

Large Group – HMO Plans for Pooled and Non-Pooled Groups of 51 or More

HMO PLAN OPTIONS	Calendar-Year Out-of-Pocket Maximum (Member/Family)	Physician Office Visit Member Copay	Inpatient Hospital Services Member Copay and/or Calendar-Year Deductible	Outpatient Hospital Services Member Copay	Prescription Drug Plans ¹ Tier 1/Tier 2/Tier 3/Tier 4	
					Pooled (51-250) Embedded Rx	Non-Pooled Rx Options
Premier HMO – Traditional, Select and Select Plus HMO Networks						
Premier HMO 10	\$1,500/\$3,000	\$10	No Copay	No Copay	\$10/\$30/\$45/20%	See Non-Pooled Rx Options
Premier HMO 15	\$1,500/\$3,000	\$15	\$100 per Admit	\$50 per Admit		
Premier HMO 20	\$1,500/\$3,000	\$20	\$200 per Admit	\$100 per Admit		
Premier HMO 30	\$2,000/\$4,000	\$30	\$200 per Admit	\$100 per Admit		
Classic HMO – Traditional, Select and Select Plus HMO Networks						
Classic HMO 15/30/250 admit/125 OP	\$2,000/\$4,000	\$15 PCP/\$30 Specialist	\$250 per Admit	\$125 per Admit	\$15/\$30/\$50/30%	See Non-Pooled Rx Options
Classic HMO 20/40/250 admit/125 OP <i>(formerly Classic HMO 20/250)</i>	\$2,000/\$4,000	\$20 PCP/\$40 Specialist	\$250 per Admit	\$125 per Admit		
Classic HMO 30/40/500 admit/250 OP <i>(formerly Classic HMO 30/500 admit/250 OP)</i>	\$2,500/\$5,000	\$30 PCP/\$40 Specialist	\$500 per Admit	\$250 per Admit		
Classic HMO 35/45/750 admit/375 OP <i>(formerly Classic HMO 35/750 admit/375 OP)</i>	\$2,500/\$5,000	\$35 PCP/\$45 Specialist	\$750 per Admit	\$375 per Admit		
Value HMO Copay – Traditional, Select and Select Plus HMO Networks						
Value HMO 20/40/250/3 day	\$3,000/\$6,000	\$20 PCP/\$40 Specialist	\$250 per day, 3 day max	\$125 per Admit	\$15/\$30/\$50/30%	See Non-Pooled Rx Options
Value HMO 30/40/500/3 day	\$3,000/\$6,000	\$30 PCP/\$40 Specialist	\$500 per day, 3 day max	\$250 per Admit		
Value HMO 30/40/750/3 day <i>(formerly Value HMO 25/40/750/3 day)</i>	\$3,500/\$7,000	\$30 PCP/\$40 Specialist	\$750 per day, 3 day max	\$350 per Admit		
Value HMO 30/45/1000/3 day	\$3,500/\$7,000	\$30 PCP/\$45 Specialist	\$1,000 per day, 3 day max	\$500 per Admit		
Value HMO Coinsurance – Traditional, Select and Select Plus Networks						
Value HMO 20/30/20% <i>(formerly Select HMO 3)</i>	\$3,500/\$7,000	\$20 PCP/\$30 Specialist	20% per Admit	20% of charges	\$15/\$30/\$50/30%	See Non-Pooled Rx Options
Value HMO 25/40/20% <i>(formerly Select HMO 4)</i>	\$4,000/\$8,000	\$25 PCP/\$40 Specialist	20% per Admit	20% of charges		
Value HMO 30/40/30% <i>(formerly Select HMO 5)</i>	\$5,000/\$10,000	\$30 PCP/\$40 Specialist	30% per Admit	30% of charges		
Value HMO 45/50/50% <i>(formerly Select HMO 6)</i>	\$5,000/\$10,000	\$45 PCP/\$50 Specialist	50% per Admit	30% of charges		
Value Deductible HMO – Traditional, Select and Select Plus HMO Networks						
Value Deductible HMO \$1,000 25/40/0%	\$3,500/\$7,000	\$25 PCP/\$40 Specialist	\$1,000 Calendar Deductible, then No Copay		\$15/\$30/\$50/30%	See Non-Pooled Rx Options
Value Deductible HMO \$1,000 25/40/10%	\$3,500/\$7,000	\$25 PCP/\$40 Specialist	\$1,000 Calendar Deductible, then 10% of charges			
Value Deductible HMO \$2,000 30/45/20%	\$3,500/\$7,000	\$30 PCP/\$45 Specialist	\$2,000 Calendar Deductible, then 20% of charges			
Advantage HMO – Tiered Network						
Advantage HMO 15 or 30 250 admit	\$2,000/\$4,000	\$15/visit or \$30/visit	\$250 per Admit	\$125 per Admit	\$15/\$30/\$50/30%	See Non-Pooled Rx Options
Advantage HMO 20 or 40 500 admit	\$2,500/\$5,000	\$20/visit or \$40/visit	\$500 per Admit	\$250 per Admit		

¹ For non-pooled groups, please refer to the Rx Plan pages for additional pharmacy options.

² The deductible is waived for tier 1.

Networks: Traditional - our most comprehensive statewide network; Select - our high-performance narrow network; Select Plus - our statewide lower-cost network

Large Group – HMO Plans for Non-Pooled Groups

HMO PLAN OPTIONS	Calendar Year	Physician Office Visit Member Copay	Inpatient Hospital Services Member Copay and/or Calendar-Year Deductible	Outpatient Hospital Services Member Copay	Prescription Drug Plans
					Non-Pooled Rx Options
Classic Choice HMO – Traditional, Select and Select Plus HMO Networks	Individual/Family Out-of-Pocket Maximum				
Classic Choice HMO 10/30 <small>(formerly Classic Choice HMO 10)</small>	\$3,500/\$7,000	\$10 PCP/\$30 Specialist	20% per Admit	20% of charges	See Non-Pooled Rx Options
Classic Choice HMO 15/30	\$5,000/\$10,000	\$15 PCP/\$30 Specialist	20% per Admit	20% of charges	
Point of Service (POS) – Traditional Network	Deductible for POS				
POS S1	\$0 HMO \$250 per member; \$750 per family Combined In Network/Out of Network	\$10 HMO Copay 30% PPO 30% Non-PPO	\$0 HMO 30% PPO 30% Non-PPO	\$0 HMO 30% PPO 30% Non-PPO	See Non-Pooled Rx Options
POS S3	\$0 HMO \$250 per member; \$750 per family Combined In Network/Out of Network	\$10 HMO Copay 20% PPO 40% Non-PPO	\$0 HMO 20% PPO 40% Non-PPO	\$0 HMO 20% PPO 40% Non-PPO	
POS S5	\$0 HMO \$250 per member; \$750 per family Combined In Network/Out of Network	\$10 HMO Copay \$15 PPO 30% Non-PPO	\$0 HMO 10% PPO 30% Non-PPO	\$0 HMO 10% PPO 30% Non-PPO	

Note: Supplemental Riders: Preferred HMO Riders are available for non-pooled groups.

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