



Group Name:

Effective Date:

- Policy year
- Calendar year (renewals only)

Network:

National

Rating Structure:

Sole Proprietors

2-Tier

Groups of 2-50

2-Tier

4-Tier

Plan Options:

	<input checked="" type="checkbox"/> Plan Selection		In-network Deductible	In-network Coinsurance	In- Network OOP Max	Prescription Coverage Generic/Preferred/ Non Preferred
1	<input type="checkbox"/> *	Individual	\$1,150	80%	\$3,650	After deductible \$0/\$20/\$40
		Family	\$2,300	80%	\$7,300	After deductible \$0/\$20/\$40
2	<input type="checkbox"/> *	Individual	\$2,500	100%	\$2,500	After deductible covered in full
		Family	\$5,000	100%	\$5,000	After deductible covered in full
3	<input type="checkbox"/> *	Individual	\$3,000	100%	\$3,000	After deductible covered in full
		Family	\$5,950	100%	\$5,950	After deductible covered in full
4	<input type="checkbox"/>	Individual	\$5,800	100%	\$5,800	After deductible covered in full
		Family	\$11,600	100%	\$11,600	After deductible covered in full

*Plans not available to Sole Proprietors

Home Delivery 2x

	In-Network
Annual Max	None
Lifetime Max	None
Allowed Charge	Fee Schedule
Dependent/Student	19/25

Required /Riders

PLHSGC 997 Certificate	PLHSGC 998B Attachment
PLA 96 Extended Student Coverage	PLA 70 Contraceptive Coverage
PLA 16A Domestic Partner Coverage	PLA106 Mental Health
PLA86A In-Hospital Medical Services	PLA 112 Changes to Policy Year
PLA 117 Skilled Nursing Mandate	PLA 120 IP Chem Dep
PLA 121 Medicare Language	

Required Pharmacy Riders

PLHSGC1002 Pharmacy Rider for plan 1
PLHSGC1002 Z Pharmacy Rider for plans 2,3,and 4
PLA 66C Prior Authorization
PLA 102 Specialty Pharmacy Program