

Product	PPO
Deductible IN (Indiv/Fam)	\$1,000/\$2,000
Deductible OON (Indiv/Fam)	Combined w/ IN
Medical OOP Max IN (Indiv/Fam)	\$4,000/\$8,000
Medical OOP Max OON (Indiv/Fam)	\$6,000/\$12,000
Member Coinsurance (IN/OON)	10%/30%
Physician Copay	Tier 1 \$10/Tier 2 \$30
Specialist Copay	Tier 1 \$30/Tier 2 \$50
Prescription Drugs	15/30/45
Prescription Drugs OOP (Indiv/Fam)	\$2,000/\$4,000
Commission PEPM	N/A

Enrollment	Non-Standard
Deductible	\$25
Coinurance	0%/20%/50%
Benefit Max	\$1,250
Ortho	N
DBC Benefit	N/A
Commission PEPM	N/A

Vision Benefit	VSV1
Enrollment	Voluntary
Exam Copay	\$10
Frame Frequency	12-months
EAP Benefit	4 Visits
Cobra	Y
Wellness	None

Rates to add spouse or family			
	PPO 1000	Dental	Vision
Ee + Spouse	\$500.40	\$31.60	\$5.85
Ee + 1 Child	\$225.15	\$23.90	\$5.85
Ee + Children	\$329.40	\$68.35	\$17.85
Ee + Sp + Child(ren)	\$646.40	\$83.95	\$17.85

SCHOOL PAID INSURANCE				
	PPO 1000	Dental	Vision	EAP
Enrollee	\$417.60	\$31.60	\$10.95	\$1.67