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Network:
National

Rating Structure

2-Tier 4-Tier

Plan Options

	OV Copay Adults/Depts	In-network Deductible	Out-of-network Deductible	In-network Coinsurance	Out-of-network Coinsurance	In-network Coins. Max	Out-of-network Coins. Max	In/Out of network Annual Max	Prescription Options Circle One
<input type="checkbox"/>	\$40/\$0	\$2,000/\$6,000	\$4,000/\$12,000	80%/20%	60%/40%	\$10,000/\$30,000	\$20,000/\$60,000	Unlimited/1,000,000	AA BB CC DD EE
<input type="checkbox"/>	\$40/\$0	\$1,000/\$3,000	\$2,000/\$6,000	80%/20%	60%/40%	\$3,000/\$9,000	\$6,000/\$18,000	Unlimited/1,000,000	AA BB CC DD EE
<input type="checkbox"/>	\$30/\$0	\$1,000/\$3,000	\$2,000/\$6,000	90%/10%	70%/30%	\$500/\$1,500	\$1,500/\$4,500	Unlimited/1,000,000	AA BB CC DD EE
<input type="checkbox"/>	\$25/\$0	\$500/\$1,500	\$1000/\$3,000	90%/10%	70%/30%	\$500/\$1,500	\$1,500/\$4,500	Unlimited/1,000,000	AA BB CC DD EE
<input checked="" type="checkbox"/>	HIAA 80th%ile								

Required Riders

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

PLHSGC 991 Certificate PLHSGC990-C Certificate Attachment

Prescription Drug Plan **Select From the Options below**

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

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)