



Group Name:

Effective Date:

- Policy year
- Calendar year (renewals only)

Network:

National

Rating Structure:

Sole Proprietors

Groups of 2-50

2-Tier

2-Tier

4-Tier

Plan Options:

	<input checked="" type="checkbox"/> Plan Selection		In-network Deductible	Out-of-Network Deductible	In-network Coinsurance	Out-of-Network Coinsurance	In- Network OOP Max	Out of network OOP Max	Prescription Coverage
1	<input type="checkbox"/> *	Individual	\$2,500	\$2,500	100%	70%	\$2,500	\$5,500	After deductible covered in full
		Family	\$5,000	\$5,000	100%	70%	\$5,000	\$8,000	After deductible covered in full
2	<input type="checkbox"/> *	Individual	\$2,500	\$5,000	100%	80%	\$2,500	\$7,000	After deductible covered in full
		Family	\$5,000	\$10,000	100%	80%	\$5,000	\$14,000	After deductible covered in full
3	<input type="checkbox"/> *	Individual	\$5,000	\$5,000	100%	70%	\$5,000	\$8,000	After deductible covered in full
		Family	\$10,000	\$10,000	100%	70%	\$10,000	\$13,000	After deductible covered in full
4	<input type="checkbox"/>	Individual	\$5,000	\$10,000	100%	80%	\$5,000	\$12,000	After deductible covered in full
		Family	\$10,000	\$20,000	100%	80%	\$10,000	\$24,000	After deductible covered in full

*Plans not available to Sole Proprietors

	In-Network	Out-of-Network
Annual Max	None	\$1,000,000
Lifetime Max	None	None
Allowed Charge	Fee Schedule	80 th %ile HIAA
Dependent/Student	19/25	

Required /Riders

PLHSGC1000 Certificate	PLHSGC1001B Attachment
PLA 96 Extended Student Coverage	PLA 70 Contraceptive Coverage
PLA 16A Domestic Partner Coverage	PLA 103 Mental Health
PLA85A In-Hospital Medical Services	PLA 112 Changes to Policy Year
PLA 115 Allowed Charge Definition	PLA 117 Skilled Nursing Mandate
PLA 118 IP Chem Dep OON	PLA 120 IP Chem Dep
	PLA 121 Medicare Language

Required Pharmacy Riders

- PLHSGC1002 Z Pharmacy Rider
- PLA 66C Prior Authorization
- PLA 102 Specialty Pharmacy Program