

Group Name	Effective Date	Group Rep	
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Network: National

Rating Structure

2-Tier 4-Tier

Plan Options

OV Copay Adults/dep	Out-of-network Deductible	ER Copay	Out-of-network Coinsurance	Inpatient Copay	Amb Surg Copay	Out-of-network Coinsurance Max	In/out of network Annual Max	Prescription Drug Option Circle One
<input type="checkbox"/> \$40/\$0	\$3,000/\$9,000	\$100	70%/30%	\$500/day x3	\$500	\$3,000/\$9,000	Unlimited/\$1,000,000	AA BB CC DD EE
<input type="checkbox"/> \$40/\$0	\$1,000/\$3,000	\$100	50%/50%	\$1,000	\$500	\$2,500/\$7,500	Unlimited/\$1,000,000	AA BB CC DD EE
<input type="checkbox"/> \$40/\$0	\$3,000/\$9,000	\$100	50%/50%	\$500/day x3	\$500	\$5,000/\$15,000	Unlimited/\$1,000,000	AA BB CC DD EE
<input type="checkbox"/> \$40/\$0	\$2,000/\$6,000	\$100	70%/30%	\$500	\$0	\$3,000/\$9,000	Unlimited/\$1,000,000	U V W X Y
<input type="checkbox"/> \$40/\$0	\$1,000/\$3,000	\$100	70%/30%	\$0	\$0	\$3,000/\$9,000	Unlimited/\$1,000,000	U V W X Y
<input type="checkbox"/> \$30/\$0	\$1,000/\$3,000	\$100	70%/30%	\$500	\$250	\$3,000/\$9,000	Unlimited/\$1,000,000	AA BB CC DD EE
<input type="checkbox"/> \$30/\$0	\$2,000/\$6,000	\$100	70%/30%	\$300/day x5	\$250	\$3,000/\$9,000	Unlimited/\$1,000,000	AA BB CC DD EE
<input type="checkbox"/> \$30/\$0	\$1,000/\$3,000	\$100	70%/30%	\$0	\$0	\$3,000/\$9,000	Unlimited/\$1,000,000	U V W X Y
<input type="checkbox"/> \$30/\$0	\$2,000/\$6,000	\$100	70%/30%	\$500	\$0	\$3,000/\$9,000	Unlimited/\$1,000,000	U V W X Y
<input type="checkbox"/> \$25/\$0	\$1,000/\$3,000	\$100	70%/30%	\$500	\$0	\$3,000/\$9,000	Unlimited/\$1,000,000	U V W X Y

HIAA 70th %ile

Required Riders

PLA 16A Domestic Partners	PLA 87 Specialty Injectibles	PLA 114 Allergy	PLA 121 Medicare Lang
PLA 78 Pre-existing Conditions	PLA 94 Air Ambulance	PLA 115 Allowed Charge	
PLA 84 Emergency Care Benefits	PLA 96 Extended Student	PLA 117 Skilled Nursing	
PLA 85A In-Hospital Medical Services	PLA 103 Mental Health	PLA 118 IP Chem Deps OON	
PLA 88 Davis Vision	PLA 5329 Referred Amb	PLA 120 IP Chem Deps	

PLHSGC976-2 Certificate PLHSGC976 G Certificate Attachment

Prescription Drug Plan Select From the Options Below

Option	Retail Copay Generic/ Preferred/Non	Deductible* (retail & mail)	Annual Retail Max	Home Delivery Copay	M/V mail	For internal use only
U	\$0/\$25/\$40	\$0	none	\$0/\$50/\$80	Voluntary	PLA-100E
V	\$0/\$25/\$40	\$100	none	\$0/\$50/\$80	Voluntary	PLA-100E
W	\$0/\$25/\$40	\$50	\$3,000	\$0/\$50/\$80	Voluntary	PLA-100E
X	\$0/\$25/\$40	\$50	\$1,000	\$0/\$50/\$80	Voluntary	PLA-100E
Y	\$0/\$25/\$40	\$50	\$750	\$0/\$50/\$80	Voluntary	PLA-100E
AA	\$0/\$25/\$50	\$0	none	\$0/\$50/\$100	Voluntary	PLA-100E
BB	\$0/\$25/\$50	\$100	none	\$0/\$50/\$100	Voluntary	PLA-100E
CC	\$0/\$25/\$50	\$50	\$3,000	\$0/\$50/\$100	Voluntary	PLA-100E
DD	\$0/\$25/\$50	\$50	\$1,000	\$0/\$50/\$100	Voluntary	PLA-100E
EE	\$0/\$25/\$50	\$50	\$750	\$0/\$50/\$100	Voluntary	PLA-100E

PLA 66C Clinical Prior Authorization Program
 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 (group requires exemption status)