



# Virginia A guide for individuals and families

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

Visit [www.coventryone.com](http://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 health insurance products are underwritten by Coventry Health Care of Virginia, 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, Coventry Health Care of Virginia 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

# 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:

- 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](http://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 Coventry Health Care of Virginia, 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\*

### Free access to a 24-hour Nurse Line

Call our Nurse Line toll-free at **1-855-410-7173**, 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.

## Support for your well-being

We're committed to supporting our members' health and wellness. That's where Coventry WellBeing<sup>SM</sup> 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)
<b>Bronze</b>	\$	\$\$\$
<b>Silver</b>	\$\$	\$\$
<b>Gold</b>	\$\$\$	\$

**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."

## 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](http://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](http://www.healthcare.gov).

## Purchasing your plan—you can:

- Apply online at [www.coventryone.com](http://www.coventryone.com) or call us at **1-877-907-4044**
- Apply online at [www.healthcare.gov](http://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](http://www.coventryone.com) and select "Find a Doctor."
- **Pharmacies,** go to [www.coventryone.com](http://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.mhnet.com](http://www.mhnet.com) and select "Find a Provider," then select "Commercial."
- **Pediatric vision care providers,** go to [www.eyemed.com](http://www.eyemed.com) and select "Find a Provider." Then choose the network "Insight."
- **Pediatric dental providers,** go to [www.cvtydental.com](http://www.cvtydental.com) and select "Search for a Provider" and "Pediatric Dental."

**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](http://www.coventryone.com).**

# Coventry Health Care of Virginia 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.

## Low-cost network/high-performance network

If you enroll in a High-performance network (HPN) plan, you’ll have access to an exclusive network made up of local hospitals and doctors that are part of a health system. These plans offer coordinated care, an improved patient experience, and lower monthly cost. You will receive the highest level of benefits if you receive care from providers in the HPN. Check your plan documents to understand your costs if you use out-of-network providers.

### High-performance networks:

- Southside HPN
- Bon Secours HPN

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

Note: Providers vary by network.

# 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](http://www.healthcare.gov).

## Apply for a Coventry Health Care of Virginia 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](http://www.coventryone.com). You can shop on the Health Insurance Marketplace at [www.healthcare.gov](http://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](http://www.healthcare.gov).



**3. Apply online.** You can submit your application online at [www.coventryone.com](http://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](http://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.



# Coventry Health Care of Virginia 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
 Carolinas HealthCare System Coventry Health Care of Virginia POS	Albemarle, Augusta, Charlottesville City, Fluvanna, Greene, Nelson, Staunton City, Waynesboro City	Full	Yes	Required	Not Required
 BON SECOURS POS VA Bon Secours	Amelia, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhatan, Richmond City	HPN	Yes	Required	Required
 BON SECOURS POS VA Bon Secours Tiered	Amelia, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhatan, Richmond City	HPN	Yes	Required	Required
 COVENTRY Health Care An Aetna Company POS VA Southside	Danville City, Henry, Martinsville City, Pittsylvania	HPN	Yes	Required	Required
 COVENTRY Health Care An Aetna Company POS VA Southside Tiered	Danville City, Henry, Martinsville City, Pittsylvania	HPN	Yes	Required	Required

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 Catastrophic\* Coventry Health Care of Virginia plan option

VA Coventry Catastrophic  
100%

VA Coventry Catastrophic  
100% Bon Secours

VA Coventry Catastrophic  
100% Southside

Member benefits	In network you pay
<b>Deductible (ded) individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$6,850/\$13,700
<b>Member coinsurance</b>	0%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,850/\$13,700
<b>Primary care visit</b>	Visits 1–3: \$20 copay; ded waived Visits 4+: Covered in full after ded
<b>Specialist visit</b>	Covered in full after ded
<b>Hospital stay</b>	Covered in full after ded
<b>Outpatient surgery</b> (ambulatory surgical center/hospital)	Covered in full after ded
<b>Emergency room</b> (copay waived if admitted)	Covered in full after ded
<b>Urgent care</b>	Covered in full after ded
<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)	Covered in full; ded waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; ded waived
<b>Diagnostic lab</b>	Covered in full after ded
<b>Diagnostic X-ray</b>	Covered in full after ded
<b>Imaging</b> (CT/PET scans, MRIs)	Covered in full after ded
<b>Vision</b>	
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full after ded
<b>Pediatric glasses/contacts</b> (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
<b>Pediatric dental</b>	
<b>Dental checkup/preventive dental care</b> (2 visits per year)	Not covered
<b>Basic dental care</b>	Not covered
<b>Major dental care</b>	Not covered
<b>Orthodontia</b> (medically necessary only)	Not covered
<b>Pharmacy</b>	
<b>Pharmacy deductible</b>	Integrated with medical ded
<b>Preferred generic drugs</b>	Generic: Covered in full after ded
<b>Preferred brand drugs</b>	Covered in full after ded
<b>Nonpreferred drugs</b>	Generic & Brand: Covered in full after ded
<b>Specialty drugs**</b>	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 not available for HMO plans, except in an emergency.

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.sbcva.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.

<sup>1</sup>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.

\*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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# On Exchange Bronze Coventry Health Care of Virginia plan options

VA Coventry Bronze  
Deductible Only HSA Eligible

VA Coventry Bronze  
Deductible Only HSA Eligible  
Bon Secours

VA Coventry Bronze  
Deductible Only HSA  
Eligible Southside

VA Coventry Bronze  
\$30 Copay

Member benefits	In network you pay	In network you pay
<b>Deductible (ded) individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$6,450/\$12,900	\$6,800/\$13,600
<b>Member coinsurance</b>	0%	0%
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,450/\$12,900	\$6,850/\$13,700
<b>Primary care visit</b>	Covered in full after ded	\$30 copay; ded waived
<b>Specialist visit</b>	Covered in full after ded	\$30 copay after ded
<b>Hospital stay</b>	Covered in full after ded	Covered in full after ded
<b>Outpatient surgery</b> (ambulatory surgical center/hospital)	Covered in full after ded	Covered in full after ded
<b>Emergency room</b> (copay waived if admitted)	Covered in full after ded	Covered in full after ded
<b>Urgent care</b>	Covered in full after ded	\$100 copay; ded waived
<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)	Covered in full; ded waived	Covered in full; ded waived
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; ded waived	Covered in full; ded waived
<b>Diagnostic lab</b>	Covered in full after ded	Covered in full after ded
<b>Diagnostic X-ray</b>	Covered in full after ded	Covered in full after ded
<b>Imaging</b> (CT/PET scans, MRIs)	Covered in full after ded	Covered in full after ded
<b>Vision</b>		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; ded waived	Covered in full; ded waived
<b>Pediatric glasses/contacts</b> (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	Covered in full; ded waived
<b>Pediatric dental</b>		
<b>Dental checkup/preventive dental care</b> (2 visits per year)	Not covered	Not covered
<b>Basic dental care</b>	Not covered	Not covered
<b>Major dental care</b>	Not covered	Not covered
<b>Orthodontia</b> (medically necessary only)	Not covered	Not covered
<b>Pharmacy</b>		
<b>Pharmacy deductible</b>	Integrated with medical ded	Integrated with medical ded
<b>Preferred generic drugs</b>	Generic: Covered in full after ded	Generic: Covered in full after ded
<b>Preferred brand drugs</b>	Covered in full after ded	Covered in full after ded
<b>Nonpreferred drugs</b>	Generic & Brand: Covered in full after ded	Generic & Brand: Covered in full after ded
<b>Specialty drugs*</b>	P: Covered in full after ded NP: Covered in full after ded	P: Covered in full after ded NP: Covered in full after ded

<sup>1</sup>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.

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

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**VA Coventry Bronze \$35 Copay Bon Secours**

**VA Coventry Bronze \$35 Copay Southside**

<b>In network you pay</b>	<b>In non-designated you pay</b>
\$6,000/\$12,000	\$6,750/\$13,500
0%	0%
\$6,850/\$13,700	\$6,850/\$13,700
\$35 copay; ded waived	\$50 copay after ded
\$75 copay after ded	\$100 copay after ded
\$250 copay per admission after ded	\$500 copay per admission after ded
\$250 copay after ded	\$500 copay after ded
\$250 copay after ded	Paid at the designated level
\$60 copay after ded	\$150 copay 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	\$25 copay after ded
\$250 copay after ded	\$500 copay after ded
Covered in full; ded waived	Paid at the designated level
Covered in full; ded waived	Paid at the designated level
Not covered	Not covered
<b>In network preferred</b>	<b>In network</b>
Integrated with medical ded	Integrated with medical ded
Generic: \$20 copay after ded	Generic: \$25 copay after ded
\$50 copay after ded	\$60 copay after ded
Generic & Brand: \$75 copay after ded	Generic & Brand: \$85 copay after ded
P: 40% after ded	P: 40% after ded
NP: 50% after ded	NP: 50% after ded

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# On Exchange Silver Coventry Health Care of Virginia plan options

## VA Coventry Silver \$10 Copay

Member benefits		In network you pay	
<b>Ded (ded) individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)		\$3,500/\$7,000	
<b>Member coinsurance</b>		30%	
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)		\$6,500/\$13,000	
<b>Primary care visit</b>		\$10 copay; ded waived	
<b>Specialist visit</b>		\$75 copay; ded waived	
<b>Hospital stay</b>		30% after ded	
<b>Outpatient surgery</b> (ambulatory surgical center/hospital)		30% after ded	
<b>Emergency room</b> (copay waived if admitted)		\$500 copay after ded	
<b>Urgent care</b>		\$75 copay; ded waived	
<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)		Covered in full; ded waived	
<b>Annual routine gyn exam</b> (annual pap/mammogram)		Covered in full; ded waived	
<b>Diagnostic lab</b>		30% after ded	
<b>Diagnostic X-ray</b>		30% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)		30% after ded	
<b>Vision</b>			
<b>Pediatric eye exam</b> (1 visit per year)		Covered in full; ded waived	
<b>Pediatric glasses/contacts</b> (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	
<b>Pediatric dental</b>			
<b>Dental checkup/preventive dental care</b> (2 visits per year)		Not covered	
<b>Basic dental care</b>		Not covered	
<b>Major dental care</b>		Not covered	
<b>Orthodontia</b> (medically necessary only)		Not covered	
<b>Pharmacy</b>		<b>In network preferred</b>	<b>In network</b>
<b>Pharmacy deductible</b>		\$500 individual/\$1,000 family	\$500 individual/\$1,000 family
<b>Preferred generic drugs</b>		Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived
<b>Preferred brand drugs</b>		\$40 copay after ded	\$50 copay after ded
<b>Nonpreferred drugs</b>		Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded
<b>Specialty drugs*</b>		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

<sup>1</sup>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.

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

Health benefits and health insurance products are underwritten by Coventry Health Care of Virginia, Inc.

**VA Coventry Silver \$10 Copay Bon Secours**  
**VA Coventry Silver \$10 Copay Southside**

In network you pay	In non-designated you pay
\$3,600/\$7,200	\$5,750/\$11,500
20%	40%
\$5,500/\$11,000	\$6,500/\$13,000
\$10 copay; ded waived	\$50 copay after ded
\$60 copay; ded waived	\$75 copay after ded
20% after ded	40% after ded
20% after ded	40% after ded
\$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
20% after ded	40% after ded
Covered in full; ded waived	Paid at the designated level
Covered in full; ded waived	Paid at the designated level
Not covered	Not covered
In network preferred	In network
\$500 individual/\$1,000 family	\$500 individual/\$1,000 family
Low Cost Generic: \$3 copay; ded waived	Low Cost Generic: \$15 copay; ded waived
Generic: \$10 copay; ded waived	Generic: \$15 copay; ded waived
\$35 copay after ded	\$45 copay after ded
Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded
P: 40% after ded	P: 40% after ded
NP: 50% after ded	NP: 50% after ded

**This plan comparison guide shows in-network benefits only.**

Out-of-network benefits are not available for HMO plans, except in an emergency.

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.sbcva.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 Silver Coventry Health Care of Virginia options (continued)

## VA Coventry Silver \$10 Copay 2750

Member benefits	In network you pay	
<b>Deductible (ded) individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)	\$2,750/\$5,500	
<b>Member coinsurance</b>	40%	
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)	\$6,850/\$13,700	
<b>Primary care visit</b>	\$10 copay; ded waived	
<b>Specialist visit</b>	\$75 copay; ded waived	
<b>Hospital stay</b>	40% after ded	
<b>Outpatient surgery</b> (ambulatory surgical center/hospital)	40% after ded	
<b>Emergency room</b> (copay waived if admitted)	\$500 copay after ded	
<b>Urgent care</b>	\$75 copay; ded waived	
<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)	Covered in full; ded waived	
<b>Annual routine gyn exam</b> (annual pap/mammogram)	Covered in full; ded waived	
<b>Diagnostic lab</b>	40% after ded	
<b>Diagnostic X-ray</b>	40% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)	40% after ded	
<b>Vision</b>		
<b>Pediatric eye exam</b> (1 visit per year)	Covered in full; ded waived	
<b>Pediatric glasses/contacts</b> (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	
<b>Pediatric dental</b>		
<b>Dental checkup/preventive dental care</b> (2 visits per year)	Not covered	
<b>Basic dental care</b>	Not covered	
<b>Major dental care</b>	Not covered	
<b>Orthodontia</b> (medically necessary only)	Not covered	
<b>Pharmacy</b>		
	<b>In network preferred</b>	<b>In network</b>
<b>Pharmacy deductible</b>	Integrated with medical ded	Integrated with medical ded
<b>Preferred generic drugs</b>	Low Cost Generic: \$5 copay; ded waived Generic: \$15 copay; ded waived	Low Cost Generic: \$20 copay; ded waived Generic: \$20 copay; ded waived
<b>Preferred brand drugs</b>	\$50 copay after ded	\$60 copay after ded
<b>Nonpreferred drugs</b>	Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded
<b>Specialty drugs*</b>	P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

<sup>1</sup>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.

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

Health benefits and health insurance products are underwritten by Coventry Health Care of Virginia, Inc.

**VA Coventry Silver \$10 Copay 2750 Bon Secours**  
**VA Coventry Silver \$10 Copay 2750 Southside**

In network you pay	In non-designated you pay
\$2,750/\$5,500	\$6,250/\$12,500
30%	40%
\$6,600/\$13,200	\$6,850/\$13,700
\$10 copay; ded waived	\$50 copay after ded
\$65 copay; ded waived	\$75 copay after ded
30% after ded	40% after ded
30% after ded	40% after ded
\$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
30% after ded	40% after ded
30% after ded	40% after ded
30% after ded	40% after ded
Covered in full; ded waived	Paid at the designated level
Covered in full; ded waived	Paid at the designated level
Not covered	Not covered
In network preferred	In network
Integrated with medical ded	Integrated with medical ded
Low Cost Generic: \$5 copay; ded waived	Low Cost Generic: \$20 copay; ded waived
Generic: \$15 copay; ded waived	Generic: \$20 copay; ded waived
\$40 copay after ded	\$50 copay after ded
Generic & Brand: \$80 copay after ded	Generic & Brand: \$90 copay after ded
P: 40% after ded	P: 40% after ded
NP: 50% after ded	NP: 50% after ded

**This plan comparison guide shows in-network benefits only.**

Out-of-network benefits are not available for HMO plans, except in an emergency.

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.sbcva.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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# On Exchange Gold Coventry Health Care of Virginia plan options

## VA Coventry Gold \$10 Copay

Member benefits		In network you pay	
<b>Ded (ded) individual/family<sup>1</sup></b> (applies to out-of-pocket maximum)		\$1,400/\$2,800	
<b>Member coinsurance</b>		20%	
<b>Out-of-pocket maximum individual/family<sup>1</sup></b> (maximum you will pay for all covered services)		\$5,100/\$10,200	
<b>Primary care visit</b>		\$10 copay; ded waived	
<b>Specialist visit</b>		\$40 copay; ded waived	
<b>Hospital stay</b>		20% after ded	
<b>Outpatient surgery</b> (ambulatory surgical center/hospital)		20% after ded	
<b>Emergency room</b> (copay waived if admitted)		\$250 copay after ded	
<b>Urgent care</b>		\$75 copay; ded waived	
<b>Preventive care/screening/immunization</b> (age and frequency visit limits apply)		Covered in full; ded waived	
<b>Annual routine gyn exam</b> (annual pap/mammogram)		Covered in full; ded waived	
<b>Diagnostic lab</b>		20% after ded	
<b>Diagnostic X-ray</b>		20% after ded	
<b>Imaging</b> (CT/PET scans, MRIs)		20% after ded	
<b>Vision</b>			
<b>Pediatric eye exam</b> (1 visit per year)		Covered in full; ded waived	
<b>Pediatric glasses/contacts</b> (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	
<b>Pediatric dental</b>			
<b>Dental checkup/preventive dental care</b> (2 visits per year)		Not covered	
<b>Basic dental care</b>		Not covered	
<b>Major dental care</b>		Not covered	
<b>Orthodontia</b> (medically necessary only)		Not covered	
<b>Pharmacy</b>		<b>In network preferred</b>	<b>In network</b>
<b>Pharmacy deductible</b>		\$250 individual/\$500 family	\$250 individual/\$500 family
<b>Preferred generic drugs</b>		Low Cost Generic: \$3 copay; ded waived Generic: \$10 copay; ded waived	Low Cost Generic: \$15 copay; ded waived Generic: \$15 copay; ded waived
<b>Preferred brand drugs</b>		\$35 copay after ded	\$45 copay after ded
<b>Nonpreferred drugs</b>		Generic & Brand: \$65 copay after ded	Generic & Brand: \$80 copay after ded
<b>Specialty drugs*</b>		P: 40% after ded NP: 50% after ded	P: 40% after ded NP: 50% after ded

<sup>1</sup>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.

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

Health benefits and health insurance products are underwritten by Coventry Health Care of Virginia, Inc.

**VA Coventry Gold \$5 Copay Bon Secours**  
**VA Coventry Gold \$5 Copay Southside**

<b>In network you pay</b>	<b>In non-designated you pay</b>
\$1,250/\$2,500	\$3,500/\$7,000
20%	40%
\$4,500/\$9,000	\$6,000/\$12,000
\$5 copay; ded waived	\$30 copay; ded waived
\$40 copay; ded waived	\$75 copay after ded
20% after ded	40% after ded
20% after ded	40% after ded
\$250 copay after ded	Paid at the designated level
\$75 copay; ded waived	\$150 copay; ded waived
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
20% after ded	40% after ded
Covered in full; ded waived	Paid at the designated level
Covered in full; ded waived	Paid at the designated level
Not covered	Not covered
<b>In network preferred</b>	<b>In network</b>
None	None
Low Cost Generic: \$3 copay Generic: \$10 copay	Low Cost Generic: \$15 copay Generic: \$15 copay
\$30 copay	\$40 copay
Generic & Brand: \$65 copay	Generic & Brand: \$80 copay
P: 40% NP: 50%	P: 40% NP: 50%

**This plan comparison guide shows in-network benefits only.**

Out-of-network benefits are not available for HMO plans, except in an emergency.

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.sbcva.coventryone.com>.

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## Eligibility and requirements

To qualify for a Coventry Health Care of Virginia 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, with some state exceptions.

## 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](http://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

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Simple and affordable.  
**We've got you covered.**

**Enroll today**

**[www.coventryone.com](http://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 Coventry Health Care of Virginia, Inc. plans, refer to **[www.coventryone.com](http://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](http://www.coventryone.com)**