


Group Name \_\_\_\_\_ Effective Date \_\_\_\_\_



Network  National

**Rating Structure:**

Groups of 2-50  2-Tier  4-Tier

**EPO**

OV Copay Adults/Depts	Hospital Copay	Skilled Nursing	Amb Surg	ER Copay	RX Options Circle One
<input type="checkbox"/> \$20/\$0	\$0	\$0	\$0	\$50	P R S
<input type="checkbox"/> \$30/\$0	\$0	\$0	\$0	\$50	P R S
<input type="checkbox"/> \$30/\$0	\$500	\$200 day / \$600max	\$250	\$100	P R S
<input type="checkbox"/> \$30/\$0	\$1,000	\$200 day / \$600max	\$750	\$100	O P R S
<input type="checkbox"/> \$40/\$0	\$0	\$0	\$0	\$50	P R S
<input type="checkbox"/> \$40/\$0	\$500	\$200 day / \$600max	\$250	\$100	P R S
<input type="checkbox"/> \$40/\$0	\$1,000	\$200 day / \$600max	\$750	\$100	O P R S

See below listing of Rx options available

**Required riders for EPO plans above**

PLA 88 Davis Vision	PLA 84 Emergency Care Benefits	PLA 86A In-Hospital Medical Services	PLA 114 Allergy
PLA 16A Domestic Partners	PLA 78 Pre-existing Conditions	PLA 89 Specialty Injectibles	PLA 117 SKN
PLH 5329 Referred Amb	PLA 94 Air Ambulance	PLA 96 Extended Student Cov	PLA 120 IP Chem Dep
		PLA 106 Mental Health	PLA 121 Medicare lang

PLH EPO 100A Certificate      PLH EPO 100U Certificate Attachment

**InBalance EPO**

OV Copay Adults/Depts	Deductible Ind/family	Coinsurance	COINS Max Ind/family	RX Options Circle One
<input type="checkbox"/> \$30/\$0	\$500/\$1,500	90%	\$500/\$1,500	P R S
<input type="checkbox"/> \$30/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	P R S
<input type="checkbox"/> \$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P R S
<input type="checkbox"/> \$40/\$0	\$1,000/\$3,000	90%	\$500/\$1,500	O P R S
<input type="checkbox"/> \$40/\$0	\$2,000/\$6,000	80%	\$3,000/\$9,000	P R S
<input type="checkbox"/> \$40/\$0	\$2,000/\$6,000	80%	\$10,000/\$30,000	P R S

See below listing of Rx options available

**Required riders for InBalance EPO plans above**

PLHSGC995 certificate	PLHSGC994C attachment	PLA 89 Specialty Injectibles	PLA 117 SKN
PLA 88 Davis Vision	PLA 78 Pre-existing Conditions	PLA 96 Extended Student Cov	PLA 120 IP Chem Dep
PLA 16 A Domestic Partners	PLA 94 Air Ambulance	PLA 86A In-Hospital Medical Services	PLA 121 Medicare lang
		PLA 106 Mental Health	

PLH EPO 995 Certificate      PLH EPO 994C Certificate Attachment

**Prescription Drug Plan Options**

Generic/Preferred/ Non Preferred

	Retail Copay	Deductible* (retail and mail)	Retail Annual Max	Home Delivery Copay	M/V Mail	
<b>P</b>	\$0/\$30/\$50	\$0	none	\$0/\$60/\$100	Voluntary	<div style="border: 1px solid black; padding: 5px;">                     PLA-100B                      PLA-100B                      PLA-100B                 </div>
<b>R</b>	\$0/\$30/\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	
<b>S</b>	\$0/\$30/\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	
<b>O</b>	Discount Pharmacy Program, including diabetic coverage					
	<input checked="" type="checkbox"/> PLA 66C	Clinical Prior Auth. Program				
	<input checked="" type="checkbox"/> PLA 102	Specialty Pharmacy Program				

\*Deductible applies to Brand Preferred and Brand Non Preferred drugs only

PLA 70 (contraceptive coverage) included with all RX riders unless PLA 71(excludes contraceptive coverage) is requested