

50% Participation Required

<b>Group Name</b>	<b>Effective Date</b>	<b>Group Rep</b>

**Network: National**

Rating Structure  2-Tier  4-Tier

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 Drug 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	P Q R S T
<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	P Q R S T
<input type="checkbox"/> \$30/\$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	P Q R S T
<input type="checkbox"/> \$30/\$0	\$1,000/\$3,000	\$2,000/\$6,000	80%/20%	60%/40%	\$2,000/\$6,000	\$4000/\$12,000	Unlimited/1,000,000	P Q R S T
<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	P Q R S T
<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	P Q R S T
<input checked="" type="checkbox"/>	HIAA 80th%ile							

**Required Riders**

PLA 88	Davis Vision	PLA 78	Pre-existing Conditions	PLA 96	Extended Student Coverage
PLA 87	Specialty Injectibles	PLA 85	In-Hospital Medical Services	PLA 16A	Domestic Partners
PLA84	Emergency Care Benefits	PLA 94	Air Ambulance		

PLHSGC 991 Certificate PLHSGC990-B 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
P	\$0/\$30/\$50	\$0	none	\$0/\$60/\$100	Voluntary	PLA-100B
Q	\$0/\$30/\$50	\$100	none	\$0/\$60/\$100	Voluntary	PLA-100B
R	\$0/\$30/\$50	\$50	\$3,000	\$0/\$60/\$100	Voluntary	PLA-100B
S	\$0/\$30/\$50	\$50	\$1,000	\$0/\$60/\$100	Voluntary	PLA-100B
T	\$0/\$30/\$50	\$50	\$750	\$0/\$60/\$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 status)