis, Midlands, and Upstate • Lower Specialist copay; now \$40 • Maximum out-of-pocket lowered to \$5,000 • Removed stepped copays • Pharmacy tier 4 increased to 40%
<p>Bronze H S A plan</p> <ul style="list-style-type: none"> • Maximum out-of-pocket now \$6,450 	<p>Silver copay plan</p> <ul style="list-style-type: none"> • Maximum out-of-pocket now \$6,250 • Removed stepped copays • Pharmacy tier 2 now \$40 copay after deductible 	

A large waterfall cascades down a rocky, moss-covered cliff in a valley. The sky is dark and cloudy, and the surrounding landscape is rugged and green.

2016 Aetna LeapSM plans for individuals and families

What's changing?



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 in-network 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 Basic HSA		Aetna Leap Basic Plus		Aetna Leap Everyday		Aetna Leap Everyday Plus		Aetna Leap Specialty		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	Deductible		Deductible		\$25	Deduct	\$10	Deduct	\$10	Deduct	\$10	Deduct
Urgent Care	Deductible	Deductible		\$70	Deduct	\$50	Deduct	\$20	Deduct	\$20	Deduct	\$20	Deduct
Virtual Medicine	Deductible	Deductible		\$10		\$25		\$10		Free		Free	
Retail Clinic	Deductible	Deductible		\$10		\$25	Deduct	\$10	Deduct	Deductible		Deductible	
Rx Generic – Retail Rx Generic – By Mail	Deductible	Deductible		Deductible		\$10/30 days \$20/90 days		\$10/30 days \$20/90 days		\$5/30 days \$10/90 days		\$5/30 days \$10/90 days	
Rx Preferred Brand – Retail Rx Preferred Brand – By Mail	Deductible	Deductible		Deductible		Deductible		Deductible		\$50/30 days \$100/90 days		\$50/30 days \$100/90 days	
Diabetic Supplies	Deductible	Deductible		Deductible		Deductible		Deductible		Deductible		Free	
Everything else	Deductible	Deductible		Deductible		Deductible		Deductible		Deductible		Deductible	
Rewards (age 18 and over)	n/a	Up to \$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

	Aetna Leap Everyday 73%		Aetna Leap Everyday 84%		Aetna Leap Everyday 97%		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	Deductible						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	\$25						\$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	Deductible						Deductible					
Rx Preferred Brand – By Mail	Deductible						Deductible					
Diabetic Supplies	Deductible						Deductible					
Everything else	Deductible						Deductible					
Rewards (age 18 and over)	Up to \$60						Up to \$60					