
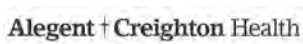






Nebraska CoventryOne Health Plan Network Options

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

Provider network		Counties	Network type	Out-of-network coverage
 ACCOUNTABLE CARE ALLIANCE <small>A partnership between Methodist Health System, The Nebraska Medical Center, and their affiliated physicians</small>	Accountable Care Alliance HMO (dba Nebraska Health Network)	Douglas and Sarpy	Carelink High-performance	Emergency only
 Alegent + Creighton Health	CHI Health Alegent Creighton HMO	Douglas and Sarpy	Carelink High-performance	Emergency only
 METHODIST HEALTH PARTNERS	Methodist Health Partners HMO	Douglas and Sarpy	Carelink High-performance	Emergency only
 MIPPA <small>MIDWEST INDEPENDENT PHYSICIANS PRACTICE ASSOCIATION</small>	MIPPA POS (Midwest Independent Physicians Practice Association)	Douglas and Sarpy	Carelink High-performance	Yes
 CATHOLIC HEALTH INITIATIVES Saint Elizabeth Regional Medical Center	CHI Health Saint Elizabeth Regional Medical Center & CHI Health NE Heart Hospital HMO	Lancaster	Carelink High-performance	Emergency only
 COVENTRY <small>Health Care of Nebraska, Inc.</small>	CoventryOne POS	All EXCEPT Douglas, Knox, Lancaster, Sarpy and Thurston	Full	Yes

HMO and POS plans in Iowa are underwritten by Coventry Health Care of Iowa, Inc. HMO and POS plans in Nebraska are underwritten by Coventry Health Care of Nebraska, Inc. PPO plans in Nebraska are underwritten by Coventry Health and Life Insurance Company and administered by Coventry Health Care of Nebraska, Inc.

Iowa CoventryOne Health Plan Network Options

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

Provider network		Counties	Network type	Out-of-network coverage
	Patient Preferred POS	Ida, Monona, Plymouth, Sioux and Woodbury	Carelink High-performance	Yes
	Mercy Medical Center - Des Moines a member of Mercy Health Network POS	Dallas, Polk and Warren	Carelink High-performance	Yes
	UnityPoint Health-Des Moines POS	Boone, Dallas, Jasper, Madison, Marion, Polk and Warren	Carelink High-performance	Yes
	UnityPoint Health-Cedar Rapids POS	Benton, Buchanan and Linn	Carelink High-performance	Yes
	UnityPoint Health-Quad Cities / Muscatine POS	Clinton, Muscatine and Scott	Carelink High-performance	Yes
	UnityPoint Health-Waterloo POS	Black Hawk and Bremer	Carelink High-performance	Yes
	Accountable Care Alliance HMO (dba Nebraska Health Network)	Pottawattamie	Carelink High-performance	Emergency only
	CHI Health Alegent Creighton HMO	Pottawattamie	Carelink High-performance	Emergency only
	Methodist Health Partners HMO	Pottawattamie	Carelink High-performance	Emergency only
	MIPPA POS (Midwest Independent Physicians Practice Association)	Pottawattamie	Carelink High-performance	Yes
	CoventryOne POS	All	Full	Yes

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Bronze CoventryOne Health Plan options in Nebraska & Iowa

Plan	Coventry Bronze Deductible Only HSA Eligible
Member benefits	In network
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$6,300/\$12,600
Member coinsurance	0%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,300/\$12,600
Primary care visit	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 (age and frequency limits apply)	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; ded waived
Pediatric dental Off Exchange Only	
Dental checkup/preventive dental care (2 visits per year)	Covered in full after ded
Basic dental care	Covered in full after ded
Pharmacy*	
Pharmacy deductible	Integrated with medical ded
Preferred generic drugs	Covered in full after ded
Preferred brand drugs	Covered in full after ded
Nonpreferred drugs**	Covered in full after ded
Specialty drugs***	Covered in full after ded

*P=Preferred In network pharmacy; NP=Nonpreferred In network pharmacy.

**Includes nonpreferred generic and brand drugs.

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

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.

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Bronze CoventryOne Health Plan options in Nebraska & Iowa

(Continued)

Coventry Bronze \$20 Copay

In network
\$5,750/\$11,500
0%
\$6,600/\$13,200
\$20 copay; ded waived
\$50 copay after ded
\$250 copay per admission after ded
\$250 copay after ded
\$250 copay after ded
\$60 copay after ded
Covered in full; ded waived
Covered in full after ded
\$100 copay after ded
\$250 copay after ded
Covered in full; ded waived
Covered in full; ded waived
50% after ded
Integrated with medical ded
P: \$15 copay; ded waived; NP: \$20 copay; ded waived
P: \$45 copay after ded; NP: \$55 copay after ded
P: \$75 copay after ded; NP: \$85 copay after ded
P: 40% after ded; NP: 50% after ded

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Silver CoventryOne Health Plan options in Nebraska & Iowa

Plan	Coventry Silver \$10 Copay
Member benefits	In network
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$3,750/\$7,500
Member coinsurance	30%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$6,600/\$13,200
Primary care visit	\$10 copay; ded waived
Specialist visit	Visit 1 – 2: \$75 copay; ded waived Visits 3+: \$75 copay after ded
Hospital stay	\$500 copay per admission before ded; then 30%
Outpatient surgery (ambulatory surgical center/hospital)	\$250 copay after ded; then 30%
Emergency room (copay waived if admitted)	Visit 1: \$500 copay; ded waived Visits 2+: \$500 copay after ded
Urgent care	\$75 copay; ded waived
Preventive care (age and frequency limits apply)	Covered in full; ded waived
Diagnostic lab	30% after ded
Diagnostic X-ray	30% after ded
Imaging (CT/PET scans, MRIs)	\$250 copay after ded; then 30%
Vision	
Pediatric eye exam (1 visit per year)	Covered in full; ded waived
Pediatric dental Off Exchange Only	
Dental checkup/preventive dental care (2 visits per year)	Covered in full; ded waived
Basic dental care	50% after ded
Pharmacy*	
Pharmacy deductible	Individual: \$500
Preferred generic drugs**	P: T1A-\$5 copay; ded waived/T1-\$15 copay; ded waived; NP: T1A-\$20 copay; ded waived/T1-\$20 copay; ded waived
Preferred brand drugs	P: \$45 copay after ded; NP: \$55 copay after ded
Nonpreferred drugs***	P: \$75 copay after ded; NP: \$85 copay after ded
Specialty drugs[†]	P: 40% after ded; NP: 50% after ded

*P=Preferred In network pharmacy; NP=Nonpreferred In network pharmacy.

**T1A=Lower Cost Preferred generic drugs; T1=Preferred generic drugs.

***Includes nonpreferred generic and brand drugs.

[†]P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

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Silver CoventryOne Health Plan options in Nebraska & Iowa

(Continued)

Coventry Silver \$5 Copay 2750

In network
\$2,750/\$5,500
40%
\$6,600/\$13,200
\$5 copay; ded waived
Visit 1 – 2: \$75 copay; ded waived
Visits 3+: \$75 copay after ded
40% after ded
40% after ded
Visit 1: \$500 copay; ded waived
Visits 2+: \$500 copay after ded
\$75 copay; ded waived
Covered in full; ded waived
40% after ded
40% after ded
40% after ded
Covered in full; ded waived
Covered in full; ded waived
50% after ded
Integrated with medical ded
P: T1A-\$5 copay; ded waived/T1-\$15 copay; ded waived; NP: T1A-\$20 copay; ded waived/T1-\$20 copay; ded waived
P: \$45 copay after ded; NP: \$55 copay after ded
P: \$75 copay after ded; NP: \$85 copay after ded
P: 40% after ded; NP: 50% after ded

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Gold CoventryOne Health Plan option in Nebraska & Iowa

Plan	Coventry Gold \$5 Copay
Member benefits	In network
Deductible (ded) individual/family¹ (applies to out-of-pocket maximum)	\$1,400/\$2,800
Member coinsurance	20%
Out-of-pocket maximum individual/family¹ (maximum you will pay for all covered services)	\$5,650/\$11,300
Primary care visit	\$5 copay; ded waived
Specialist visit	Visit 1–5: \$50 copay; ded waived Visits 6+: \$50 copay after ded
Hospital stay	20% after ded
Outpatient surgery (ambulatory surgical center/hospital)	20% after ded
Emergency room (copay waived if admitted)	Visit 1–3: \$250 copay; ded waived Visits 4+: \$250 copay after ded
Urgent care	\$75 copay; ded waived
Preventive care (age and frequency limits apply)	Covered in full; ded waived
Diagnostic lab	20% after ded
Diagnostic X-ray	20% after ded
Imaging (CT/PET scans, MRIs)	20% after ded
Vision	
Pediatric eye exam (1 visit per year)	Covered in full; ded waived
Pediatric dental Off Exchange Only	
Dental checkup/preventive dental care (2 visits per year)	Covered in full; ded waived
Basic dental care	50% after ded
Pharmacy*	
Pharmacy deductible	Individual: \$250
Preferred generic drugs**	P: T1A-\$3 copay; ded waived/T1-\$10 copay; ded waived; NP: T1A-\$15 copay; ded waived/T1-\$15 copay; ded waived
Preferred brand drugs	P: \$35 copay after ded; NP: \$45 copay after ded
Nonpreferred drugs***	P: \$65 copay after ded; NP: \$80 copay after ded
Specialty drugs[†]	P: 30% after ded; NP: 50% after ded

*P=Preferred In network pharmacy; NP=Nonpreferred In network pharmacy.

**T1A=Lower Cost Preferred generic drugs; T1=Preferred generic drugs.

***Includes nonpreferred generic and brand drugs.

[†]P=Preferred specialty drugs; NP=Nonpreferred specialty drugs.

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.

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