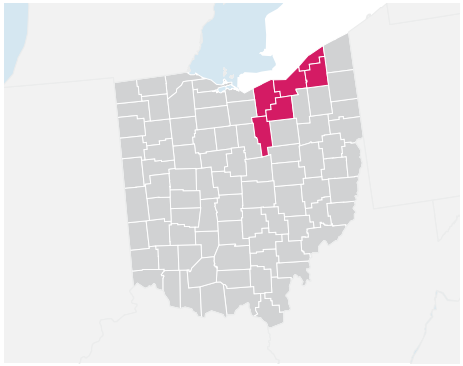
OH Cleveland



Number of Medicare eligibles

OH Cleveland:	425,264

Service area

Ohio: Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina

Market highlights

- Plans offer preferred/nonpreferred national pharmacy network.
- Plans include SilverSneakers®, smoking cessation, nurse line, routine podiatry, routine vision and hearing exams. Plans offer dental/vision and hearing. Optional supplemental benefit selection. All value-added services are available for Medicare Advantage.
- Maintained $0 plan premium and product stability including benefit enhancements to lab and MOOP. Sales, health and wellness seminars. Member welcome & onboarding. Aetna Resources for Living℠ (RFL).

Why sell our plans

Aetna gives customers great value with Medicare plans that have the right medical, hospital and prescription drug coverage to help keep them healthy and active, at the right price. And our wide network allows customers to stay in network, even when they travel.

Strong network

Aetna has a broad network throughout Ohio with contractual relationships in place with hospitals, ancillary facilities and physician organizations. In total, we have a provider network of 39,000+ providers and 200+ hospitals. The Ohio State University Health System will continue to be out of the Medicare HMO Network for the 2018 plan year.

Coventry Health Care has contractual relationships with hospitals, ancillary facilities and physician organizations throughout the service area of Ohio, Pennsylvania and West Virginia. In total, our provider network of more than 6,000 providers.

OH Cleveland

Ohio: Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina

	Aetna Medicare Value Plan (HMO) (H3931-107) ★★★★	**Aetna Medicare Choice Plan (PPO)** (H5521-134) ★★★★
Monthly premium	$0	$95
PCP in network	$15	$10
Specialist in network	$45	$30
Inpatient hospital in network	$350 per day, days 1-5; $0 per day, days 6-90	$220 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,900	$4,100
Out-of-pocket maximum combined	N/A	$7,500
Deductible	$0	$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**		
Prescription deductible*	$75	$0
Tier 1 — Preferred generic	$2/$10	$2/$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	31%/31%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

OH Cleveland

Ohio: Cuyahoga, Geauga, Lake, Medina

	Advantra Silver (PPO) (H1608-029) ★★★★½
Monthly premium	$0
PCP in network	$10
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	$4,500
Out-of-pocket maximum combined	$10,000
Deductible	$700 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
Prescription deductible*	$95
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	31%/31%
This plan includes Tier 1 and Tier 2 prescription gap coverage. * Does not apply to Tiers 1 and 2	

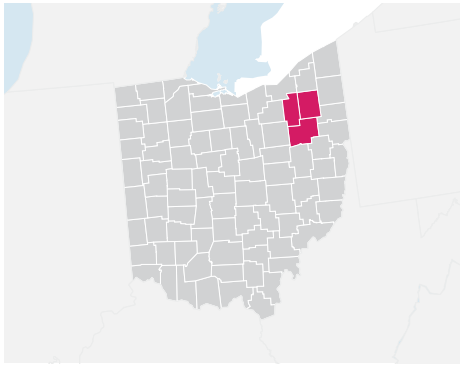
OH Cleveland

Ohio: Ashland, Cuyahoga, Geauga, Lake, Medina

	Aetna Medicare Standard Plan (PPO) (H5521-020) ★★★★
Monthly premium	$125
PCP in network	$5
Specialist in network	$50
Inpatient hospital in network	$285 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,750
Out-of-pocket maximum combined	$10,000
Deductible	$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
Prescription deductible*	$150
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	30%/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

OH Akron-Canton



Number of Medicare eligibles

OH Akron-Canton:	218,813

Service area

Ohio: Portage, Stark, Summit

Market highlights

- Plans offer preferred/nonpreferred national pharmacy network.
- Plans include SilverSneakers®, smoking cessation, nurse line, routine podiatry and routine vision and hearing exams. Plans offer dental/vision and hearing optional supplemental benefit selection. All value-added services are available for Medicare Advantage plans.
- Maintained benefit stability and $0 plan premium with HMO benefit enhancements to lab and MOOP. Sales, health and wellness seminars. Member welcome & onboarding. Aetna Resources for Living℠ (RFL).

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The Ohio State University Health System will continue to be out of the Medicare HMO Network for the 2018 plan year.

OH Akron-Canton

Ohio: Stark

	Aetna Medicare Value Plan (PPO) (H5521-088) ★★★★
Monthly premium	$0
PCP in network	$10
Specialist in network	$45
Inpatient hospital in network	$290 per day, days 1-5; $0 per day, days 6-90
Out-of-pocket maximum in network	$5,200
Out-of-pocket maximum combined	$10,000
Deductible	$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
Prescription deductible*	$95
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	31%/31%
This plan includes Tier 1 and Tier 2 prescription gap coverage. * Does not apply to Tiers 1 and 2	

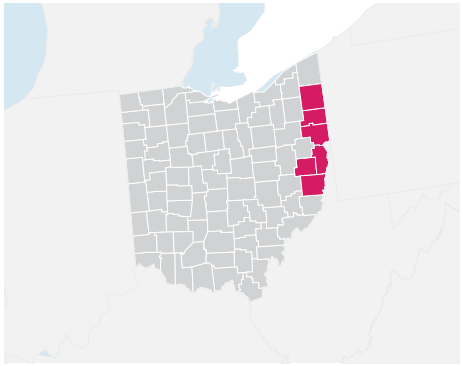
OH Akron-Canton

Ohio: Portage, Stark, Summit

	Aetna Medicare Value Plan (HMO) (H3931-107) ★★★★	**Aetna Medicare Choice Plan (PPO)** (H5521-134) ★★★★	**Aetna Medicare Standard Plan (PPO)** (H5521-020) ★★★★
Monthly premium	$0	$95	$125
PCP in network	$15	$10	$5
Specialist in network	$45	$30	$50
Inpatient hospital in network	$350 per day, days 1-5; $0 per day, days 6-90	$220 per day, days 1-6; $0 per day, days 7-90	$285 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,900	$4,100	$4,750
Out-of-pocket maximum combined	N/A	$7,500	$10,000
Deductible	$0	$1,000 per year for out-of-network services	$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**			
Prescription deductible*	$75	$0	$150
Tier 1 — Preferred generic	$2/$10	$2/$10	$0/$10
Tier 2 — Generic	$5/$15	$5/$15	$5/$15
Tier 3 — Preferred brand	$42/$47	$42/$47	$42/$47
Tier 4 — Nonpreferred drug	$100/$100	$100/$100	$100/$100
Tier 5 — Specialty	31%/31%	33%/33%	30%/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

OH Youngstown



Number of Medicare eligibles

OH Youngstown:	163,779

Service area

Ohio: Belmont, Columbiana, Harrison, Jefferson, Mahoning, Trumbull

Market highlights

- Plans offer preferred/nonpreferred national pharmacy network.
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Coventry Health Care has contractual relationships with hospitals, ancillary facilities and physician organizations throughout the service area of Ohio, Pennsylvania and West Virginia. In total, our provider network has more than 6,000 providers.

OH Youngstown

Ohio: Belmont, Columbiana, Harrison, Jefferson, Mahoning, Trumbull

	Advantra Silver (PPO) (H1608-029) ★★★★½	**Aetna Medicare Choice Plan (PPO)** (H5521-134) ★★★★
Monthly premium	$0	$95
PCP in network	$10	$10
Specialist in network	$35	$30
Inpatient hospital in network	$350 per day, days 1-5; $0 per day, days 6-90	$220 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,500	$4,100
Out-of-pocket maximum combined	$10,000	$7,500
Deductible	$700 per year for out-of-network services	$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**		
Prescription deductible*	$95	$0
Tier 1 — Preferred generic	$2/$10	$2/$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	31%/31%	33%/33%

This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

OH Youngstown

Ohio: Mahoning, Trumbull

	Aetna Medicare Value Plan (HMO) (H3931-107) ★★★★
Monthly premium	$0
PCP in network	$15
Specialist in network	$45
Inpatient hospital in network	$350 per day, days 1-5; $0 per day, days 6-90
Out-of-pocket maximum in network	$4,900
Out-of-pocket maximum combined	N/A
Deductible	$0
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
Prescription deductible*	$75
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	31%/31%
This plan includes Tier 1 and Tier 2 prescription gap coverage. * Does not apply to Tiers 1 and 2	

OH Youngstown

Ohio: Belmont, Columbiana, Harrison, Jefferson, Mahoning, Trumbull

	Aetna Medicare Choice Plan (PPO) (H5521-134) ★★★★
Monthly premium	$95
PCP in network	$10
Specialist in network	$30
Inpatient hospital in network	$220 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,100
Out-of-pocket maximum combined	$7,500
Deductible	$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
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. * Does not apply to Tiers 1 and 2	

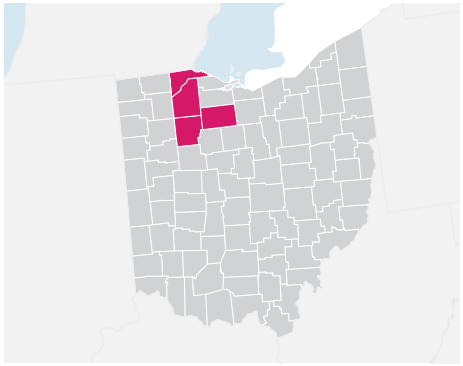
OH Youngstown

Ohio: Columbiana, Mahoning, Trumbull

	Aetna Medicare Standard Plan (PPO) (H5521-020) ★★★★
Monthly premium	$125
PCP in network	$5
Specialist in network	$50
Inpatient hospital in network	$285 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,750
Out-of-pocket maximum combined	$10,000
Deductible	$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
Prescription deductible*	$150
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	30%/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

OH Toledo



Number of Medicare eligibles

OH Toledo:	130,910

Service area

Ohio: Hancock, Lucas, Seneca, Wood

Market highlights

- Plans offer preferred/nonpreferred national pharmacy network.
- Plans include SilverSneakers®, smoking cessation, nurse line, routine podiatry, and routine vision and hearing exams. Plans offer dental/vision and hearing optional supplemental benefit selection. All value-added services are available for Medicare Advantage.

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Strong network

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The Ohio State University Health System will continue to be out of the Medicare HMO Network for the 2018 plan year.

OH Toledo

Ohio: Hancock, Lucas, Seneca, Wood

	Aetna Medicare Value Plan (PPO) (H5521-088) ★★★★	**Aetna Medicare Choice Plan (PPO)** (H5521-134) ★★★★	**Aetna Medicare Standard Plan (PPO)** (H5521-020) ★★★★
Monthly premium	$0	$95	$125
PCP in network	$10	$10	$5
Specialist in network	$45	$30	$50
Inpatient hospital in network	$290 per day, days 1-5; $0 per day, days 6-90	$220 per day, days 1-6; $0 per day, days 7-90	$285 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$5,200	$4,100	$4,750
Out-of-pocket maximum combined	$10,000	$7,500	$10,000
Deductible	$1,500 per year for out-of-network services	$1,000 per year for out-of-network services	$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**			
Prescription deductible*	$95	$0	$150
Tier 1 — Preferred generic	$2/$10	$2/$10	$0/$10
Tier 2 — Generic	$5/$15	$5/$15	$5/$15
Tier 3 — Preferred brand	$42/$47	$42/$47	$42/$47
Tier 4 — Nonpreferred drug	$100/$100	$100/$100	$100/$100
Tier 5 — Specialty	31%/31%	33%/33%	30%/30%

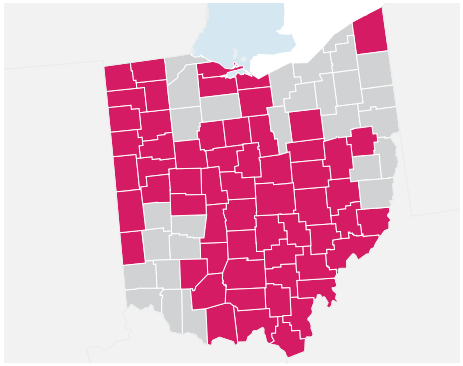
This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

OH Toledo

Ohio: Hancock, Lucas, Seneca, Wood

	Aetna Medicare Select Plan (HMO) (H3931-109) ★★★★
Monthly premium	$29
PCP in network	$15
Specialist in network	$50
Inpatient hospital in network	$400 per day, days 1-4; $0 per day, days 5-90
Out-of-pocket maximum in network	$4,900
Out-of-pocket maximum combined	N/A
Deductible	$0
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
Prescription deductible*	$100
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	31%/31%
This plan includes Tier 1 and Tier 2 prescription gap coverage. * Does not apply to Tiers 1 and 2	

Columbus & OH RegPPO



Number of Medicare eligibles

Columbus & OH RegPPO:	818,391

Service area

Ohio: Adams, Allen, Ashtabula, Athens, Auglaize, Carroll, Champaign, Clinton, Coshocton, Crawford, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Guernsey, Hardin, Henry, Highland, Hocking, Holmes, Huron, Jackson, Knox, Lawrence, Licking, Logan, Madison, Marion, Meigs, Mercer, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Shelby, Tuscarawas, Union, Van Wert, Vinton, Washington, Wayne, Williams, Wyandot

Market highlights

- Plans offer preferred/nonpreferred national pharmacy network.
- Plans include SilverSneakers®, smoking cessation, nurse line and routine vision and hearing exams. PPO plan includes routine podiatry benefit. Plans offer dental/vision and hearing and optional supplemental benefit selection. All value-added services are available for Medicare Advantage plans.
- Maintained $0 premium PPO with benefit enhancements including lab, podiatry and lower MOOP. HMO plan enhancements including lab and MOOP. Sales, health and wellness seminars. Member welcome & onboarding. Aetna Resources for Living℠ (RFL).

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Columbus

Ohio: Delaware, Fairfield, Franklin, Licking, Marion, Muskingum, Pickaway, Union

	Aetna Medicare Value Plan (HMO) (H3931-108) ★★★★	**Aetna Medicare Value Plan (PPO)** (H5521-089) ★★★★
Monthly premium	$29	$0
PCP in network	$20	$25
Specialist in network	$50	$50
Inpatient hospital in network	$500 per day, days 1-3; $0 per day, days 4-90	$400 per day, days 1-4; $0 per day, days 5-90
Out-of-pocket maximum in network	$6,000	$6,200
Out-of-pocket maximum combined	N/A	$10,000
Deductible	$0	$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**		
Prescription deductible*	$150	$95
Tier 1 — Preferred generic	$0/$10	$2/$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	30%/30%	31%/31%

This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

Columbus

Ohio: Delaware, Fairfield, Franklin, Marion, Muskingum

	Aetna Medicare Choice Plan (PPO) (H5521-134) ★★★★
Monthly premium	$95
PCP in network	$10
Specialist in network	$30
Inpatient hospital in network	$220 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,100
Out-of-pocket maximum combined	$7,500
Deductible	$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
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. * Does not apply to Tiers 1 and 2	

Columbus

Ohio: Delaware, Fairfield, Franklin, Licking, Marion, Muskingum

	Aetna Medicare Standard Plan (PPO) (H5521-020) ★★★★
Monthly premium	$125
PCP in network	$5
Specialist in network	$50
Inpatient hospital in network	$285 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,750
Out-of-pocket maximum combined	$10,000
Deductible	$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
Prescription deductible*	$150
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	30%/30%
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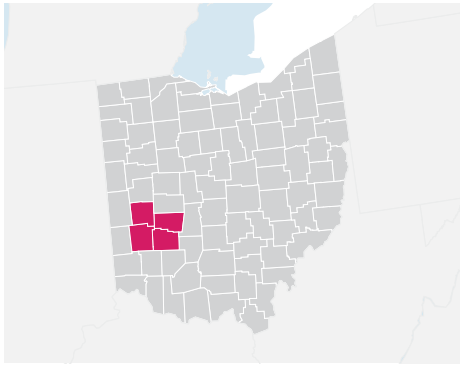
OH Dayton



Number of Medicare eligibles

OH Dayton:	189,879

Service area

Ohio: Clark, Greene, Miami, Montgomery

Market highlights

- Plans offer preferred/nonpreferred national pharmacy network.
- Plans include SilverSneakers®, smoking cessation, nurse line, and routine vision and hearing exams. PPO plan includes routine podiatry benefit. Plans offer dental/vision and hearing optional supplemental benefit selection. All value-added services are available for Medicare Advantage plans.
- Maintained product benefit stability with HMO benefit enhancements including PCP, lab, diagnostic radiology and MOOP. Maintained $0 PPO plan premium with enhancements to diagnostic radiology and MOOP. Sales, health and wellness seminars. Member welcome & onboarding. Aetna Resources for Living℠ (RFL).

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OH Dayton

Ohio: Miami, Clark

	Aetna Medicare Value Plan (PPO) (H5521-090) ★★★★	**Aetna Medicare Standard Plan (PPO)** (H5521-020) ★★★★
Monthly premium	$0	$125
PCP in network	$10	$5
Specialist in network	$45	$50
Inpatient hospital in network	$315 per day, days 1-5; $0 per day, days 6-90	$285 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,900	$4,750
Out-of-pocket maximum combined	$10,000	$10,000
Deductible	$1,200 per year for out-of-network services	$1,500 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**		
Prescription deductible*	$150	$150
Tier 1 — Preferred generic	$2/$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	30%/30%	30%/30%

This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

OH Dayton

Ohio: Clark, Greene, Miami, Montgomery

	Aetna Medicare Select Plan (HMO) (H3931-110) ★★★★
Monthly premium	$39
PCP in network	$15
Specialist in network	$45
Inpatient hospital in network	$350 per day, days 1-5; $0 per day, days 6-90
Out-of-pocket maximum in network	$5,100
Out-of-pocket maximum combined	N/A
Deductible	$0
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
Prescription deductible*	$100
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	31%/31%

This plan includes Tier 1 and Tier 2 prescription gap coverage.
* Does not apply to Tiers 1 and 2

OH Dayton

Ohio: Clark

	Aetna Medicare Choice Plan (PPO) (H5521-134) ★★★★
Monthly premium	$95
PCP in network	$10
Specialist in network	$30
Inpatient hospital in network	$220 per day, days 1-6; $0 per day, days 7-90
Out-of-pocket maximum in network	$4,100
Out-of-pocket maximum combined	$7,500
Deductible	$1,000 per year for out-of-network services
Prescription drugs (preferred pharmacies/standard pharmacies) **All prescription copays are representative of a one-month supply.**	
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. * Does not apply to Tiers 1 and 2	