

## Specialty

Navitus partners with a specialty pharmacy experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.

Included as a part of specialty program management, Navitus offers a split fill program.

## Specialty Benefit Definition

\*NOTE: Specialty drugs are available for a one month (30 days) supply

<b>Group</b>	<b>Tier 5 - Copay</b>
HMO Bronze 003 Off Exchange	40% coinsurance
HMO Bronze 003	40% coinsurance
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	40% coinsurance \$0 when filled through a tribal facility
HMO Silver 002 Off Exchange	50% coinsurance
HMO Silver 002	50% coinsurance
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0
HMO Silver 002 Limited Cost Sharing Plan Variation	50% coinsurance

	\$0 when filled through a tribal facility
HMO Silver 002 94	20% coinsurance
HMO Silver 002 87	30% coinsurance
HMO Silver 002 73	50% coinsurance
HMO Silver 004 Off Exchange	45% coinsurance
HMO Silver 004	45% coinsurance
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	45% coinsurance \$0 when filled through a tribal facility
HMO Silver 004 94	20% coinsurance
HMO Silver 004 87	30% coinsurance
HMO Silver 004 73	40% coinsurance
HMO Gold 001 Off Exchange	30% coinsurance
HMO Gold 001	30% coinsurance
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0
HMO Gold 001 Limited Cost Sharing Plan Variation	30% coinsurance \$0 when filled through a tribal facility
HMO Gold 005 Off Exchange	30% coinsurance
HMO Gold 005	30% coinsurance
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	30% coinsurance \$0 when filled through a tribal facility
HMO Gold 006 Limited Plan Network	30% coinsurance
HMO Gold 006	30% coinsurance
HMO Gold 006 Zero Cost Sharing Plan Variation	\$0
HMO Gold 006 Limited Cost Sharing Plan Variation	30% coinsurance \$0 when filled through a tribal facility
HMO Silver 007 Off Exchange	50% coinsurance
HMO Silver 007	50% coinsurance
HMO Silver 007 Zero Cost Sharing Plan Variation	\$0
HMO Silver 007 Limited Cost Sharing Plan Variation	50% coinsurance \$0 when filled through a tribal facility
HMO Silver 007 KelseyCare 94	20% coinsurance
HMO Silver 007 KelseyCare 87	30% coinsurance
HMO Silver 007 KelseyCare 73	50% coinsurance
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$0 after Deductible
HMO Bronze 008 High Deductible Health Plan	\$0 after Deductible

HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$0 after Deductible

### Mail Service Benefit Definition

<b>Group (SG = Subgroup) Individual</b>	<b>Days Supply</b>	<b>Tier 1 generics</b>	<b>Tier 2 Pref brands</b>	<b>Tier 3 Non – Pref brands</b>
HMO Bronze 003 Off Exchange	30/60/90	\$10/\$20/\$25 after deductible	\$60/\$120/\$150 after deductible	\$110/\$220/\$275 after deductible
HMO Bronze 003	30/60/90	\$10/\$20/\$25 after deductible	\$60/\$120/\$150 after deductible	\$110/\$220/\$275 after deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	30/60/90	\$10/\$20/\$25 after deductible \$0 tribal facility	\$60/\$120/\$150 after deductible \$0 tribal facility	\$110/\$220/\$275 after deductible \$0 tribal facility
HMO Silver 002 Off Exchange	30/60/90	\$35/\$70/\$87.50	\$110/\$220/\$275 after deductible	\$120/\$240/\$300 after deductible
HMO Silver 002	30/60/90	\$35/\$70/\$87.50	\$110/\$220/\$275 after deductible	\$120/\$240/\$300 after deductible
HMO Silver 002 Zero Cost Sharing Plan Variation	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
HMO Silver 002 Limited Cost Sharing Plan Variation	30/60/90	\$35/\$70/\$87.50 \$0 tribal facility	\$110/\$220/\$275 after deductible \$0 tribal facility	\$120/\$240/\$300 after deductible \$0 tribal facility
HMO Silver 002 94	30/60/90	\$5/\$10/\$12.50	\$20/\$40/\$50	\$40/\$80/\$100
HMO Silver 002 87	30/60/90	\$10/\$20/\$25	\$35/\$70/\$87.5	\$70/\$140/\$175
HMO Silver 002 73	30/60/90	\$25/\$50/\$62.5	\$110/\$220/\$275 after deductible	\$120/\$240/\$300 after deductible
HMO Silver 004 Off Exchange	30/60/90	\$10/\$20/\$25	\$50/\$100/\$125	\$100/\$200/\$250
HMO Silver 004	30/60/90	\$10/\$20/\$25	\$50/\$100/\$125	\$100/\$200/\$250
HMO Silver 004 Zero Cost Sharing Plan Variation	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0

<b>HMO Silver 004 Limited Cost Sharing Plan Variation</b>	30/60/90	\$10/\$20/\$25 \$0 tribal facility	\$50/\$100/\$125 \$0 tribal facility	\$100/\$200/\$250 \$0 tribal facility
<b>HMO Silver 004 94</b>	30/60/90	\$5/\$10/\$12.50	\$20/\$40/\$50	\$40/\$80/\$100
<b>HMO Silver 004 87</b>	30/60/90	\$10/\$20/\$25	\$35/\$70/\$87.5	\$70/\$140/\$175
<b>HMO Silver 004 73</b>	30/60/90	\$10/\$20/\$25	\$40/\$80/\$100	\$90/\$180/\$225
<b>HMO Gold 001 Off Exchange</b>	30/60/90	\$15/\$30/\$37.5	\$40/\$80/\$100	\$80/\$160/\$200
<b>HMO Gold 001</b>	30/60/90	\$15/\$30/\$37.5	\$40/\$80/\$100	\$80/\$160/\$200
<b>HMO Gold 001 Zero Cost Sharing Plan Variation</b>	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
<b>HMO Gold 001 Limited Cost Sharing Plan Variation</b>	30/60/90	\$15/\$30/\$37.5 \$0 tribal facility	\$40/\$80/\$100 \$0 tribal facility	\$80/\$160/\$200 \$0 tribal facility
<b>HMO Gold 005 Off Exchange</b>	30/60/90	\$10/\$20/\$25	\$40/\$80/\$100	\$70/\$140/\$175
<b>HMO Gold 005</b>	30/60/90	\$10/\$20/\$25	\$40/\$80/\$100	\$70/\$140/\$175
<b>HMO Gold 005 Zero Cost Sharing Plan Variation</b>	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
<b>HMO Gold 005 Limited Cost Sharing Plan Variation</b>	30/60/90	\$10/\$20/\$25 \$0 tribal facility	\$40/\$80/\$100 \$0 tribal facility	\$70/\$140/\$175 \$0 tribal facility
<b>HMO Gold 006 Off Exchange</b>	30/60/90	\$15/\$30/\$37.5	\$40/\$80/\$100	\$80/\$160/\$200
<b>HMO Gold 006</b>	30/60/90	\$15/\$30/\$37.5	\$40/\$80/\$100	\$80/\$160/\$200
<b>HMO Gold 006 Zero Cost Sharing Plan Variation</b>	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
<b>HMO Gold 006 Limited Cost Sharing Plan Variation</b>	30/60/90	\$15/\$30/\$37.5 \$0 tribal facility	\$40/\$80/\$100 \$0 tribal facility	\$80/\$160/\$200 \$0 tribal facility
<b>HMO Silver 007 Off Exchange</b>	30/60/90	\$35/\$70/\$87.5	\$110/\$220/\$275 after deductible	\$120/\$240/\$300 after deductible
<b>HMO Silver 007</b>	30/60/90	\$35/\$70/\$87.5	\$110/\$220/\$275 after deductible	\$120/\$240/\$300 after deductible
<b>HMO Silver 007 Zero Cost Sharing Plan Variation</b>	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
<b>HMO Silver 007 Limited Cost Sharing Plan Variation</b>	30/60/90	\$35/\$70/\$87.5 \$0 tribal facility	\$110/\$220/\$275 after deductible \$0 tribal facility	\$120/\$240/\$300 after deductible \$0 tribal facility
<b>HMO Silver 007 4</b>	30/60/90	\$5/\$10/\$12.5	\$20/\$40/\$50	\$40/\$80/\$100
<b>HMO Silver 007 87</b>	30/60/90	\$10/\$20/\$25	\$35/\$70/\$87.5	\$70/\$140/\$175
<b>HMO Silver 007 73</b>	30/60/90	\$25/\$50/\$62.5	\$110/\$220/\$275 after deductible	\$120/\$240/\$300 after deductible
<b>HMO Bronze 008 High Deductible Health Plan Off Exchange</b>	30/60/90	No charge after Deductible	No charge after Deductible	No charge after Deductible
<b>HMO Bronze 008 High Deductible Health Plan</b>	30/60/90	No charge after Deductible	No charge after Deductible	No charge after Deductible
<b>HMO Bronze 008 Zero Cost Sharing Plan Variation</b>	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
<b>HMO Bronze 008 Limited Cost Sharing Plan Variation</b>	30/60/90	No charge after Deductible \$0 tribal facility	No charge after Deductible \$0 tribal facility	No charge after Deductible \$0 tribal facility

**Comments:** Up to a 30 d/s mimics retail copay.

## Retail & 90 Day supply Benefit Definition

		Retail Claims 1-30 Days Supply <input checked="" type="checkbox"/> Navicare (national) network		
Group (SG = Subgroup) Individual	Day Supply	Tier 1 Generic	Tier 2 Preferred Brand	Tier 3 Non Preferred Brand
HMO Bronze 003 Off Exchange	Up To 30	\$10 after deductible	\$60 after deductible	\$110 after deductible
HMO Bronze 003	Up To 30	\$10 after deductible	\$60 after deductible	\$110 after deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	Up To 30	\$0	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	Up To 30	\$10 after deductible \$0 tribal facility	\$60 after deductible \$0 tribal facility	\$110 after deductible \$0 tribal facility
HMO Silver 002 Off Exchange	Up To 30	\$35	\$110 after deductible	\$120 after deductible
HMO Silver 002	Up To 30	\$35	\$110 after deductible	\$120 after deductible
HMO Silver 002 Zero Cost Sharing Plan Variation	Up To 30	\$0	\$0	\$0
HMO Silver 002 Limited Cost Sharing Plan Variation	Up To 30	\$35 \$0 tribal facility	\$110 after deductible \$0 tribal facility	\$120 after deductible \$0 tribal facility
HMO Silver 002 94	Up To 30	\$5	\$20	\$40
HMO Silver 002 87	Up To 30	\$10	\$35	\$70
HMO Silver 002 73 CHCS200 (SG = S273)	Up To 30	\$25	\$110 after deductible	\$120 after deductible
HMO Silver 004 Off Exchange	Up To 30	\$10	\$50	\$100
HMO Silver 004 (	Up To 30	\$10	\$50	\$100
HMO Silver 004 Zero Cost Sharing Plan Variation	Up To 30	\$0	\$0	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	Up To 30	\$10 \$0 tribal facility	\$50 \$0 tribal facility	\$100 \$0 tribal facility
HMO Silver 004 94	Up To 30	\$5	\$20	\$40
HMO Silver 004 87 (	Up To 30	\$10	\$35	\$70
HMO Silver 004 73	Up To 30	\$10	\$40	\$90
HMO Gold 001 Off Exchange	Up To 30	\$15	\$40	\$80
HMO Gold 001	Up To 30	\$15	\$40	\$80
HMO Gold 001 Zero Cost Sharing Plan Variation	Up To 30	\$0	\$0	\$0

<b>Group (SG = Subgroup) Individual</b>	<b>Day Supply</b>	<b>Tier 1 Generic</b>	<b>Tier 2 Preferred Brand</b>	<b>Tier 3 Non Preferred Brand</b>
HMO Gold 001 Limited Cost Sharing Plan Variation	Up To 30	\$15 \$0 tribal facility	\$40 \$0 tribal facility	\$80 \$0 tribal facility
HMO Gold 005 Off Exchange	Up To 30	\$10	\$40	\$70
HMO Gold 005	Up To 30	\$10	\$40	\$70
HMO Gold 005 Zero Cost Sharing Plan Variation	Up To 30	\$0	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	Up To 30	\$10 \$0 tribal facility	\$40 \$0 tribal facility	\$70 \$0 tribal facility
HMO Gold 006 Off Exchange	Up To 30	\$15	\$40	\$80
HMO Gold	Up To 30	\$15	\$40	\$80
HMO Gold 006Zero Cost Sharing Plan Variation	Up To 30	\$0	\$0	\$0
HMO Gold 006 Limited Cost Sharing Plan Variation	Up To 30	\$15 \$0 tribal facility	\$40 \$0 tribal facility	\$80 \$0 tribal facility
HMO Silver 007 Off Exchange	Up To 30	\$35	\$110 after deductible	\$120 after deductible
HMO Silver	Up To 30	\$35	\$110 after deductible	\$120 after deductible
HMO Silver 007 Zero Cost Sharing Plan Variation	Up To 30	\$0	\$0	\$0
HMO Silver 007 Limited Cost Sharing Plan Variation	Up To 30	\$35 \$0 tribal facility	\$110 after deductible \$0 tribal facility	\$120 after deductible \$0 tribal facility
HMO Silver 007 94	Up To 30	\$5	\$20	\$40
HMO Silver 007 87	Up To 30	\$10	\$35	\$70
HMO Silver 007 73	Up To 30	\$25	\$110 after deductible	\$120 after deductible
HMO Bronze 008 High Deductible Health Plan Off Exchange	Up To 30	No charge after Deductible	No charge after Deductible	No charge after Deductible
HMO Bronze 008 High Deductible Health Plan )	Up To 30	No charge after Deductible	No charge after Deductible	No charge after Deductible
HMO Bronze 008 Zero Cost Sharing Plan Variation	Up To 30	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	Up To 30	No charge after Deductible \$0 tribal facility	No charge after Deductible \$0 tribal facility	No charge after Deductible \$0 tribal facility

	<b>Retail Claims 90 Days Supply</b>
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Group (SG = Subgroup) Individual	Days Supply	Tier 1	Tier 2	Tier 3
HMO Bronze 003 Off Exchange	30/60/90	\$10/\$20/\$30 after deductible	\$60/\$120/\$180 after deductible	\$110/\$220/\$330 after deductible
HMO Bronze 003	30/60/90	\$10/\$20/\$30 after deductible	\$60/\$120/\$180 after deductible	\$110/\$220/\$330 after deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	30/60/90	\$10/\$20/\$30 after deductible \$0 tribal facility	\$60/\$120/\$180 after deductible \$0 tribal facility	\$110/\$220/\$330 after deductible \$0 tribal facility
HMO Silver 002 Off Exchange	30/60/90	\$35/\$70/\$105	\$110/\$220/\$330 after deductible	\$120/\$240/\$360 after deductible
HMO Silver 002	30/60/90	\$35/\$70/\$105	\$110/\$220/\$330 after deductible	\$120/\$240/\$360 after deductible
HMO Silver 002 Zero Cost Sharing Plan Variation	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
HMO Silver 002 Limited Cost Sharing Plan Variation	30/60/90	\$35/\$70/\$105 \$0 tribal facility	\$110/\$220/\$330 after deductible \$0 tribal facility	\$120/\$240/\$360 after deductible
HMO Silver 002 94	30/60/90	\$5/\$10/\$15	\$20/\$40/\$60	\$40/\$80/\$120
HMO Silver 002 87	30/60/90	\$10/\$20/\$30	\$35/\$70/\$105	\$70/\$140/\$210
HMO Silver 002 73	30/60/90	\$25/\$50/\$75	\$110/\$220/\$330 after deductible	\$120/\$240/\$360 after deductible
HMO Silver 004 Off Exchange	30/60/90	\$10/\$20/\$30	\$50/\$100/\$150	\$100/\$200/\$300
HMO Silver 004 (	30/60/90	\$10/\$20/\$30	\$50/\$100/\$150	\$100/\$200/\$300
HMO Silver 004 Zero Cost Sharing Plan Variation	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
HMO Silver 004 Limited Cost Sharing Plan Variation CHCS400 (SG = NL400)	30/60/90	\$10/\$20/\$30 \$0 tribal facility	\$50/\$100/\$150 \$0 tribal facility	\$100/\$200/\$300 \$0 tribal facility

Group (SG = Subgroup) Individual	Days Supply	Tier 1	Tier 2	Tier 3
HMO Silver 004 94 CHCS400 (SG = S494)	30/60/90	\$5/\$10/\$15	\$20/\$40/\$60	\$40/\$80/\$120
HMO Silver 004 87 CHC400 (SG = S487)	30/60/90	\$10/\$20/\$30	\$35/\$70/\$105	\$70/\$140/\$210
HMO Silver 004 73 CHC400 (SG = S473)	30/60/90	\$10/\$20/\$30	\$40/\$80/\$120	\$90/\$180/\$270
HMO Gold 001 Off Exchange IOEGOLD (SG =	30/60/90	\$15/\$30/\$45	\$40/\$80/\$120	\$80/\$160/\$240
HMO Gold 001 CHCG300 (SG = G300)	30/60/90	\$15/\$30/\$45	\$40/\$80/\$120	\$80/\$160/\$240
HMO Gold 001 Zero Cost Sharing Plan Variation CHCG300 (SG = NA300)	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
HMO Gold 001 Limited Cost Sharing Plan Variation( CHCG300 (SG = NL300)	30/60/90	\$15/\$30/\$45 \$0 tribal facility	\$40/\$80/\$120 \$0 tribal facility	\$80/\$160/\$240 \$0 tribal facility
HMO Gold 005 Off Exchange HMOGOLD(SG =	30/60/90	\$10/\$20/\$30	\$40/\$80/\$120	\$70/\$140/\$210
HMO Gold 005 CHC500 (SG = G500)	30/60/90	\$10/\$20/\$30	\$40/\$80/\$120	\$70/\$140/\$210
HMO Gold 005 Zero Cost Sharing Plan Variation CHC500 (SG =NA500)	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0



<b>HMO Gold 005 Limited Cost Sharing Plan Variation</b>	30/60/90	\$10/\$20/\$30 \$0 tribal facility	\$40/\$80/\$120 \$0 tribal facility	\$70/\$140/\$210 \$0 tribal facility
<b>HMO Gold 006 Off Exchange</b>	30/60/90	\$15/\$30/\$45	\$40/\$80/\$120	\$80/\$160/\$240
<b>HMO Gold 006</b>	30/60/90	\$15/\$30/\$45	\$40/\$80/\$120	\$80/\$160/\$240
<b>HMO Gold 006 Zero Cost Sharing Plan Variation</b>	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
<b>HMO Gold 006 Limited Cost Sharing Plan Variation</b>	30/60/90	\$15/\$30/\$45 \$0 tribal facility	\$40/\$80/\$120 \$0 tribal facility	\$80/\$160/\$240 \$0 tribal facility
<b>HMO Silver 007 ff Exchange</b>	30/60/90	\$35/\$70/\$105	\$110/\$220/\$330 after deductible	\$120/\$240/\$360 after deductible
<b>HMO Silver 007</b>	30/60/90	\$35/\$70/\$105	\$110/\$220/\$330 after deductible	\$120/\$240/\$360 after deductible
<b>HMO Silver 007 Zero Cost Sharing Plan Variation</b>	30/60/90	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
<b>HMO Silver 007 Limited Cost Sharing Plan Variation</b>	30/60/90	\$35/\$70/\$105 \$0 tribal facility	\$110/\$220/\$330 after deductible	\$120/\$240/\$360 after deductible
<b>HMO Silver 007 94</b>	30/60/90	\$5/\$10/\$15	\$20/\$40/\$60	\$40/\$80/\$120
<b>HMO Silver 007 87</b>	30/60/90	\$10/\$20/\$30	\$35/\$70/\$105	\$70/\$140/\$210
<b>HMO Silver 007 73</b>	30/60/90	\$25/\$50/\$75	\$110/\$220/\$330 after deductible	\$120/\$240/\$360 after deductible
<b>HMO Bronze 008 High Deductible Health Plan Off Exchange</b>	30/60/90	No charge after Deductible	No charge after Deductible	No charge after Deductible
<b>HMO Bronze 008 High Deductible Health Plan</b>	30/60/90	No charge after Deductible	No charge after Deductible	No charge after Deductible
<b>HMO Bronze 008 Zero Cost Sharing Plan Variation</b>	30/60/90	No charge after Deductible	No charge after Deductible	No charge after Deductible
<b>HMO Bronze 008 Limited Cost Sharing Plan Variation</b>	30/60/90	No charge after Deductible	No charge after Deductible	No charge after Deductible

**Comments:**

## Deductibles & Maximums

### Deductible

<b>Will a deductible apply?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**If yes:**

**What is the deductible amount for individual and family:**

Group (SG = Subgroup) Individual	Deductible Amount	Type	Rx only or Combined
HMO Bronze 003 Off Exchange	\$200.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Bronze 003 Off Exchange	\$400.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Bronze 003	\$200.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Bronze 003	\$400.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$200.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$400.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 Off	\$350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 Off Exchange (	\$700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002	\$350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002	\$700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 Limited Cost Sharing Plan Variation	\$350.00		<input checked="" type="checkbox"/> Rx only

Individual

		<input type="checkbox"/> Family	<input type="checkbox"/> Combined w/ medical
HMO Silver 002 Limited Cost Sharing Plan Variation	\$700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 94	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>Group (SG = Subgroup) Individual</b>	<b>Deductible Amount</b>	<b>Type</b>	<b>Rx only or Combined</b>
HMO Silver 002 94	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 87	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 87	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 73	\$350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 002 73	\$700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 Off Exchange	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 Off Exchange )	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 Limited Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 Limited Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 94	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 94	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 87	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 87	\$0.00	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 73	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Silver 004 73	\$0.00	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Rx only

		<input checked="" type="checkbox"/> Family	<input type="checkbox"/> Combined w/ medical
HMO Gold 001 Off Exchange	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 001 Off Exchange	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>Group (SG = Subgroup) Individual</b>	<b>Deductible Amount</b>	<b>Type</b>	<b>Rx only or Combined</b>
HMO Gold 001	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 001	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 001 Limited Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 001 Limited Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 005 Off Exchange	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 005 Off Exchange	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 005	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 005	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 005 Limited Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 005 Limited Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 006 Off Exchange	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 006 Off Exchange	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 006	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 006	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
HMO Gold 006 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Rx only

CHCG600 (SG = NA600)		<input type="checkbox"/> Family	<input checked="" type="checkbox"/> Combined w/ medical
<b>HMO Gold 006 Zero Cost Sharing Plan Variation</b> CHCG600 (SG = NA600)	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Gold 006 Limited Cost Sharing Plan Variation</b> CHCG600 (SG = NL600)	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Gold 006 Limited Cost Sharing Plan Variation</b> CHCG600 (SG = NL600)	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 Off Exchange</b>	\$350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 Off Exchange</b>	\$700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007</b>	\$350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007</b>	\$700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 Zero Cost Sharing Plan Variation</b>	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 Zero Cost Sharing Plan Variation</b>	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 Limited Cost Sharing Plan Variation</b>	\$350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 Limited Cost Sharing Plan Variation</b>	\$700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 94 CHCS700</b> (SG = S794)	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 94 CHCS700</b> (SG = S794)	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 87 CHCS700</b> (SG = S787)	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 87 CHCS700</b> (SG = S787)	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 73</b>	\$350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Silver 007 73</b>	\$700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input type="checkbox"/> Combined w/ medical
<b>HMO Bronze 008 High Deductible Health Plan Off Exchange</b>	\$6,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
<b>HMO Bronze 008 High Deductible Health Plan Off Exchange</b>	\$12,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
<b>HMO Bronze 008 High Deductible Health Plan</b>	\$6,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
<b>HMO Bronze 008 High Deductible Health Plan</b>	\$12,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical

HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$6,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$12,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
<b>Comments:</b>			

### Out of Pocket Maximums

<b>Will a maximum out of pocket amount be implemented?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, what is the out of pocket amount for individual and family:

Group	OOP Amount	Type	Rx only or Combined
HMO Bronze 003 Off Exchange	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 003 Off Exchange	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 003 C	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 003	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 Off Exchange	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 Off Exchange	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 Limited Cost Sharing Plan Variation	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 Limited Cost Sharing Plan Variation	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 94	\$1,400.00	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Rx only

CHCS200 (SG = S294)		<input type="checkbox"/> Family	<input checked="" type="checkbox"/> Combined w/ medical
<b>Group</b>	<b>OOP Amount</b>	<b>Type</b>	<b>Rx only or Combined</b>
HMO Silver 002 94	\$2,800.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 87	\$2,450.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 87	\$4,900.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 73	\$5,800.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 002 73	\$11,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 Off Exchange	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 Off Exchange	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 Limited Cost Sharing Plan Variation	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 Limited Cost Sharing Plan Variation	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 94	\$1,400.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 94	\$2,800.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 87	\$2,450.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 87	\$4,900.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 73	\$5,850.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 004 73	\$11,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 001 Off Exchange	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 001 Off Exchange	\$14,700.00	<input type="checkbox"/> Individual	<input type="checkbox"/> Rx only



<b>Group</b>	<b>OOP Amount</b>	<b>Type</b>	<b>Rx only or Combined</b>
HMO Gold 001	\$7,350.00	<input checked="" type="checkbox"/> Family <input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Combined w/ medical <input type="checkbox"/> Rx only
HMO Gold 001	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 001 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 001 Limited Cost Sharing Plan Variation	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 001 Limited Cost Sharing Plan Variation	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 005 Off Exchange	\$5,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 005 Off Exchange	\$10,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 005	\$5,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 005	\$10,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 005 Limited Cost Sharing Plan Variation	\$5,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 005 Limited Cost Sharing Plan Variation	\$10,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 006 Off Exchange	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 006 Off Exchange	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 006	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 006	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 006 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 006 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 006 Limited Cost Sharing Plan Variation	\$7,350.00	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Rx only

CHCG600 (SG = NL600)		<input type="checkbox"/> Family	<input checked="" type="checkbox"/> Combined w/ medical
HMO Gold 006 Limited Cost Sharing Plan Variation	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 Off Exchange	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 Off Exchange	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 Limited Cost Sharing	\$7,350.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 Limited Cost Sharing Plan Variation	\$14,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver94	\$1,400.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 94	\$2,800.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 87	\$2,450.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 87	\$4,900.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 73	\$5,850.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Silver 007 73	\$11,700.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$6,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$12,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 High Deductible Health Plan	\$6,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 High Deductible Health Plan	\$12,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical

HMO Bronze 008 Limited Cost Sharing Plan Variation	\$6,000.00	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$12,000.00	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family	<input type="checkbox"/> Rx only <input checked="" type="checkbox"/> Combined w/ medical
<b>Comments:</b>			

<b>Will maximum be calculated for each calendar year or plan year?</b>	<input type="checkbox"/> Benefit Year <input checked="" type="checkbox"/> Calendar Year
<b>Member copay/coinsurance structure after OOP is met:</b>	<input type="checkbox"/> Flat dollar copay <input type="checkbox"/> Coinsurance <input checked="" type="checkbox"/> Zero dollar member pay <input type="checkbox"/> Other