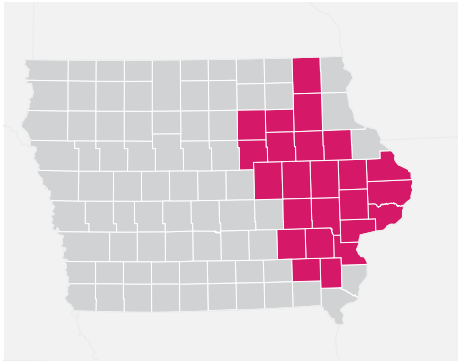


## Cedar Rapids & Davenport



### Number of Medicare eligibles

Cedar Rapids & Davenport: 202,307

### Service area

**Iowa:** Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Clinton, Delaware, Fayette, Grundy, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Muscatine, Scott, Tama, Washington, Winneshiek

### Market highlights

- All plans offer preferred Rx cost shares. \$0 Tier 1 90 day mail order.
- SilverSneakers® on all plans.
- Over the counter benefit on all plans.
- Eyewear and dental allowances on select plans.
- Welcome & onboarding of members.
- Resources for Living<sup>SM</sup> (all plans).
- Maintained stability with limited benefit changes year over year.

### Why sell our plans

Aetna offers customers a range of Medicare plans to fit their lifestyles, health needs and budgets. Our plans include medical, hospital and prescription drug coverage plus access to a wide network of doctors. Our \$0 premium PPO plan now features a \$0 copay on Tier 1 prescription drugs plus extra benefits like vision, dental, and SilverSneakers® fitness benefit.

### Strong network

No referrals needed (PPO and Open-Access HMO plans). Seamless multistate PPO and HMO networks that include most major medical systems.

## Cedar Rapids & Davenport

**Iowa:** Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Clinton, Delaware, Fayette, Grundy, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Muscatine, Scott, Tama, Washington, Winneshiek

Coventry Advantra Platinum (PPO) (H1608-001)	
★★★★★	
Monthly premium	\$0
PCP in network	\$10
Specialist in network	\$40
Inpatient hospital in network	\$400 per day, days 1-4; \$0 per day, days 5-90
Out-of-pocket maximum in network	\$4,500
Out-of-pocket maximum combined	\$7,500
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies)	
<b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

## Cedar Rapids & Davenport

**Iowa:** Benton, Black Hawk, Bremer, Buchanan, Butler, Cedar, Delaware, Fayette, Grundy, Henry, Iowa, Jackson, Jefferson, Johnson, Jones, Keokuk, Linn, Louisa, Muscatine, Scott, Tama, Washington, Winneshiek

Coventry Advantra Silver (HMO) (H1609-001)	
★★★★★	
Monthly premium	\$0
PCP in network	\$5
Specialist in network	\$35
Inpatient hospital in network	\$350 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$4,100
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies)	
<b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

## Cedar Rapids & Davenport

Iowa: **Black Hawk, Clinton, Linn, Scott**

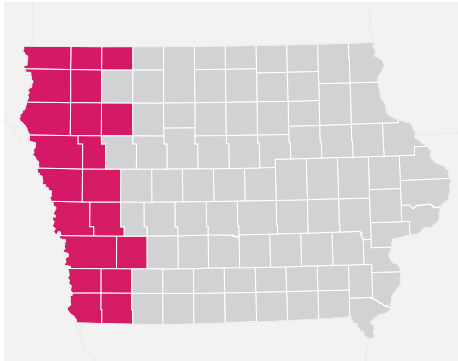
### Coventry Advantra Elite (PPO) (H1608-037)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$15
Inpatient hospital in network	\$285 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$3,100
Out-of-pocket maximum combined	\$5,100
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

## Council Bluffs & Sioux City



### Number of Medicare eligibles

Council Bluffs & Sioux City: 93,571

### Service area

**Iowa:** Buena Vista, Cass, Cherokee, Crawford, Dickinson, Fremont, Harrison, Ida, Lyon, Mills, Monona, Montgomery, O'Brien, Osceola, Page, Plymouth, Pottawattamie, Shelby, Sioux, Woodbury

### Market highlights

- All plans offer preferred Rx cost shares. \$0 Tier 1 90 day mail order.
- SilverSneakers® on all plans.
- Over the counter benefit on all plans.
- Eyewear and dental allowances on select plans.
- Welcome & onboarding of members.
- Resources for Living<sup>SM</sup> (all plans).
- Maintained stability with limited benefit changes year over year.

### Why sell our plans

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### Strong network

No referrals needed (PPO and Open-Access HMO plans). Seamless multistate PPO and HMO networks that include most major medical systems.

## Council Bluffs & Sioux City

**Iowa:** Buena Vista, Cass, Cherokee, Crawford, Dickinson, Fremont, Harrison, Ida, Lyon, Mills, Monona, Montgomery, O'Brien, Osceola, Page, Plymouth, Pottawattamie, Shelby, Sioux, Woodbury

Coventry Advantra Platinum (PPO) (H1608-001)	
★★★★★	
Monthly premium	\$0
PCP in network	\$10
Specialist in network	\$40
Inpatient hospital in network	\$400 per day, days 1-4; \$0 per day, days 5-90
Out-of-pocket maximum in network	\$4,500
Out-of-pocket maximum combined	\$7,500
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies)	
<b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%
This plan includes Tier 1 and Tier 2 prescription gap coverage.	

## Council Bluffs & Sioux City

**Iowa:** Buena Vista, Cass, Cherokee, Crawford, Fremont, Harrison, Ida, Mills, Monona, Montgomery, Page, Plymouth, Pottawattamie, Shelby, Woodbury

Coventry Advantra Silver (HMO) (H1609-001)	
★★★★★	
Monthly premium	\$0
PCP in network	\$5
Specialist in network	\$35
Inpatient hospital in network	\$350 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$4,100
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies)	
<b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%
This plan includes Tier 1 and Tier 2 prescription gap coverage.	

## Council Bluffs & Sioux City

**Iowa: Ida, Monona, Plymouth, Woodbury**

### Coventry Total Care (PPO) (H1608-008)



Monthly premium	\$0
PCP in network	\$5
Specialist in network	\$30
Inpatient hospital in network	\$375 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$3,400
Out-of-pocket maximum combined	\$5,100
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

## Council Bluffs & Sioux City

**Iowa: Pottawattamie, Woodbury**

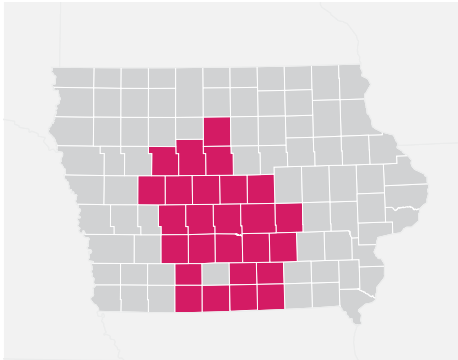
### Coventry Advantra Elite (PPO) (H1608-037)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$15
Inpatient hospital in network	\$285 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$3,100
Out-of-pocket maximum combined	\$5,100
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

## IA Des Moines



### Number of Medicare eligibles

IA Des Moines: 185,076

### Service area

**Iowa:** Adair, Appanoose, Boone, Calhoun, Carroll, Dallas, Decatur, Greene, Guthrie, Hamilton, Jasper, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Polk, Poweshiek, Ringgold, Story, Union, Warren, Wayne, Webster, Wright

### Market highlights

- All plans offer preferred Rx cost shares. \$0 Tier 1 90 day mail order.
- SilverSneakers® on all plans.
- Over the counter benefit on all plans.
- Eyewear and dental allowances on select plans.
- Welcome & onboarding of members.
- Resources for Living<sup>SM</sup> (all plans).
- Maintained stability with limited benefit changes year over year.

### Why sell our plans

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### Strong network

No referrals needed (PPO and Open-Access HMO plans). Seamless multistate PPO and HMO networks that include most major medical systems.

## IA Des Moines

**Iowa:** Adair, Appanoose, Boone, Calhoun, Carroll, Dallas, Decatur, Greene, Guthrie, Hamilton, Jasper, Lucas, Madison, Mahaska, Marion, Marshall, Monroe, Polk, Poweshiek, Ringgold, Story, Union, Warren, Wayne, Webster, Wright

	Coventry Advantra Silver (HMO) (H1609-001) ★★★★★	Coventry Advantra Platinum (PPO) (H1608-001) ★★★★★
Monthly premium	\$0	\$0
PCP in network	\$5	\$10
Specialist in network	\$35	\$40
Inpatient hospital in network	\$350 per day, days 1-5; \$0 per day, days 6-90	\$400 per day, days 1-4; \$0 per day, days 5-90
Out-of-pocket maximum in network	\$4,100	\$4,500
Out-of-pocket maximum combined	N/A	\$7,500
Deductible	\$0	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>		
Prescription deductible	\$0	\$0
Tier 1 — Preferred generic	\$0/\$10	\$0/\$10
Tier 2 — Generic	\$5/\$15	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100	\$100/\$100
Tier 5 — Specialty	33%/33%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

# IA Des Moines

Iowa: Dallas, Polk, Warren

### Coventry Total Care (HMO) (H1609-009)



Monthly premium	\$0
PCP in network	\$7
Specialist in network	\$35
Inpatient hospital in network	\$400 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$3,400
Out-of-pocket maximum combined	N/A
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

# IA Des Moines

Iowa: **Marshall, Story**

## Coventry Total Care (PPO) (H1608-007)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$25
Inpatient hospital in network	\$250 per day, days 1-5; \$0 per day, days 6-90
Out-of-pocket maximum in network	\$3,100
Out-of-pocket maximum combined	\$5,100
Deductible	\$0
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.

# IA Des Moines

Iowa: **Polk**

## Coventry Advantra Elite (PPO) (H1608-037)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$15
Inpatient hospital in network	\$285 per day, days 1-7; \$0 per day, days 8-90
Out-of-pocket maximum in network	\$3,100
Out-of-pocket maximum combined	\$5,100
Deductible	\$1,000 deductible only applies to the following in-network services: ambulance, ambulatory surgical centers (ASC), diagnostic & therapeutic radiology, dialysis services, inpatient hospital, inpatient psychiatric services, outpatient surgery, outpatient
Prescription drugs (preferred pharmacies/standard pharmacies) <b>All prescription copays are representative of a one-month supply.</b>	
Prescription deductible	\$0
Tier 1 — Preferred generic	\$0/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.