

50% Participation Required

Group Name _____ **Effective Date** _____

Network **National**

Rating Structure:

Groups of 2-50 2-Tier 4-Tier

EPO PLHEPO100A certificate , PLHEPO100v attachment

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 Q R S T
<input type="checkbox"/> \$30/\$0	\$0	\$0	\$0	\$50	P Q R S T
<input type="checkbox"/> \$30/\$0	\$500	\$200 day / \$600max	\$250	\$100	P Q R S T
<input type="checkbox"/> \$30/\$0	\$1,000	\$200 day / \$600max	\$750	\$100	O P Q R S T
<input type="checkbox"/> \$40/\$0	\$0	\$0	\$0	\$50	P Q R S T
<input type="checkbox"/> \$40/\$0	\$500	\$200 day / \$600max	\$250	\$100	P Q R S T
<input type="checkbox"/> \$40/\$0	\$1,000	\$200 day / \$600max	\$750	\$100	O P Q R S T

For internal purposes only See below listing of Rx options available

Required riders for EPO plans above

PLA 88 Davis Vision	PLA 84 Emergency Care Benefits	PLA 86 In-Hospital Medical Services
PLA 16A Domestic Partners	PLA 78 Pre-existing Conditions	PLA 89 Specialty Injectibles
PLH 5329 Referred Amb	PLA 94 Air Ambulance	PLA 96 Extended Student Cov

EPO Share Plan PLHSGC995 certificate, PLHSGC994B attachment

OV Copay Adults/Depts	Deductible Ind/family	Coinsurance	COINS Max Ind/family	RX Options Circle One
<input type="checkbox"/> \$30/\$0	\$500/\$1500	90%	\$500/\$1500	P Q R S T
<input type="checkbox"/> \$30/\$0	\$1000/\$3000	90%	\$500/\$1500	P Q R S T
<input type="checkbox"/> \$30/\$0	\$1000/\$3000	80%	\$2,000/\$6,000	P Q R S T
<input type="checkbox"/> \$30/\$0	\$2,000/\$6,000	80%	\$2,000/\$6,000	P Q R S T
<input type="checkbox"/> \$40/\$0	\$1000/\$3000	90%	\$500/\$1500	O P Q R S T
<input type="checkbox"/> \$40/\$0	\$2000/\$6000	80%	\$3,000/\$9,000	P Q R S T
<input type="checkbox"/> \$40/\$0	\$2000/\$6000	80%	\$10,000/\$30,000	P Q R S T

See below listing of Rx options available

Required riders for EPO Share plans above

PLA 88 Davis Vision	PLA 78 Pre-existing Conditions	PLA 89 Specialty Injectibles
PLA 16 A Domestic Partners	PLA 94 Air Ambulance	PLA 96 Extended Student Cov

Prescription Drug Plan Options

Generic/Preferred/ Non Preferred

	Retail Copay	Deductible* (retail and mail)	Retail Annual Max	Home Delivery Copay	M/V Mail	
P	\$0/\$30/\$50	\$0	none	\$0/\$60/\$100	Voluntary	<div style="border: 1px solid gray; padding: 5px;"> PLA-100B PLA-100B PLA-100B PLA-100B PLA-100B </div>
Q	\$0/\$30/\$50	\$100	none	\$0/\$60/\$100	Voluntary	
R	\$0/\$30/\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	
S	\$0/\$30/\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	
T	\$0/\$30/\$50	\$50	\$750	\$0/\$60/\$100	Voluntary	
O	Discount Pharmacy Program					
	<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