A photograph of a man in a yellow polo shirt and blue jeans helping a young boy in a red shirt and blue shorts ride a bicycle on a paved path. The boy is wearing a blue helmet and sandals. The man is standing behind the boy, holding the back of the bicycle. The background shows trees and a white fence.

North Carolina A guide for individuals and families

A variety of health plans to **fit your needs at affordable rates**

Visit www.coventryone.com for more information.

Things to think about when choosing your 2016 health benefits and insurance plan*:

How your health care needs may be changing

Maybe you're planning to add to your family. Or maybe you had major surgery this year and expect next year to be less eventful! Planning ahead can help you find the right balance between your monthly payment and what you'll pay out of pocket.

The total cost for your plan

When comparing your plan options, make sure you're looking at more than just the monthly payment (also called premium). Take a close look at the plan benefits too. Look for terms like "copay" and "deductible." These will tell you what you could pay for your care when you go to the doctor, pick up a prescription, or have a hospital stay.

Who is in your plan's network

Networks can be different depending on the plan you pick. Even plans offered by the same insurance company could have different networks with different hospitals and doctors. Check that all your doctors are in the network you choose.

*Your insurance company may automatically enroll you in the same plan, or a similar plan, for 2016. You can change your plan during Open Enrollment.

Coventry does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Health benefits and insurance plans are underwritten by Aetna Health Inc., doing business as Coventry Health Care of the Carolinas, Inc.



Coventry Health Care, an Aetna company

Local health plan

Coventry has provided health insurance benefits coverage for more than 25 years. We're proud of our relationships with the community and our members, and we look forward to serving you.

National strength

Aetna (NYSE: AET) is one of the nation's leading diversified health care benefits companies, serving an estimated 45 million people with information and resources to help them make better informed decisions about their health care. Aetna offers a broad range of traditional, voluntary and consumer-directed health insurance products and services, including medical, pharmacy, dental, behavioral health, group life and disability plans, and medical management capabilities, Medicaid health care management services, workers' compensation administrative services and health information technology services.

Whether you need a little coverage or a lot, CoventryOne is right for you with:

- **Affordable** plan options that can help you meet your needs
- **Valuable** extras that help keep your costs down
- **Online** tools for easy access
- **Friendly**, efficient customer service

You're covered when you need care

Our plans include all the Essential Health Benefits, such as:

- **Doctor's office visits**, hospital and outpatient care
- **Preventive care** for adults and children
- **Prescription drugs** (including a mail-order program)
- **Routine gynecological exams** including Pap tests



Free access to a 24-hour Nurse Line

Call our Nurse Line toll-free at **1-855-410-7162**, 24 hours a day, seven days a week, including holidays. A registered nurse will help you anytime you are sick, are injured or have a health care question. You will get immediate answers and help in making the best health care decisions for you.

The Coventry Advantage

Extras to help you get more from your health plan

Helpful online tools

Secure online tools help you get the information you need, when you need it. After you receive your member ID number, you can register for My Online ServicesSM at <https://member.cvtty.com>.

- Check claims status
- Request or print a new ID card
- Order prescription refills
- Research costs for drugs, procedures and conditions
- Find a doctor at www.coventryone.com

And much, much more.

Coventry® Mobile

While on the go, our mobile app gives you health information at your fingertips. With the app, you can:

- Check the status of a medical claim and view a detailed summary
- View your current benefits usage details
- Verify your doctor is in-network
- Locate a hospital or urgent care center near you
- View your ID card, current medications, allergy and immunization details, family history and more—and email or fax this information to your health care provider

With CoventryOne, you'll get extra features such as:

- Discounts on services and programs typically not covered under health benefits plans
- Health savings account offered with qualifying plans*

Support for your well-being

We're committed to supporting our members' health and wellness. That's where Coventry WellBeingSM comes in. You'll have access to:

- **Online health management.** This program offers tips for getting in shape, eating right and living well. You can use it to customize your fitness, nutrition and life skills goals.
- **Health risk assessments.** We offer online health risk assessments for common conditions such as high blood pressure and heart disease.
- **Email reminders for tests, screenings and immunizations.** It can be easy to forget about preventive care. You can sign up online for email reminders about scheduling screening tests and when to get certain vaccines.

Comprehensive Medical Assessment

Be proactive with your health

Taking care of your health is more than just visiting your doctor when you're sick. The comprehensive medical assessment looks at your overall health—everything from your head down to your toes.

Reap the benefits of a health assessment that's just for you

- Find out if you have any diseases or conditions
- Learn ways to manage your health and diseases
- Get help coordinating your health care services
- Increase your options for getting health care

This is not a requirement to become a member. This is a benefit to help you on your journey to better health. After you become a member you can call the phone number on your member ID card to schedule your assessment.

*Investment services are independently offered by the HSA Administrator.

Important terms you should know.

Shopping for insurance may be new for you. Here are some important terms to keep in mind while you shop for coverage.

Benefit

A service, medical supply or drug that health insurance helps pay for. Some examples are doctor visits, tests and X-rays.

Coinsurance

The amount you pay after meeting your yearly deductible. For example, if you have an X-ray after you've met your deductible for the year, we'll pay most of the allowed amount, and you'll pay a certain percentage of it. The percentage you pay is called coinsurance. This is a form of cost sharing. It's a specified percentage you must pay for covered health services.

Copay (copayment)

A set cost you pay when you receive a covered service. Most plans have copays for doctor visits. You pay your copay to the physician or other health care provider.

Cost sharing

You pay a share of the costs for services through your deductible, coinsurance and copays. This doesn't include your monthly payment. The percentage you pay is based on the plan level you choose.

Deductible

The set amount you pay each year before we pay any benefits, unless otherwise stated.

Health insurance exchange

The health insurance exchange (or marketplace) is a new way to shop for health insurance. Online stores help you find, compare and choose a health insurance plan that fits your needs.

Health savings account

A health savings account, or HSA, is a savings and spending account that can be funded with tax-advantaged contributions that earn interest or investment returns. You can use it to pay qualified health care expenses, save money for future medical expenses, or save for post-retirement expenses.

Out of pocket

The total amount you pay for covered services—including copays, deductibles and coinsurance.

Premium

The set amount you pay each month for your health insurance coverage.

Provider network

A group of health care providers that works with us to offer services to our members at a discounted price. In-network benefits apply when you receive care from physicians or facilities that are part of our network.

Utilization management

Services that help you get the right care from the right doctor at the right time.



Choosing your plan

What does POS mean?

Point of service (POS) plans cover both in-network and out-of-network care. You'll get the highest level of coverage when you get care in network. Some POS plans may require you to choose a primary care physician (PCP) to manage your care.

Choosing your benefits

Your plan options

Plans are grouped in three types: Bronze, Silver and Gold. The plan type lets you know how much you pay for premiums and out-of-pocket costs. Generally, the more you pay for your premium, the less you pay for your doctor visits and other care.

Plan category	Premium	Out-of-pocket costs (costs you pay when you get care)
Bronze	\$	\$\$\$
Silver	\$\$	\$
Gold	\$\$\$	\$

Note: Not all plan types are available in every state. Check the plans on the following pages for what’s available in your state.

If you are under 30 years old or have a very low income, you might be able to buy what’s called a “catastrophic plan.” These are not available in all states.

Native American and Alaskan Natives

If you’re a Native American or an Alaskan Native, you may qualify for low-cost or no-cost health insurance coverage. Our Native American plans are available on the exchange. Visit www.healthcare.gov to see if you’re eligible and enroll.

Health savings account (HSA) with bronze deductible-only plan

If you choose the bronze deductible-only plan, you have the option of selecting an HSA administered through our partner, HealthEquity®.

Family premium pricing

Your monthly payment will be the total of the rates for each person on the plan, based on their age and tobacco use. We will only charge you for your three oldest dependents under the age of 21.

Premium subsidies

You may qualify for help making your monthly payments. Help is based on the size of your family and your income. You can view the chart at www.healthcare.gov.

Purchasing your plan — you can:

- Apply online at www.coventryone.com or call us at **1-877-907-4044**
- Apply online at www.healthcare.gov, the Federally Facilitated Marketplace (FFM)
- Work with your local health insurance broker

Choosing a provider

Choose a primary care physician (PCP) to manage your health

A primary care physician (PCP) knows you and your medical history best. They'll coordinate your care and help you get the most from your health benefits. A PCP handles preventative care, as well as common medical conditions.

Specialist

A specialist is a doctor who is an expert in a certain kind of disease or injury. If you see a specialist, check to see if he/she is in the plan's network.

Find a plan with the right network of doctors and hospitals to meet your needs

When you receive services from a nonparticipating provider (a health care provider that's not part of our network), it's considered out-of-network. You are responsible for your out-of-network rate (if your plan includes out-of-network benefits). You're also responsible for the amount of the bill above the out-of-network rate, as well as your copay, deductible and/or coinsurance. **If your plan doesn't include out-of-network benefits, any out-of-network services you receive won't be covered unless it's an emergency.**

Network providers – they are easy to find

It's important to know which doctors and hospitals are part of your network. You can find this information online.

- **Doctors, hospitals and other medical providers**, go to **www.coventryone.com** and select "Find a Doctor."
- **Pharmacies**, go to **www.coventryone.com** and select "Find a Pharmacy." For preferred pharmacies, it will say, "Preferred pharmacy: You may get up to one month supply."
- **Mental health or substance abuse providers**, go to **www.magellanassist.com** and register as a new user or log in to find a provider.
- **Pediatric vision care providers**, go to **www.eyemed.com** and select "Find a Provider." Then choose the network "Insight."
- **Pediatric dental providers**, go to **www.cvtydental.com** and select "Search for a Provider" and "Pediatric Dental." Pediatric dental does **not** apply to plans purchased on the health care exchange.

It's important to know which doctors and hospitals are part of your network before you choose your health plan. Not all doctors are part of every product or network we offer. You can find this information at www.coventryone.com.

Coventry*One* provider networks —

Select a network with doctors you trust

Provider network information

In-network care

A provider network is a list of doctors, hospitals and other providers that work with us to provide you with health care. These providers are “participating” or “in-network.” You will receive the highest level of covered services when seeing an in-network provider.

Out-of-network care

If you choose to use an out-of-network provider you may pay more. This is because:

- An out-of-network provider sets their own rates. These rates are usually higher than the amount your plan “allows.”
- An out-of-network provider can bill you for anything over the amount that Coventry allows. This is called “balance billing.” A network provider has agreed not to do that.
- We do not base our payments on what the out-of-network doctor bills you. We do not know in advance what the doctor will charge.

Full network options

Coventry’s full network plans give you access to a variety of local doctors and hospitals. These providers offer discounts for their services.

Emergency and travel coverage: If you have a medical emergency, get treatment right away. Emergency services will be covered as if you received care from an in-network provider. You have this coverage while you’re traveling or at home. This includes students who are away at school.

High-performance networks

Our **Carelink** plans are built around some of the leading health care systems in the Carolinas. We work with these hospitals and doctors to coordinate care, improve the patient experience, and lower the monthly cost.

Carelink POS plans have three tiers of coverage:

- Designated (Tier 1): enhanced benefits for using an exclusive subset of our full network
- Non-designated (Tier 2): in-network benefits for the remainder of our full network
- Out-of-network benefits: (Tier 3)

Our Carelink partners:




- Duke Medicine
- Cornerstone

Remember to visit our online provider search to locate doctors and hospitals in our networks.

Note: Providers vary by network.

North Carolina CoventryOne Health Plan Network Options

Choose one of the provider networks listed below, then choose one of the plans on the following pages.

Provider network	Available in these counties	Network type	Out-of-network coverage	PCP selection required	PCP referral required
 CORNERSTONE <small>HEALTH CARE</small> POS Cornerstone	Davidson, Guilford, Randolph	HPN	Yes	Not required, PCP must be a designated provider.	Not required
 POS CoventryOne	Alexander, Avery, Buncombe, Burke, Caldwell, Catawba, Cumberland, Harnett, Haywood, Henderson, Iredell, Jackson, Madison, McDowell, Mitchell, Polk, Robeson, Rutherford, Transylvania, Yancey	Broad	Yes	Not required. The PCP cost share amount applies to all primary physicians, whether a PCP is selected by the member or not.	Not required
POWERED BY  POS Duke Medicine	Alamance, Chatham, Durham, Granville, Orange, Person, Vance, Wake	HPN	Yes	Not required, PCP must be a designated provider.	Not required

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Off Exchange Catastrophic* CoventryOne Health Plan option in North Carolina

NC Coventry Catastrophic
100% PD

NC Coventry Catastrophic
Duke Medicine 100% PD

NC Coventry Catastrophic
Cornerstone 100% PD

Member benefits	In network you pay
Deductible (ded) individual/family¹ (applies to 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
Specialist visit	Covered in full after ded
Hospital stay	Covered in full after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded
Emergency room (copay waived if admitted)	Covered in full after ded
Urgent care	Covered in full after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	Covered in full; ded waived
Annual routine gyn exam (annual pap/mammogram)	Covered in full; ded waived
Diagnostic lab	Covered in full after ded
Diagnostic X-ray	Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded
Vision	
Pediatric eye exam (1 visit per year)	Covered in full after ded
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 after ded
Pediatric dental	
Dental checkup/preventive dental care (2 visits per year)	Covered in full after ded
Basic dental care	Covered in full after ded
Major dental care	Covered in full after ded
Orthodontia (medically necessary only)	Covered in full after ded
Pharmacy	
Pharmacy deductible	Integrated with medical ded
Preferred generic drugs	Generic: Covered in full after ded
Preferred brand drugs	Covered in full after ded
Nonpreferred drugs	Generic & Brand: Covered in full after ded
Specialty drugs**	P: Covered in full after ded NP: Covered in full after ded

This plan comparison guide shows in-network benefits only.

Out-of-network benefits are available for Point of Service (POS) and Preferred Provider Organization (PPO) plans.

To learn more details about specific plans, including whether a plan includes out of network benefits, see the Summary of Benefits and Coverage at <http://www.sbcnc.coventryone.com>.

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

¹The 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.

*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.

**P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

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Off Exchange Bronze CoventryOne Health Plan options in North Carolina

	NC Coventry Bronze \$15 Copay PD	NC Coventry Bronze Ded Only HSA Eligible PD
Member benefits	In network you pay	In network you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$6,850/\$13,700	\$6,450/\$12,900
Member coinsurance	0%	0%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900
Primary care visit	\$15 copay; ded waived	Covered in full after ded
Specialist visit	Covered in full after ded	Covered in full after ded
Hospital stay	Covered in full after ded	Covered in full after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded	Covered in full after ded
Emergency room (copay waived if admitted)	Covered in full after ded	Covered in full after ded
Urgent care	\$100 copay; ded waived	Covered in full after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	Covered in full after ded	Covered in full after ded
Diagnostic X-ray	Covered in full after ded	Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived
Pediatric glasses/contacts (coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Covered in full; ded waived	Covered in full after ded
Basic dental care	Covered in full after ded	Covered in full after ded
Major dental care	Covered in full after ded	Covered in full after ded
Orthodontia (medically necessary only)	Covered in full after ded	Covered in full after ded
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: Covered in full after ded	Generic: Covered in full after ded
Preferred brand drugs	Covered in full after ded	Covered in full after ded
Nonpreferred drugs	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded
Specialty drugs*	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded

¹The 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.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

NC Coventry Bronze Ded Only HSA Eligible Duke Medicine PD
NC Coventry Bronze Ded Only HSA Eligible Cornerstone PD

[illegible]

This plan comparison guide shows in-network benefits only.

Out-of-network benefits are available for Point of Service (POS) and Preferred Provider Organization (PPO) plans.

To learn more details about specific plans, including whether a plan includes out of network benefits, see the Summary of Benefits and Coverage at <http://www.sbcnc.coventryone.com>.

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

Off Exchange Bronze CoventryOne Health Plan options in North Carolina (continued)

NC Coventry Bronze \$35 Copay Duke Medicine PD
NC Coventry Bronze \$35 Copay Cornerstone PD

Member benefits	In network you pay	Non-designated you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$5,500/\$11,000	\$6,750/\$13,500
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	\$35 copay; ded waived	\$50 copay after ded
Specialist visit	\$75 copay after ded	\$100 copay after ded
Hospital stay	\$250 copay per admission after ded	\$500 copay per admission after ded
Outpatient surgery (ambulatory surgical center/hospital)	\$250 copay after ded	\$500 copay after ded
Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level
Urgent care	\$60 copay after ded	\$150 copay after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	Covered in full after ded	Covered in full after ded
Diagnostic X-ray	Covered in full after ded	\$25 copay after ded
Imaging (CT/PET scans, MRIs)	\$250 copay after ded	\$500 copay after ded
Vision		
Pediatric eye exam (1 visit per year)	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	Paid at the designated level
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Covered in full; ded waived	Paid at the designated level
Basic dental care	30% after ded	Paid at the designated level
Major dental care	50% after ded	Paid at the designated level
Orthodontia (medically necessary only)	50% after ded	Paid at the designated level
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: \$20 copay after ded	Generic: \$20 copay after ded
Preferred brand drugs	\$50 copay after ded	\$50 copay after ded
Nonpreferred drugs	Generic & Brand: \$75 copay after ded	Generic & Brand: \$75 copay after ded
Specialty drugs*	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

¹The 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.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

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This plan comparison guide shows in-network benefits only.

Out-of-network benefits are available for Point of Service (POS) and Preferred Provider Organization (PPO) plans.

To learn more details about specific plans, including whether a plan includes out of network benefits, see the Summary of Benefits and Coverage at <http://www.sbcnc.coventryone.com>.

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

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Off Exchange Silver Coventry *One* Health Plan options in North Carolina

	NC Coventry Silver \$10 Copay PD	NC Coventry Silver \$10 Copay 2750 PD
Member benefits	In network you pay	In network you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,000	\$2,750/\$5,500
Member coinsurance	30%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,250/\$12,500	\$6,850/\$13,700
Primary care visit	\$10 copay; ded waived	\$10 copay; ded waived
Specialist visit	\$75 copay; ded waived	\$75 copay; ded waived
Hospital stay	\$250 copay per admission after ded; then 30% ²	40% after ded
Outpatient surgery (ambulatory surgical center/hospital)	\$250 copay after ded; then 30%	40% after ded
Emergency room (copay waived if admitted)	\$500 copay after ded	\$500 copay after ded
Urgent care	\$75 copay; ded waived	\$75 copay; ded waived
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	30% after ded	40% after ded
Diagnostic X-ray	30% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	\$250 copay after ded; then 30%	40% after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived
Pediatric glasses/contacts (coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full; ded waived
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Covered in full; ded waived	Covered in full; ded waived
Basic dental care	30% after ded	30% after ded
Major dental care	50% after ded	50% after ded
Orthodontia (medically necessary only)	50% after ded	50% after ded
Pharmacy		
Pharmacy deductible	\$500 per member	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
Preferred brand drugs	\$40 copay after ded	\$45 copay after ded
Nonpreferred drugs	Generic & Brand: \$75 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

¹The 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.

²For this plan, inpatient hospital maternity stay is: \$500 copay per admission after deductible; then 30%.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

Health benefits and insurance plans are underwritten by Aetna Health Inc., doing business as Coventry Health Care of the Carolinas, Inc.

NC Coventry Silver \$10 Copay Duke Medicine PD
NC Coventry Silver \$10 Copay Cornerstone PD

In network you pay	Non-designated you pay
\$3,500/\$7,000	\$5,750/\$11,500
20%	40%
\$5,400/\$10,800	\$6,500/\$13,000
\$10 copay; ded waived	\$50 copay after ded
\$60 copay; ded waived	\$75 copay after ded
\$100 copay per admission after ded; then 20%	\$500 copay per admission after ded; then 40%
\$100 copay after ded; then 20%	\$500 copay after ded; then 40%
\$250 copay after ded	Paid at the designated level
\$75 copay; ded waived	40% after ded
Covered in full; ded waived	Covered in full; ded waived
Covered in full; ded waived	Covered in full; ded waived
20% after ded	40% after ded
20% after ded	40% after ded
\$100 copay after ded; then 20%	\$500 copay after ded; then 40%
Covered in full; ded waived	Paid at the designated level
Covered in full; ded waived	Paid at the designated level
Covered in full; ded waived	Paid at the designated level
30% after ded	Paid at the designated level
50% after ded	Paid at the designated level
50% after ded	Paid at the designated level
\$500 per member	\$500 per member
Low Cost Generic: \$3 copay; ded waived	Low Cost Generic: \$3 copay; ded waived
Generic: \$10 copay; ded waived	Generic: \$10 copay; ded waived
\$40 copay after ded	\$40 copay after ded
Generic & Brand: \$75 copay after ded	Generic & Brand: \$75 copay after ded
P: 40% after ded	P: 40% after ded
NP: 50% after ded	NP: 50% after ded

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Off Exchange Silver Coventry *One* Health Plan options in North Carolina (continued)

NC Coventry Silver \$10 Copay 2750 Duke Medicine PD NC Coventry Silver \$10 Copay 2750 Cornerstone PD

Member benefits	In network you pay	Non-designated you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$2,750/\$5,500	\$5,750/\$11,500
Member coinsurance	30%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,450/\$12,900	\$6,850/\$13,700
Primary care visit	\$10 copay; ded waived	\$50 copay after ded
Specialist visit	\$65 copay; ded waived	\$75 copay after ded
Hospital stay	30% after ded	\$500 copay per admission after ded; then 40%
Outpatient surgery (ambulatory surgical center/hospital)	30% after ded	\$250 copay after ded; then 40%
Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level
Urgent care	\$75 copay; ded waived	40% after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	30% after ded	40% after ded
Diagnostic X-ray	30% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	30% after ded	\$250 copay after ded; then 40%
Vision		
Pediatric eye exam (1 visit per year)	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	Paid at the designated level
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Covered in full; ded waived	Paid at the designated level
Basic dental care	30% after ded	Paid at the designated level
Major dental care	50% after ded	Paid at the designated level
Orthodontia (medically necessary only)	50% after ded	Paid at the designated level
Pharmacy		
Pharmacy deductible	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
Preferred brand drugs	\$45 copay after ded	\$45 copay after ded
Nonpreferred drugs	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

¹The 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.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

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Off Exchange Gold CoventryOne Health Plan options in North Carolina

NC Coventry Gold \$5 Copay Duke Medicine PD NC Coventry Gold \$5 Copay Cornerstone PD

Member benefits	In network you pay	Non-designated you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$1,250/\$2,500	\$3,500/\$7,000
Member coinsurance	20%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$4,250/\$8,500	\$6,000/\$12,000
Primary care visit	\$5 copay; ded waived	\$30 copay; ded waived
Specialist visit	\$40 copay; ded waived	\$75 copay after ded
Hospital stay	20% after ded	\$250 copay per admission after ded; then 40%
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded	40% after ded
Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level
Urgent care	\$75 copay; ded waived	\$150 copay; ded waived
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	20% after ded	40% after ded
Diagnostic X-ray	20% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	\$100 copay after ded; then 40%
Vision		
Pediatric eye exam (1 visit per year)	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	Paid at the designated level
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Covered in full; ded waived	Paid at the designated level
Basic dental care	30% after ded	Paid at the designated level
Major dental care	50% after ded	Paid at the designated level
Orthodontia (medically necessary only)	50% after ded	Paid at the designated level
Pharmacy		
Pharmacy deductible	\$0 per member	\$0 per member
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay Generic: \$10 copay
Preferred brand drugs	\$30 copay	\$30 copay
Nonpreferred drugs	Generic & Brand: \$65 copay	Generic & Brand: \$65 copay
Specialty drugs*	P: 40% NP: 50%	P: 40% NP: 50%

¹The 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.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

NC Coventry Gold \$10 PD

In network you pay

\$1,400/\$2,800

20%

\$5,000/\$10,000

\$10 copay; ded waived

\$40 copay; ded waived

20% after ded

20% after ded

\$250 copay after ded

\$75 copay; ded waived

Covered in full; ded waived

Covered in full; ded waived

20% after ded

20% after ded

20% after ded

Covered in full; ded waived

Covered in full; ded waived

Covered in full; ded waived

30% after ded

50% after ded

50% after ded

\$250 per member

Low Cost Generic: \$3 copay;
ded waived

Generic: \$10 copay; ded waived

\$40 copay after ded

Generic & Brand: \$70 copay after ded

P: 40% after ded

NP: 50% after ded

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On Exchange Catastrophic* CoventryOne Health Plan option in North Carolina

NC Coventry Catastrophic 100%
 NC Coventry Catastrophic
 Duke Medicine 100%
 NC Coventry Catastrophic
 Cornerstone 100%

Member benefits	In network you pay
Deductible (ded) individual/family¹ (applies to 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
Specialist visit	Covered in full after ded
Hospital stay	Covered in full after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded
Emergency room (copay waived if admitted)	Covered in full after ded
Urgent care	Covered in full after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	Covered in full; ded waived
Annual routine gyn exam (annual pap/mammogram)	Covered in full; ded waived
Diagnostic lab	Covered in full after ded
Diagnostic X-ray	Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded
Vision	
Pediatric eye exam (1 visit per year)	Covered in full after ded
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 after ded
Pediatric dental	
Dental checkup/preventive dental care (2 visits per year)	Not covered
Basic dental care	Not covered
Major dental care	Not covered
Orthodontia (medically necessary only)	Not covered
Pharmacy	
Pharmacy deductible	Integrated with medical ded
Preferred generic drugs	Generic: Covered in full after ded
Preferred brand drugs	Covered in full after ded
Nonpreferred drugs	Generic & Brand: Covered in full after ded
Specialty drugs**	P: Covered in full after ded NP: Covered in full after ded

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¹The 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.

*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.

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On Exchange Bronze CoventryOne Health Plan options in North Carolina

	NC Coventry Bronze \$15 Copay	NC Coventry Bronze Ded Only HSA Eligible
Member benefits	In network you pay	In network you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$6,850/\$13,700	\$6,450/\$12,900
Member coinsurance	0%	0%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,850/\$13,700	\$6,450/\$12,900
Primary care visit	\$15 copay; ded waived	Covered in full after ded
Specialist visit	Covered in full after ded	Covered in full after ded
Hospital stay	Covered in full after ded	Covered in full after ded
Outpatient surgery (ambulatory surgical center/hospital)	Covered in full after ded	Covered in full after ded
Emergency room (copay waived if admitted)	Covered in full after ded	Covered in full after ded
Urgent care	\$100 copay; ded waived	Covered in full after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	Covered in full after ded	Covered in full after ded
Diagnostic X-ray	Covered in full after ded	Covered in full after ded
Imaging (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived
Pediatric glasses/contacts (coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full after ded
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Not covered	Not covered
Basic dental care	Not covered	Not covered
Major dental care	Not covered	Not covered
Orthodontia (medically necessary only)	Not covered	Not covered
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: Covered in full after ded	Generic: Covered in full after ded
Preferred brand drugs	Covered in full after ded	Covered in full after ded
Nonpreferred drugs	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded
Specialty drugs*	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded

¹The 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.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

NC Coventry Bronze Ded Only HSA Eligible Duke Medicine
NC Coventry Bronze Ded Only HSA Eligible Cornerstone

In network you pay	Non-designated you pay
\$5,825/\$11,650	\$6,450/\$12,900
0%	0%
\$5,825/\$11,650	\$6,450/\$12,900
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
Covered in full after ded	Covered in full after ded
Covered in full after ded	Paid at the designated level
Covered in full after ded	Covered in full after ded
Covered in full; ded waived	Covered in full; ded waived
Covered in full; ded waived	Covered in full; ded waived
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
Covered in full; ded waived	Paid at the designated level
Covered in full after ded	Paid at the designated level
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Integrated with medical ded	Integrated with medical ded
Generic: Covered in full after ded	Generic: Covered in full after ded
Covered in full after ded	Covered in full after ded
Generic & Brand: Covered in full after ded	Generic & Brand: 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

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On Exchange Bronze Coventry *One* Health Plan options in North Carolina (continued)

NC Coventry Bronze \$35 Copay Duke Medicine NC Coventry Bronze \$35 Copay Cornerstone

Member benefits	In network you pay	Non-designated you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$5,500/\$11,000	\$6,750/\$13,500
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	\$35 copay; ded waived	\$50 copay after ded
Specialist visit	\$75 copay after ded	\$100 copay after ded
Hospital stay	\$250 copay per admission after ded	\$500 copay per admission after ded
Outpatient surgery (ambulatory surgical center/hospital)	\$250 copay after ded	\$500 copay after ded
Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level
Urgent care	\$60 copay after ded	\$150 copay after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	Covered in full after ded	Covered in full after ded
Diagnostic X-ray	Covered in full after ded	\$25 copay after ded
Imaging (CT/PET scans, MRIs)	\$250 copay after ded	\$500 copay after ded
Vision		
Pediatric eye exam (1 visit per year)	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	Paid at the designated level
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Not covered	Not covered
Basic dental care	Not covered	Not covered
Major dental care	Not covered	Not covered
Orthodontia (medically necessary only)	Not covered	Not covered
Pharmacy		
Pharmacy deductible	Integrated with medical ded	Integrated with medical ded
Preferred generic drugs	Generic: \$20 copay after ded	Generic: \$20 copay after ded
Preferred brand drugs	\$50 copay after ded	\$50 copay after ded
Nonpreferred drugs	Generic & Brand: \$75 copay after ded	Generic & Brand: \$75 copay after ded
Specialty drugs*	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

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On Exchange Silver CoventryOne Health Plan options in North Carolina

	NC Coventry Silver \$10 Copay	NC Coventry Silver \$10 Copay 2750
Member benefits	In network you pay	In network you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$3,500/\$7,000	\$2,750/\$5,500
Member coinsurance	30%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,250/\$12,500	\$6,850/\$13,700
Primary care visit	\$10 copay; ded waived	\$10 copay; ded waived
Specialist visit	\$75 copay; ded waived	\$75 copay; ded waived
Hospital stay	\$250 copay per admission after ded; then 30% ²	40% after ded
Outpatient surgery (ambulatory surgical center/hospital)	\$250 copay after ded; then 30%	40% after ded
Emergency room (copay waived if admitted)	\$500 copay after ded	\$500 copay after ded
Urgent care	\$75 copay; ded waived	\$75 copay; ded waived
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	30% after ded	40% after ded
Diagnostic X-ray	30% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	\$250 copay after ded; then 30%	40% after ded
Vision		
Pediatric eye exam (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived
Pediatric glasses/contacts (coverage is limited to 1 set of frames and 1 set of contact lenses or eyeglass lenses per calendar year)	Covered in full; ded waived	Covered in full; ded waived
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Not covered	Not covered
Basic dental care	Not covered	Not covered
Major dental care	Not covered	Not covered
Orthodontia (medically necessary only)	Not covered	Not covered
Pharmacy		
Pharmacy deductible	\$500 per member	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
Preferred brand drugs	\$40 copay after ded	\$45 copay after ded
Nonpreferred drugs	Generic & Brand: \$75 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

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²For this plan, inpatient hospital maternity stay is: \$500 copay per admission after deductible; then 30%.

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NC Coventry Silver \$10 Copay Duke Medicine
NC Coventry Silver \$10 Copay Cornerstone

In network you pay	Non-designated you pay
\$3,500/\$7,000	\$5,750/\$11,500
20%	40%
\$5,400/\$10,800	\$6,500/\$13,000
\$10 copay; ded waived	\$50 copay after ded
\$60 copay; ded waived	\$75 copay after ded
\$100 copay per admission after ded; then 20%	\$500 copay per admission after ded; then 40%
\$100 copay after ded; then 20%	\$500 copay after ded; then 40%
\$250 copay after ded	Paid at the designated level
\$75 copay; ded waived	40% after ded
Covered in full; ded waived	Covered in full; ded waived
Covered in full; ded waived	Covered in full; ded waived
20% after ded	40% after ded
20% after ded	40% after ded
\$100 copay after ded; then 20%	\$500 copay after ded; then 40%
Covered in full; ded waived	Paid at the designated level
Covered in full; ded waived	Paid at the designated level
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
\$500 per member	\$500 per member
Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived
\$40 copay after ded	\$40 copay after ded
Generic & Brand: \$75 copay after ded	Generic & Brand: \$75 copay after ded
P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

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On Exchange Silver CoventryOne Health Plan options in North Carolina (continued)

NC Coventry Silver \$10 Copay 2750 Duke Medicine NC Coventry Silver \$10 Copay 2750 Cornerstone

Member benefits	In network you pay	Non-designated you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$2,750/\$5,500	\$5,750/\$11,500
Member coinsurance	30%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,450/\$12,900	\$6,850/\$13,700
Primary care visit	\$10 copay; ded waived	\$50 copay after ded
Specialist visit	\$65 copay; ded waived	\$75 copay after ded
Hospital stay	30% after ded	\$500 copay per admission after ded; then 40%
Outpatient surgery (ambulatory surgical center/hospital)	30% after ded	\$250 copay after ded; then 40%
Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level
Urgent care	\$75 copay; ded waived	40% after ded
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	30% after ded	40% after ded
Diagnostic X-ray	30% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	30% after ded	\$250 copay after ded; then 40%
Vision		
Pediatric eye exam (1 visit per year)	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	Paid at the designated level
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Not covered	Not covered
Basic dental care	Not covered	Not covered
Major dental care	Not covered	Not covered
Orthodontia (medically necessary only)	Not covered	Not covered
Pharmacy		
Pharmacy deductible	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
Preferred brand drugs	\$45 copay after ded	\$45 copay after ded
Nonpreferred drugs	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

¹The 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.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

This plan comparison guide shows in-network benefits only.

Out-of-network benefits are available for Point of Service (POS) and Preferred Provider Organization (PPO) plans.

To learn more details about specific plans, including whether a plan includes out of network benefits, see the Summary of Benefits and Coverage at <http://www.sbcnc.coventryone.com>.

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

This material is for information only. Rates and benefits vary by location. Health benefits and health insurance plans contain exclusions and limitations. Investment services are independently offered by the HSA Administrator. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

On Exchange Gold CoventryOne Health Plan options in North Carolina

NC Coventry Gold \$5 Copay Duke Medicine NC Coventry Gold \$5 Copay Cornerstone

Member benefits	In network you pay	Non-designated you pay
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$1,250/\$2,500	\$3,500/\$7,000
Member coinsurance	20%	40%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$4,250/\$8,500	\$6,000/\$12,000
Primary care visit	\$5 copay; ded waived	\$30 copay; ded waived
Specialist visit	\$40 copay; ded waived	\$75 copay after ded
Hospital stay	20% after ded	\$250 copay per admission after ded; then 40%
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded	40% after ded
Emergency room (copay waived if admitted)	\$250 copay after ded	Paid at the designated level
Urgent care	\$75 copay; ded waived	\$150 copay; ded waived
Preventive care/screening/immunization (age and frequency visit limits apply)	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
Diagnostic lab	20% after ded	40% after ded
Diagnostic X-ray	20% after ded	40% after ded
Imaging (CT/PET scans, MRIs)	20% after ded	\$100 copay after ded; then 40%
Vision		
Pediatric eye exam (1 visit per year)	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	Paid at the designated level
Pediatric dental		
Dental checkup/preventive dental care (2 visits per year)	Not covered	Not covered
Basic dental care	Not covered	Not covered
Major dental care	Not covered	Not covered
Orthodontia (medically necessary only)	Not covered	Not covered
Pharmacy		
Pharmacy deductible	\$0 per member	\$0 per member
Preferred generic drugs	Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$3 copay Generic: \$10 copay
Preferred brand drugs	\$30 copay	\$30 copay
Nonpreferred drugs	Generic & Brand: \$65 copay	Generic & Brand: \$65 copay
Specialty drugs*	P: 40% NP: 50%	P: 40% NP: 50%

¹The 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.

*P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

Health benefits and insurance plans are underwritten by Aetna Health Inc., doing business as Coventry Health Care of the Carolinas, Inc.

NC Coventry Gold \$10

In network you pay

\$1,400/\$2,800

20%

\$5,000/\$10,000

\$10 copay; ded waived

\$40 copay; ded waived

20% after ded

20% after ded

\$250 copay after ded

\$75 copay; ded waived

Covered in full; ded waived

Covered in full; ded waived

20% after ded

20% after ded

20% after ded

Covered in full; ded waived

Covered in full; ded waived

Not covered

Not covered

Not covered

Not covered

\$250 per member

Low Cost Generic: \$3 copay;

ded waived

Generic: \$10 copay; ded waived

\$40 copay after ded

Generic & Brand: \$70 copay after ded

P: 40% after ded

NP: 50% after ded

This plan comparison guide shows in-network benefits only.

Out-of-network benefits are available for Point of Service (POS) and Preferred Provider Organization (PPO) plans.

To learn more details about specific plans, including whether a plan includes out of network benefits, see the Summary of Benefits and Coverage at <http://www.sbcnc.coventryone.com>.

This information is a partial description of the benefits and in no way details all of the benefits, limitations, or exclusions of the plan. Please refer to the individual policy, schedule of benefits, and applicable riders to determine exact terms, conditions and scope of coverage, including all exclusions and limitations and defined terms.

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Apply for coverage beginning November 1, 2015

Steps to apply

Although you may apply for coverage up until January 31, 2016, applying after December 15, 2015 may result in a gap in coverage.

Enrollment Dates

If you apply between ...	Your coverage will take effect ...
November 1, 2015 – December 15, 2015	January 1, 2016
December 16, 2015 – January 15, 2016	February 1, 2016
January 16, 2016 – January 31, 2016	March 1, 2016

If you have a qualifying life event after the open enrollment period, you may be eligible for a special open enrollment. Some of the qualifying life events are marriage, divorce and having a baby. See a full list of qualifying events at www.healthcare.gov.

Apply for a CoventryOne plan — Applying is easy with these steps



- 1. Choose your plan.** We have different plans to fit your budget and help meet your needs. You can select a plan at www.coventryone.com. You can shop on the Health Insurance Marketplace at www.healthcare.gov. Or, you can work with a broker. Open enrollment will run from **November 1, 2015 – January 31, 2016**.



- 2. Check to see if you qualify for help making monthly payments by applying for a plan on the Health Insurance Marketplace website.** The Marketplace will determine whether or not you qualify for help making your monthly payments. Help is based on the size of your family and your income. Be sure to complete all questions. You can get more information at www.healthcare.gov.



- 3. Apply online.** You can submit your application online at www.coventryone.com or at the Health Insurance Marketplace website, if you qualify for financial help. Fill out one application for you and any family members who will be covered by the health insurance plan. Be sure to fill in all information. When you're done, check over the application to make sure the information is correct. Then print a copy for your records.



- 4. Make your first monthly payment.** After you're accepted and enrolled, you'll receive instructions for making your first monthly payment. Your enrollment will be complete after we receive that payment.

Getting the health care benefits you need

Getting the health care benefits you need

Prior authorization

Some medical services and prescription drugs require prior authorization. Prior authorization means that we must approve covered medical services in advance. This helps you and your family receive the right care in the right place at the right time. In-network providers usually take care of prior authorizations for you. You are responsible for verifying that prior authorization has been obtained.

Case management

If you have a serious medical condition, you may benefit from case management. A Coventry case management nurse will work with you and your doctor to coordinate resources that will help you meet your health care needs.

Disease management

If you have asthma or diabetes we'll send you information to help you manage your condition. You may also receive reminders if you are past due for an important test or service.

Prescription drug program

Your plan covers prescription drugs. Your costs can vary based on the drug and the pharmacy you use. Some important things to remember:

- You should check our prescription drug list, also called a formulary, to find out how a prescription drug is covered.
- Your copay could be lower if you use a preferred pharmacy. A preferred pharmacy is a retail pharmacy, or pharmacy chain, that we work with to provide you with lower prices. Go to **www.coventryone.com** and choose "Find a Pharmacy" to find a preferred pharmacy.
- Some prescription drugs require prior authorization. Your doctor can contact us if prior authorization is required.



Eligibility and requirements

To qualify for a Coventry*One* plan, you must be:

- A resident of the state in which you are applying and a state in which we offer coverage
- Not be entitled to or enrolled in Medicare

We offer dependent coverage up to age 26.

Your coverage

Your coverage stays in effect as long as you pay the required monthly payment on time and as long as you are eligible for the plan.* Coverage will end if you become ineligible due to any of the following circumstances:

- Don't pay your monthly bill
- Move to another state
- Get duplicate coverage

Levels of coverage and enrollment

Your monthly payment may change based on the rating factors in your state. You may pay the lowest rate available (known as the standard premium charge). Or, you may pay more due to age, where you live and tobacco use.

Notice of Privacy Practices for Company's Members

The Company appreciates the opportunity to provide health care benefits plans to our members and their families. In the course of providing the health care benefit plans we administer or offer, the Company must collect, use, and disclose nonpublic personal information. The Company has adopted a Notice of Privacy Practices that describes the members' rights with respect to their personal information and how the Company will use, disclose and protect such information.

You can view our Privacy Policy by visiting **www.coventryone.com**. Just click "Privacy Policy" on the black bar at the bottom of the page.

Exclusions and limitations

Certain services and supplies are not covered by your health plan. Below is a partial list of exclusions that may apply. Please refer to the Evidence of Coverage for a complete listing.

- Any service or supply that is not medically necessary
- Any service or supply that is not covered or that is directly or indirectly a result of receiving a noncovered service
- Any service or supply for which you have no financial liability or that was provided at no charge
- Procedures and treatments that are experimental or investigational
- Court-ordered services or services that are a condition of probation or parole
- Cosmetic services and surgery, and the complications incurred as a result of those services and surgeries
- Adult dental care, appliances, dentures, implants or X-rays, including any provider services or X-ray examinations involving one or more teeth, the tissue or structure around them, the alveolar process or the gums
- Immunizations for travel or employment, or unexpected mass immunizations directed or ordered by public health officials for general population groups
- Work-related injuries or illnesses covered by workers' compensation laws
- Infertility services and supplies — any medical service, office visit, lab, diagnostic test, prescription drug, equipment, medicine, supply or procedure directly or indirectly related to promoting conception by artificial means
- Maintenance treatment or therapy that is not part of an active treatment plan intended to or reasonably expected to improve the member's medical condition or functional ability
- Any service for which a prior authorization is required and is not obtained

*Your insurance company may automatically enroll you in the same plan, or a similar plan, for 2016. You can change your plan during Open Enrollment.

Notes



Simple and affordable.
We've got you covered.

Enroll today

www.coventryone.com

Toll-free: Call **1-877-907-4044**

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about CoventryOne plans, refer to **www.coventryone.com**.

Coventry does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Health information programs provide general health information and are not a substitute for diagnosis or treatment by physician or other health care professional.

www.coventryone.com