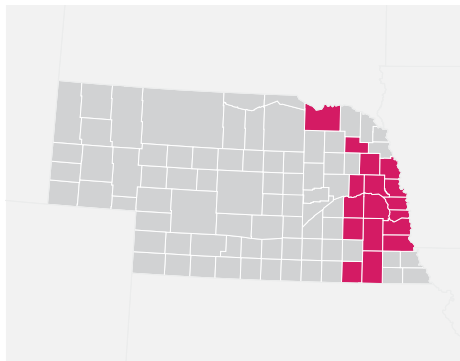


## NE Nebraska



### Number of Medicare eligibles

NE Nebraska: 196,436

### Service area

**Nebraska:** Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Jefferson, Knox, Lancaster, Otoe, Sarpy, Saunders, Seward, Washington, Wayne

### 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 HMO 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.

## NE Nebraska

**Nebraska: Burt, Butler, Cass, Colfax, Cuming, Dodge, Douglas, Gage, Jefferson, Lancaster, Otoe, Sarpy, Saunders, Seward, Washington, Wayne**

Coventry Advantra Silver (HMO) (H7149-001)	
★★★★☆	
Monthly premium	\$0
PCP in network	\$20
Specialist in network	\$40
Inpatient hospital in network	\$445 per day, days 1-4; \$0 per day, days 5-90
Out-of-pocket maximum in network	\$6,700
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	\$2/\$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.

## NE Nebraska

**Nebraska:** Butler, Colfax, Cuming, Douglas, Gage, Jefferson, Knox, Lancaster, Washington, Wayne

### Coventry Advantra Platinum (PPO) (H1608-012)



Monthly premium	\$39
PCP in network	\$15
Specialist in network	\$40
Inpatient hospital in network	\$450 per day, days 1-4; \$0 per day, days 5-90
Out-of-pocket maximum in network	\$4,900
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	\$2/\$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.

## NE Nebraska

**Nebraska: Douglas, Lancaster**

### Coventry Advantra Elite (PPO) (H1608-038)



Monthly premium	\$0
PCP in network	\$0
Specialist in network	\$40
Inpatient hospital in network	\$269 per day, days 1-6; \$0 per day, days 7-90
Out-of-pocket maximum in network	\$6,700
Out-of-pocket maximum combined	\$10,000
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	\$2/\$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.

## NE Nebraska

### Nebraska: Douglas, Sarpy

#### Coventry Total Care (HMO) (H7149-004)



Monthly premium	\$0
PCP in network	\$15
Specialist in network	\$45
Inpatient hospital in network	\$435 per day, days 1-4; \$0 per day, days 5-90
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	\$50
Tier 1 — Preferred generic	\$2/\$10
Tier 2 — Generic	\$5/\$15
Tier 3 — Preferred brand	\$42/\$47
Tier 4 — Nonpreferred drug	\$100/\$100
Tier 5 — Specialty	32%/32%

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