

Group Health Coverage

for Companies with 2 to 50 Employees

Coverage options are available for
January 1, 2014, effective date.
Coverage options are subject to change.

(Calendar-Year Benefit)

Standard Benefits	Platinum			Gold		
	250	500.1	500.2	1000	1500.1	1500.2
Deductible						
In Network	\$250	\$500	\$500	\$1,000	\$1,500	\$1,500
Out of Network	Same	Same	Same	Same	Same	Same
Coinsurance						
In Network	80%	90%	80%	80%	90%	80%
Out of Network	60%	70%	60%	60%	70%	60%
True Out-of-Pocket Max						
In Network	\$1,250	\$1,000	\$1,250	\$3,000	\$2,000	\$3,500
Out of Network	\$5,000	\$4,000	\$5,000	\$12,000	\$8,000	\$14,000
Deductible Type	Fulfillment	Fulfillment	Fulfillment	Fulfillment	Aggregate	Fulfillment

Additional Options	250	500.1	500.2	1000	1500.1	1500.2
Physician Office Visit						
Copay	Yes	Yes	Yes	Yes	No	Yes
PCP Copay*	n/a	n/a	n/a	\$30	n/a	n/a
PCP/SCP Copay*	\$20/\$40 or \$30/\$50	\$20/\$40 or \$30/\$50	\$20/\$40 or \$30/\$50	\$20/\$40 or \$30/\$50	n/a	\$20/\$40 or \$30/\$50
Drug Copay	\$10/\$30/\$50 \$10/\$40/\$60	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50 \$10/\$40/\$60	Subject to Ded & Coins.	\$10/\$30/\$50
Deductible Carryover	Yes	Yes	Yes	Yes	No	Yes
Inpatient Copay	No	No	No	No	No	No

*Copayments apply only to in-network providers.

\$15,000 Term Life and AD&D through USABLE Life is automatically included on groups with 2-50 lives. At both age 65 and 70, Life and AD&D benefits reduce 33 1/3 percent of the pre-age 65 amount and then terminate at retirement. An employee must be actively at work on his effective date for his life and AD&D insurance to take effect.



Group Health Coverage

for Companies with 2 to 50 Employees

(Calendar-Year Benefit)

Standard Benefits	Silver								Bronze				
	2000.1	2000.2	2000.3	2000.4	2000.5	2500.1	2500.2	3000	2500	3000.1	3000.2	4000	6300
Deductible													
In Network	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,500	\$2,500	\$3,000	\$2,500	\$3,000	\$3,000	\$4,000	\$6,300
Out of Network	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same	Same
Coinsurance													
In Network	80%	80%	70%	70%	80%	80%	80%	100%	50%	60%	50%	50%	100%
Out of Network	60%	60%	50%	50%	60%	60%	60%	80%	30%	40%	30%	30%	80%
True Out-of-Pocket Max													
In Network	\$6,350	\$6,350	\$6,350	\$6,350	\$4,000	\$6,350	\$4,000	\$3,000	\$6,350	\$6,350	\$6,350	\$6,350	\$6,300
Out of Network	\$25,000	\$25,000	\$25,000	\$25,000	\$16,000	\$25,000	\$16,000	\$12,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Deductible Type	Fulfillment	Fulfillment	Fulfillment	Fulfillment	Aggregate	Fulfillment	Aggregate	Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded

Additional Options													
Physician Office Visit													
Copay	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No
PCP Copay*	\$30	n/a	\$30	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PCP/SCP Copay*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Drug Copay	\$10/\$40/\$60	\$10/\$30/\$50	\$10/\$40/\$60	\$10/\$30/\$50	Subject to Ded & Coins.	\$10/\$30/\$50	Subject to Ded & Coins.	Subject to Ded	Subject to Ded & Coins.	Subject to Ded & Coins.	Subject to Ded & Coins.	Subject to Ded & Coins.	Subject to Ded
	\$10/\$50/\$70	\$10/\$40/\$60	\$10/\$50/\$70	\$10/\$40/\$60		\$10/\$40/\$60							
Deductible Carryover	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No	No
Inpatient Copay	No	No	No	No	No	No	No	No	No	No	No	No	No

*Copayments apply only to in-network providers.

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