

Summary of Central Small Group Plans Available for Sale - January 2008

Plan Names	Deductible IN/OON (2x fam)							Prescription Drug Options			
	Coinsurance IN/OON	Out-of-Pocket IN/OON	Individual Lifetime Max IN/OON	E-Room Copay	OV Copay	PCP/Spec (IN)	Incentive Rx 8/35/50	Incentive Rx 10/20/40	Incentive Rx 15/25/40	PaidDirect Rx (\$50 Ded, 70%)	
PPO High	0/250	100/80	0/1500	Un/1M	\$50	\$10/\$10	Incentive Rx 8/35/50	Incentive Rx 10/20/40	Incentive Rx 15/25/40	PaidDirect Rx (\$50 Ded, 70%)	
PPO Standard	0/500	100/80	0/2500	Un/1M	\$50	\$15/\$15	Incentive Rx 8/35/50	Incentive Rx 10/20/40	Incentive Rx 15/25/40	PaidDirect Rx (\$50 Ded, 70%)	
PPO Basic	250/500	100/80	0/5000	3 M	\$75	\$20/\$20	Incentive Rx 8/35/50	Incentive Rx 10/20/40	Incentive Rx 15/25/40	PaidDirect Rx (\$50 Ded, 70%)	
PPO Basic 90/70	250/500	90/70	1000/2500	3 M	\$75	\$20/\$20	Incentive Rx 8/35/50	Incentive Rx 10/20/40	Incentive Rx 15/25/40	PaidDirect Rx (\$50 Ded, 70%)	
PPO Basic 80/60	250/500	80/60	1000/2500	3 M	\$75	\$20/\$20	Incentive Rx 8/35/50	Incentive Rx 10/20/40	Incentive Rx 15/25/40	PaidDirect Rx (\$50 Ded, 70%)	
PPO Value 500	500/1000	100/80	0/2500	3 M	\$100	\$20/\$30	Incentive Rx 8/35/50				
PPO Value 500 90/70	500/1000	90/70	1000/4000	3 M	\$100	\$25/\$35	Incentive Rx 8/35/50				
PPO Value 500 80/60	500/1000	80/60	2500/5000	3 M	\$100	\$25/\$35	Incentive Rx 8/35/50				
PPO Value 1000	1000/2000	100/80	0/2000	3 M	\$100	\$20/\$30	Incentive Rx 8/35/50				
PPO Value 1000 80/60	1000/2000	80/60	1500/3000	3 M	\$100	\$25/\$35	Incentive Rx 8/35/50				
PPO Value 1500 NEW	1500/3000	100/80	0/2000	3 M	\$100	\$20/\$35	Incentive Rx 8/35/50				
PPO Value 2000 NEW	2000/4000	100/80	0/2000	3 M	\$100	\$20/\$35	Incentive Rx 8/35/50				
PPO Value 3000 NEW	3000/6000	100/80	0/2000	3 M	\$100	\$20/\$35	Incentive Rx 8/35/50				

PPO 1500 QHDHP 100/80	1500	100/80	0/1500	5 M	100%	100%
PPO 1250 QHDHP 80/60	1250	80/60	1500/3000	5 M	80%	80%
PPO 2600 QHDHP 100/80	2600	100/80	0/1500	5 M	100%	100%
PPO 2600 QHDHP 90/70	2600	90/70	1000/2000	5 M	90%	90%
PPO 3500 QHDHP 90/70	3500	90/70	1000/2000	5 M	90%	90%

EPOBlue Essential <i>plan for uninsured groups</i> ^a	\$250 w/ \$250 adm ded	80	No OOP max	\$25,000/ per year	\$100	\$15/\$30	Generic Drugs Only for \$10; Brand Drug Discount
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CMM Standard *	500	80	3000	2M	80%	80%	Incentive Rx 15/25/40
Traditional w/ Standard MM *	250 mm	100-80 mm	500	Un/1M mm	100%	80%	High Rx 10/20

Contact Producers Affairs to obtain a rate quote for ClassicBlue CMM and traditional options; they may not be quoted from the Producer Portal.

Medicare Complement

Signature 65	0	100%	NA	Un	100%	100%	No Rx
Signature 65 w/ Rx	0	100%	NA	Un	100%	100%	One of Four Medicare Part D plans (via Highmark Senior)