

**We built our Starting Line-Up (SLU) portfolio** for large group employers looking for the simplicity and innovation of our bestselling plans and networks – with sustainable cost-savings.

We know that for large groups **affordability** is a top priority. Our marketable SLU portfolio helps you find the right answers to fit every client's business needs.



## Large Group HMO/EOA medical benefits

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>Full Network HMO</b>								
GWY	15/0 (\$2,500 / \$7,500)	\$15	\$35	\$15	No charge	Hospital: No charge ASC: No charge	\$2,500 / \$7,500	\$100
GWX	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250 ASC: \$100	\$1,500 / \$3,000	\$100
GWZ	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250 ASC: \$100	\$2,500 / \$7,500	\$100
GX2	20/250a (\$2,500 / \$7,500)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250 ASC: \$100	\$2,500 / \$7,500	\$100
GX3	20/500a (\$3,000 / \$9,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$3,000 / \$9,000	\$100
GX4	20/500d (\$3,000 / \$9,000)	\$20	\$40	\$20	\$500 per day; 4 day max copay per admit	Hospital: \$500 ASC: \$200	\$3,000 / \$9,000	\$100
GX1	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
GX8	30/1000a (\$3,000 / \$9,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,000 / \$9,000	\$100
GX5	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
GX6	30/30% (\$3,000 / \$9,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,000 / \$9,000	\$100
GX9	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$100
GXB	40/20% (\$2,500 / \$7,500)	\$40	\$60	\$40	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100

(continued)

## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>Full Network HMO (continued)</b>								
GXC	40/30% (\$3,000 / \$9,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,000 / \$9,000	\$100
GXD	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$100
GX7	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day; 3 day max copay per admit	Hospital: \$250 ASC: \$100	\$4,500 / \$9,000	\$100
GXE	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day; 3 day max copay per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$100
GX0	15/1500d (\$5,850 / \$11,700)	\$15	\$35	\$15	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GXF	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	30%
GXG	50/1500d (\$5,850 / \$11,700)	\$50	\$70	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GXH	60/1500a (\$5,850 / \$11,700)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GXI	60/1500a (\$8,550 / \$17,100)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$8,550 / \$17,100	\$300 + 30%
<b>ExcelCare HMO</b>								
GXJ	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250 ASC: \$100	\$1,500 / \$3,000	\$100
GXK	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250 ASC: \$100	\$2,500 / \$7,500	\$100
GXN	20/250a (\$2,500 / \$7,500)	\$20	\$40	\$20	\$250 per admit	Hospital: \$250 ASC: \$100	\$2,500 / \$7,500	\$100
GXO	20/500a (\$3,000 / \$9,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$3,000 / \$9,000	\$100
GXM	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
GXS	30/1000a (\$3,000 / \$9,000)	\$30	\$50	\$30	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$3,000 / \$9,000	\$100
GXP	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100

(continued)

Effective date 1/1/21

## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>ExcelCare HMO (continued)</b>								
GXQ	30/30% (\$3,000 / \$9,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,000 / \$9,000	\$100
GXT	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$100
GXU	40/30% (\$3,000 / \$9,000)	\$40	\$60	\$40	30%	Hospital: 30% ASC: 20%	\$3,000 / \$9,000	\$100
GXV	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$100
GXR	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day; 3 day max copay per admit	Hospital: \$250 ASC: \$100	\$4,500 / \$9,000	\$100
GXW	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day; 3 day max copay per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$100
GXL	15/1500d (\$5,850 / \$11,700)	\$15	\$35	\$15	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GXX	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	30%
GXY	50/1500d (\$5,850 / \$11,700)	\$50	\$70	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GXZ	60/1500a (\$5,850 / \$11,700)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GYO	60/1500a (\$8,550 / \$17,100)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$8,550 / \$17,100	\$300 + 30%
<b>SmartCare HMO</b>								
GWH	10/250a (\$1,500 / \$3,000)	\$10	\$30	\$10	\$250 per admit	Hospital: \$250 ASC: \$100	\$1,500 / \$3,000	\$100
GWI	15/250a (\$2,500 / \$7,500)	\$15	\$35	\$15	\$250 per admit	Hospital: \$250 ASC: \$100	\$2,500 / \$7,500	\$100
GWL	20/500a (\$3,000 / \$9,000)	\$20	\$40	\$20	\$500 per admit	Hospital: \$500 ASC: \$200	\$3,000 / \$9,000	\$100
GWO	30/250d (\$4,500 / \$9,000)	\$30	\$50	\$30	\$250 per day; 3 day max copay per admit	Hospital: \$250 ASC: \$100	\$4,500 / \$9,000	\$100
GWR	40/500d (\$4,500 / \$9,000)	\$40	\$60	\$40	\$500 per day; 3 day max copay per admit	Hospital: \$500 ASC: \$200	\$4,500 / \$9,000	\$100

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## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>SmartCare HMO (continued)</b>								
GWK	20/20% (\$2,500 / \$7,500)	\$20	\$40	\$20	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
GWM	30/20% (\$2,500 / \$7,500)	\$30	\$50	\$30	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
GWN	30/30% (\$3,000 / \$9,000)	\$30	\$50	\$30	30%	Hospital: 30% ASC: 20%	\$3,000 / \$9,000	\$100
GWP	35/30% (\$5,500 / \$11,000)	\$35	\$55	\$35	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$100
GWQ	40/40% (\$5,500 / \$11,000)	\$40	\$60	\$40	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$100
GWT	50/50% (\$5,500 / \$11,000)	\$50	\$70	\$40	50%	Hospital: 50% ASC: 40%	\$5,500 / \$11,000	\$100
GWJ	15/1500d (\$5,850 / \$11,700)	\$15	\$35	\$15	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GWS	40/1500d (\$6,500 / \$13,000)	\$40	\$60	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$6,500 / \$13,000	30%
GWU	50/1500d (\$5,850 / \$11,700)	\$50	\$70	\$40	\$1,500 per day; 3 day max copay per admit	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GWV	60/1500a (\$5,850 / \$11,700)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
GWW	60/1500a (\$8,550 / \$17,100)	\$60	\$80	\$40	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$8,550 / \$17,100	\$300 + 30%
<b>Salud HMO y Más</b>								
HOY/HOM	10/250a (\$1,500 / \$3,000)	SIMNSA: \$5 HN: \$10	SIMNSA: \$5 HN: \$30	\$10	SIMNSA: \$0 HN: \$250 per admit	SIMNSA: \$0 HN: Hospital: \$250 ASC: \$100	SIMNSA: \$1,500 / \$4,500 HN: \$1,500 / \$3,000	\$100
HON/HOP	15/250a (\$2,500 / \$7,500)	SIMNSA: \$5 HN: \$15	SIMNSA: \$5 HN: \$35	\$15	SIMNSA: \$0 HN: \$250 per admit	SIMNSA: \$0 HN: Hospital: \$250 ASC: \$100	SIMNSA: \$1,500 / \$4,500 HN: \$2,500 / \$7,500	\$100
H13/H14	20/500a (\$3,000 / \$9,000)	SIMNSA: \$5 HN: \$20	SIMNSA: \$5 HN: \$40	\$20	SIMNSA: \$0 HN: \$500 per admit	SIMNSA: \$0 HN: Hospital: \$500 ASC: \$200	SIMNSA: \$1,500 / \$4,500 HN: \$3,000 / \$9,000	\$100
H19/H1B	30/250d (\$4,500 / \$9,000)	SIMNSA: \$5 HN: \$30	SIMNSA: \$5 HN: \$50	\$30	SIMNSA: \$0 HN: \$250 per day; 3 day max copay per admit	SIMNSA: \$0 HN: Hospital: \$250 ASC: \$100	SIMNSA: \$1,500 / \$4,500 HN: \$4,500 / \$9,000	\$100

(continued)

## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>Salud HMO y Más (continued)</b>								
H1G/H1H	40/500d (\$4,500 / \$9,000)	SIMNSA: \$5 HN: \$40	SIMNSA: \$5 HN: \$60	\$40	SIMNSA: \$0 HN: \$500 per day; 3 day max copay per admit	SIMNSA: \$0 HN: Hospital: \$500 ASC: \$200	SIMNSA: \$1,500 / \$4,500 HN: \$4,500 / \$9,000	\$100
H11/H12	20/20% (\$2,500 / \$7,500)	SIMNSA: \$5 HN: \$20	SIMNSA: \$5 HN: \$40	\$20	SIMNSA: \$0 HN: 20%	SIMNSA: \$0 HN: Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500 HN: \$2,500 / \$7,500	\$100
H15/H16	30/20% (\$2,500 / \$7,500)	SIMNSA: \$5 HN: \$30	SIMNSA: \$5 HN: \$50	\$30	SIMNSA: \$0 HN: 20%	SIMNSA: \$0 HN: Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500 HN: \$2,500 / \$7,500	\$100
H17/H18	30/30% (\$3,000 / \$9,000)	SIMNSA: \$5 HN: \$30	SIMNSA: \$5 HN: \$50	\$30	SIMNSA: \$0 HN: 30%	SIMNSA: \$0; HN: Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500 HN: \$3,000 / \$9,000	\$100
H1C/H1D	35/30% (\$5,500 / \$11,000)	SIMNSA: \$5 HN: \$35	SIMNSA: \$5 HN: \$55	\$35	SIMNSA: \$0 HN: 30%	SIMNSA: \$0; HN: Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500 HN: \$5,500 / \$11,000	\$100
H1E/H1F	40/40% (\$5,500 / \$11,000)	SIMNSA: \$5 HN: \$40	SIMNSA: \$5 HN: \$60	\$40	SIMNSA: \$0 HN: 40%	SIMNSA: \$0 HN: Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500 HN: \$5,500 / \$11,000	\$100
HOZ/H10	15/1500d (\$5,850 / \$11,700)	SIMNSA: \$5 HN: \$15	SIMNSA: \$5 HN: \$35	\$15	SIMNSA: \$0 HN: \$1,500 per day; 3 day max copay per admit	SIMNSA: \$0; HN: Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500 HN: \$5,850 / \$11,700	30%
H1L/H1M	50/1500d (\$5,850 / \$11,700)	SIMNSA: \$5 HN: \$50	SIMNSA: \$5 HN: \$70	\$40	SIMNSA: \$0 HN: \$1,500 per day; 3 day max copay per admit	SIMNSA: \$0; HN: Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500 HN: \$5,850 / \$11,700	30%
H1J/H1K	40/1500d (\$6,500 / \$13,000)	SIMNSA: \$5 HN: \$40	SIMNSA: \$5 HN: \$60	\$40	SIMNSA: \$0 HN: \$1,500 per day; 3 day max copay per admit	SIMNSA: \$0 HN: Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500 HN: \$6,500 / \$13,000	30%
HOU/HOV	60/1500a (\$5,850 / \$11,700)	SIMNSA: \$5; HN: \$60	SIMNSA: \$5; HN: \$80	\$40	SIMNSA: \$0; HN: \$1,500 per admit + 40%	SIMNSA: \$0; HN: Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500 HN: \$5,850 / \$11,700	30%
H1N/HOW	60/1500a (\$8,550 / \$17,100)	SIMNSA: \$5 HN: \$60	SIMNSA: \$5 HN: \$80	\$40	SIMNSA: \$0 HN: \$1,500 per admit + 40%	SIMNSA: \$0 HN: Hospital: 50% ASC: 40%	SIMNSA: \$1,500 / \$4,500 HN: \$8,550 / \$17,100	\$300 + 30%
<b>Salud HMO y Más – Facility Deductible</b>								
HOQ	20/500/10% (\$3,000 / \$9,000)	SIMNSA: \$5 HN: \$20	SIMNSA: \$5 HN: \$40	\$20	SIMNSA: \$0 HN: 10%	SIMNSA: \$0 HN: Hospital: 10% ASC: 5%	SIMNSA: \$1,500 / \$4,500 HN: \$3,000 / \$9,000	\$100

(continued)

## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>Salud HMO y Más – Facility Deductible (continued)</b>								
HOR	30/1000/20% (\$3,000 / \$9,000)	SIMNSA: \$5 HN: \$30	SIMNSA: \$5 HN: \$50	\$30	SIMNSA: \$0 HN: 20%	SIMNSA: \$0 HN: Hospital: 20% ASC: 10%	SIMNSA: \$1,500 / \$4,500 HN: \$3,000 / \$9,000	\$100
HOS	30/1500/30% (\$3,000 / \$9,000)	SIMNSA: \$5 HN: \$30	SIMNSA: \$5 HN: \$50	\$30	SIMNSA: \$0 HN: 30%	SIMNSA: \$0; HN: Hospital: 30% ASC: 20%	SIMNSA: \$1,500 / \$4,500 HN: \$3,000 / \$9,000	\$100
HOT	40/3000/40% (\$5,500 / \$11,000)	SIMNSA: \$5 HN: \$40	SIMNSA: \$5 HN: \$60	\$40	SIMNSA: \$0 HN: 40%	SIMNSA: \$0 HN: Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500 HN: \$5,500 / \$11,000	\$100
HOX	60/4000/40% (\$8,550 / \$17,100)	SIMNSA: \$5 HN: \$60	SIMNSA: \$5 HN: \$80	\$40	SIMNSA: \$0 HN: 40%	SIMNSA: \$0 HN: Hospital: 40% ASC: 30%	SIMNSA: \$1,500 / \$4,500 HN: \$8,550 / \$17,100	\$100
<b>Salud Mexico – SIMNSA network</b>								
HOJ	5/0 (\$1,500 / \$4,500)	\$5	\$5	N/A	\$0	\$0	\$1,500 / \$4,500	\$10
<b>CanopyCare HMO<sup>1</sup></b>								
H6Q	0/250a (\$1,500 / \$3,000)	\$0	\$20	N/A	\$250 per admit	Hospital: \$250 ASC: \$100	\$1,500 / \$3,000	\$100
H6R	15/250a (\$2,500 / \$7,500)	\$15	\$35	N/A	\$250 per admit	Hospital: \$250 ASC: \$100	\$2,500 / \$7,500	\$100
H6U	20/500a (\$3,000 / \$9,000)	\$20	\$40	N/A	\$500 per admit	Hospital: \$500 ASC: \$200	\$3,000 / \$9,000	\$100
H6V	20/1000a (\$2,500 / \$7,500)	\$20	\$40	N/A	\$1,000 per admit	Hospital: \$1,000 ASC: \$500	\$2,500 / \$7,500	\$100
H6Y	30/1500a (\$2,500 / \$7,500)	\$30	\$50	N/A	\$1,500 per admit	Hospital: \$1,500 ASC: \$750	\$2,500 / \$7,500	\$200
H6T	20/20% (\$2,500 / \$7,500)	\$20	\$40	N/A	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
H6W	30/20% (\$2,500 / \$7,500)	\$30	\$50	N/A	20%	Hospital: 20% ASC: 10%	\$2,500 / \$7,500	\$100
H6X	30/30% (\$3,000 / \$9,000)	\$30	\$50	N/A	30%	Hospital: 30% ASC: 20%	\$3,000 / \$9,000	\$100
H6Z	35/30% (\$5,500 / \$11,000)	\$35	\$55	N/A	30%	Hospital: 30% ASC: 20%	\$5,500 / \$11,000	\$100
H70	40/40% (\$5,500 / \$11,000)	\$40	\$60	N/A	40%	Hospital: 40% ASC: 30%	\$5,500 / \$11,000	\$100

<sup>1</sup>Pending Regulatory Approval by the DMHC

(continued)

## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>CanopyCare HMO<sup>1</sup> (continued)</b>								
H6S	15/1500d (\$5,850 / \$11,700)	\$15	\$35	N/A	\$1,500 per day; 3 day max	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
H71	40/1000d (\$5,500 / \$11,000)	\$40	\$60	N/A	\$1,000 per day; 3 day max	Hospital: \$1,000; ASC: \$500	\$5,500 / \$11,000	\$200
H72	40/1500d (\$6,500 / \$13,000)	\$40	\$60	N/A	\$1,500 per day; 3 day max	Hospital: 50%; ASC: 40%	\$6,500 / \$13,000	30%
H73	50/1500d (\$5,850 / \$11,700)	\$50	\$70	N/A	\$1,500 per day; 3 day max	Hospital: 50% ASC: 40%	\$5,850 / \$11,700	30%
H74	60/1500a (\$8,550 / \$17,100)	\$60	\$80	N/A	\$1,500 per admit + 40%	Hospital: 50% ASC: 40%	\$8,550 / \$17,100	\$300 + 30%
<b>POS – Elect Open Access (EOA)</b>								
GZ1	10/0 (\$2,500 / \$7,500)	HMO: \$10 PPO: \$30	HMO: \$30 PPO: \$30	\$10	HMO: No charge	HMO: Hospital: 0% ASC: 0%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
GZ2	10/250a (\$1,500 / \$3,000)	HMO: \$10 PPO: \$30	HMO: \$30 PPO: \$30	\$10	HMO: \$250 per admit	HMO: Hospital: \$250 ASC: \$100	HMO: \$1,500 / \$3,000 PPO: \$3,500 / \$7,000	\$100
GZ3	15/250a (\$2,500 / \$7,500)	HMO: \$15 PPO: \$35	HMO: \$35 PPO: \$35	\$15	HMO: \$250 per admit	HMO: Hospital: \$250 ASC: \$100	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
GZE	20/250a (\$2,500 / \$7,500)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: \$250 per admit	HMO: Hospital: \$250 ASC: \$100	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
GZK	30/250d (\$4,500 / \$9,000)	HMO: \$30; PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: \$250 per day; 3 day max copay per admit	HMO: Hospital: \$250 ASC: \$100	HMO: \$4,500 / \$9,000 PPO: \$6,500 / \$13,000	\$100
GZG	20/500d (\$3,000 / \$9,000)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: \$500 per day; 4 day max copay per admit	HMO: Hospital: \$500 ASC: \$200	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZF	20/500a (\$3,000 / \$9,000)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: \$500 per admit	HMO: Hospital: \$500 ASC: \$200	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZL	30/1000a (\$3,000 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: \$1,000 per admit	HMO: Hospital: \$1,000; ASC: \$500	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZ7	40/500d (\$4,500 / \$9,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: \$500 per day; 3 day max copay per admit	HMO: Hospital: \$500 ASC: \$200	HMO: \$4,500 / \$9,000 PPO: \$6,500 / \$13,000	\$100
GZD	20/20% (\$2,500 / \$7,500)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: 20%	HMO: Hospital: 20% ASC: 10%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
GZH	30/20% (\$2,500 / \$7,500)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20% ASC: 10%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
GZM	40/20% (\$2,500 / \$7,500)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: 20%	HMO: Hospital: 20% ASC: 10%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100

(continued)

## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>POS – Elect Open Access (EOA) (continued)</b>								
GZJ	30/30% (\$3,000 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30% ASC: 20%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZI	35/30% (\$5,500 / \$11,000)	HMO: \$35 PPO: \$55	HMO: \$55 PPO: \$55	\$35	HMO: 30%	HMO: Hospital: 30% ASC: 20%	HMO: \$5,500 / \$11,000 PPO: \$7,500 / \$15,000	\$100
GZ5	40/30% (\$3,000 / \$9,000)	HMO: \$40; PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: 30%	HMO: Hospital: 30% ASC: 20%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZ6	40/40% (\$5,500 / \$11,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: 40%	HMO: Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000 PPO: \$7,500 / \$15,000	\$100
GZ4	15/1500d (\$5,850 / \$11,700)	HMO: \$15 PPO: \$35	HMO: \$35 PPO: \$35	\$15	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50% ASC: 40%	HMO: \$5,850 / \$11,700 PPO: \$7,850 / \$15,700	30%
GZ9	40/1500d (\$6,500 / \$13,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50% ASC: 40%	HMO: \$6,500 / \$13,000 PPO: \$8,500 / \$17,000	30%
GZ8	50/1500d (\$5,850 / \$11,700)	HMO: \$50 PPO: \$70	HMO: \$70 PPO: \$70	\$40	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50% ASC: 40%	HMO: \$5,850 / \$11,700 PPO: \$7,850 / \$15,700	30%
GZB	60/1500a (\$5,850 / \$11,700)	HMO: \$60 PPO: \$80	HMO: \$80 PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	HMO: Hospital: 50% ASC: 40%	HMO: \$5,850 / \$11,700 PPO: \$7,850 / \$15,700	30%
GZC	60/1500a (\$8,550 / \$17,100)	HMO: \$60 PPO: \$80	HMO: \$80 PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	HMO: Hospital: 50% ASC: 40%	HMO: \$8,550 / \$17,100 PPO: \$8,550 / \$17,100	\$300 + 30%
<b>POS – Elect Open Access (EOA) Facility Deductible</b>								
GZQ	20/500/10% (\$3,000 / \$9,000)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: 10%	HMO: Hospital: 10% ASC: 5%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZR	30/1000/20% (\$3,000 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20% ASC: 10%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZN	30/1500/30% (\$3,000 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30% ASC: 20%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZO	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: 40%	HMO: Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000 PPO: \$7,500 / \$15,000	\$100
GZP	60/4000/40% (\$8,550 / \$17,100)	HMO: \$60 PPO: \$80	HMO: \$80 PPO: \$80	\$40	HMO: 40%	HMO: Hospital: 40%; ASC: 30%	HMO: \$8,550 / \$17,100 PPO: \$8,550 / \$17,100	\$100
<b>ExcelCare EOA</b>								
GZS	10/250a (\$1,500 / \$3,000)	HMO: \$10 PPO: \$30	HMO: \$30 PPO: \$30	\$10	HMO: \$250 per admit	HMO: Hospital: \$250 ASC: \$100	HMO: \$1,500 / \$3,000 PPO: \$3,500 / \$7,000	\$100
GZT	15/250a (\$2,500 / \$7,500)	HMO: \$15 PPO: \$35	HMO: \$35 PPO: \$35	\$15	HMO: \$250 per admit	HMO: Hospital: \$250 ASC: \$100	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100

(continued)



## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>ExcelCare EOA (continued)</b>								
GZW	20/250a (\$2,500 / \$7,500)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: \$250 per admit	HMO: Hospital: \$250 ASC: \$100	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
GZX	20/500a (\$3,000 / \$9,000)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: \$500 per admit	HMO: Hospital: \$500 ASC: \$200	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
GZZ	30/250d (\$4,500 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: \$250 per day; 3 day max copay per admit	HMO: Hospital: \$250 ASC: \$100	HMO: \$4,500 / \$9,000 PPO: \$6,500 / \$13,000	\$100
H00	30/1000a (\$3,000 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: \$1,000 per admit	HMO: Hospital: \$1,000 ASC: \$500	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
H04	40/500d (\$4,500 / \$9,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: \$500 per day; 3 day max copay per admit	HMO: Hospital: \$500 ASC: \$200	HMO: \$4,500 / \$9,000 PPO: \$6,500 / \$13,000	\$100
GZV	20/20% (\$2,500 / \$7,500)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: 20%	HMO: Hospital: 20% ASC: 10%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
GZY	30/20% (\$2,500 / \$7,500)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20% ASC: 10%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
H0B	30/30% (\$3,000 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30% ASC: 20%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
H09	35/30% (\$5,500 / \$11,000)	HMO: \$35 PPO: \$55	HMO: \$55 PPO: \$55	\$35	HMO: 30%	HMO: Hospital: 30% ASC: 20%	HMO: \$5,500 / \$11,000 PPO: \$7,500 / \$15,000	\$100
H01	40/20% (\$2,500 / \$7,500)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: 20%	HMO: Hospital: 20% ASC: 10%	HMO: \$2,500 / \$7,500 PPO: \$4,500 / \$9,000	\$100
H02	40/30% (\$3,000 / \$9,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: 30%	HMO: Hospital: 30% ASC: 20%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
H03	40/40% (\$5,500 / \$11,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: 40%	HMO: Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000 PPO: \$7,500 / \$15,000	\$100
GZU	15/1500d (\$5,850 / \$11,700)	HMO: \$15 PPO: \$35	HMO: \$35 PPO: \$35	\$15	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50% ASC: 40%	HMO: \$5,850 / \$11,700 PPO: \$7,850 / \$15,700	30%
H06	40/1500d (\$6,500 / \$13,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50% ASC: 40%	HMO: \$6,500 / \$13,000 PPO: \$8,500 / \$17,000	30%
H05	50/1500d (\$5,850 / \$11,700)	HMO: \$50 PPO: \$70	HMO: \$70 PPO: \$70	\$40	HMO: \$1,500 per day; 3 day max copay per admit	HMO: Hospital: 50% ASC: 40%	HMO: \$5,850 / \$11,700 PPO: \$7,850 / \$15,700	30%
H07	60/1500a (\$5,850 / \$11,700)	HMO: \$60 PPO: \$80	HMO: \$80 PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	HMO: Hospital: 50% ASC: 40%	HMO: \$5,850 / \$11,700 PPO: \$7,850 / \$15,700	30%
H08	60/1500a (\$8,550 / \$17,100)	HMO: \$60 PPO: \$80	HMO: \$80 PPO: \$80	\$40	HMO: \$1,500 per admit + 40%	HMO: Hospital: 50% ASC: 40%	HMO: \$8,550 / \$17,100 PPO: \$8,550 / \$17,100	\$300 + 30%

(continued)

## Large Group HMO/EOA medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>ExcelCare EOA – Facility Deductible</b>								
HOF	20/500/10% (\$3,000 / \$9,000)	HMO: \$20 PPO: \$40	HMO: \$40 PPO: \$40	\$20	HMO: 10%	HMO: Hospital: 10% ASC: 5%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
HOG	30/1000/20% (\$3,000 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: 20%	HMO: Hospital: 20% ASC: 10%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
HOC	30/1500/30% (\$3,000 / \$9,000)	HMO: \$30 PPO: \$50	HMO: \$50 PPO: \$50	\$30	HMO: 30%	HMO: Hospital: 30% ASC: 20%	HMO: \$3,000 / \$9,000 PPO: \$5,000 / \$10,000	\$100
HOD	40/3000/40% (\$5,500 / \$11,000)	HMO: \$40 PPO: \$60	HMO: \$60 PPO: \$60	\$40	HMO: 40%	HMO: Hospital: 40% ASC: 30%	HMO: \$5,500 / \$11,000 PPO: \$7,500 / \$15,000	\$100
HOE	60/4000/40% (\$8,550 / \$17,100)	HMO: \$60 PPO: \$80	HMO: \$80 PPO: \$80	\$40	HMO: 40%	HMO: Hospital: 40% ASC: 30%	HMO: \$8,550 / \$17,100 PPO: \$8,550 / \$17,100	\$100

## Large Group PPO medical benefits

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>PPO<sup>2</sup></b>								
GY1	10/0/10% (\$2,000 / \$6,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$2,000 / \$6,000	\$100 + 10%
GY2	10/0/10% (\$3,000 / \$9,000)	\$10	\$30	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
GY3	10/250/10% (\$3,000 / \$9,000)	\$10 (ded waived)	\$30 (ded waived)	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
GY4	10/250/20% (\$4,000 / \$12,000)	\$10 (ded waived)	\$30 (ded waived)	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
GY5	15/250/10% (\$3,000 / \$9,000)	\$15 (ded waived)	\$35 (ded waived)	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
GY6	15/500/10% (\$3,000 / \$9,000)	\$15 (ded waived)	\$35 (ded waived)	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
GY7	15/500/20% (\$4,000 / \$12,000)	\$15 (ded waived)	\$35 (ded waived)	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
GY8	20/250/10% (\$3,000 / \$9,000)	\$20 (ded waived)	\$40 (ded waived)	N/A	10%	Hospital: 10% ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
GY9	20/250/20% (\$4,000 / \$12,000)	\$20 (ded waived)	\$40 (ded waived)	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$12,000	\$100 + 20%

(continued)

## Large Group PPO medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>PPO<sup>2</sup> (continued)</b>								
GYB	20/500/20% (\$4,000 / \$12,000)	\$20 (ded waived)	\$40 (ded waived)	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
GYC	30/500/10% (\$3,000 / \$9,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	10%	Hospital: 10%; ASC: 5%	\$3,000 / \$9,000	\$100 + 10%
GYD	30/500/20% (\$4,000 / \$12,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
GYE	30/500/30% (\$4,000 / \$12,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30% ASC: 20%	\$4,000 / \$12,000	\$100 + 30%
GYF	30/1000/20% (\$3,000 / \$9,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	20%	Hospital: 20%; ASC: 10%	\$3,000 / \$9,000	\$100 + 20%
GYG	30/1000/20% (\$4,000 / \$12,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	20%	Hospital: 20%; ASC: 10%	\$4,000 / \$12,000	\$100 + 20%
GYH	30/2000/30% (\$5,000 / \$10,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30%; ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
GYI	30/3000/30% (\$5,000 / \$10,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
GYJ	30/3000/30% (\$6,000 / \$12,000)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30% ASC: 20%	\$6,000 / \$12,000	\$100 + 30%
GYM	30/4000/30% (\$5,600 / \$11,200)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30% ASC: 20%	\$5,600 / \$11,200	\$100 + 30%
GYL	40/3500/30% (\$7,350 / \$14,700)	\$40 (ded waived)	\$60 (ded waived)	N/A	30%	Hospital: 30% ASC: 20%	\$7,350 / \$14,700	\$100 + 30%
GYK	30/4000/30% (\$6,600 / \$13,200)	\$30 (ded waived)	\$50 (ded waived)	N/A	30%	Hospital: 30% ASC: 20%	\$6,600 / \$13,200	\$100 + 30%
GYN	60/5000/30% (\$6,350 / \$12,700)	visits 1-3 \$60 (ded waived) / visits 4 \$60 (ded applies)	\$80 (ded applies)	N/A	30%	Hospital: 30% ASC: 20%	\$6,350 / \$12,700	\$100 + 30%
GYO	60/5000/30% (\$8,550 / \$17,100)	visits 1-3 \$60 (ded waived) / visits 4 \$60 (ded applies)	\$80 (ded applies)	N/A	30%	Hospital: 30% ASC: 20%	\$8,550 / \$17,100	\$100 + 30%

(continued)

Effective date 1/1/21

## Large Group PPO medical benefits (continued)

MEDICAL								
PLAN CODE	PLAN NAME	OFFICE VISIT (PCP)	OFFICE VISIT (SPECIALIST)	MINUTECLINIC	INPATIENT HOSPITAL	OUTPATIENT SURGERY	OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)	EMERGENCY ROOM
<b>PPO<sup>2</sup> (HSA-compatible) (Includes pre-set pharmacy plans) (continued)</b>								
GYG	2800/30% F (\$3,000 / \$6,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$3,000 / \$6,000	\$100 + 30%
GZO	1500/30% I (\$3,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$3,000 / N/A	\$100 + 30%
GYV	2800/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
GYP	2800/0% (\$2,800 / \$5,600)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$2,800 / \$5,600	0%
GYU	2800/30% (\$3,000 / \$6,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$3,000 / \$6,000	\$100 + 30%
GYW	3000/30% (\$5,000 / \$10,000)	30%	30%	N/A	30%	Hospital: 30% ASC: 20%	\$5,000 / \$10,000	\$100 + 30%
GYX	2800/0% F (\$2,800 / \$5,600)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$2,800 / \$5,600	0%
GYZ	2000/0% I (\$2,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$2,000 / N/A	0%
GYQ	3000/0% (\$3,000 / \$6,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$3,000 / \$6,000	0%
GYS	3000/20% (\$4,000 / \$8,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$4,000 / \$8,000	\$100 + 20%
GYT	5000/20% (\$6,000 / \$12,000)	20%	20%	N/A	20%	Hospital: 20% ASC: 10%	\$6,000 / \$12,000	\$100 + 20%
GYR	4000/0% (\$4,000 / \$8,000)	0%	0%	N/A	0%	Hospital: 0% ASC: 0%	\$4,000 / \$8,000	0%

## Large Group HMO/EOA pharmacy benefits

PHARMACY BRAND DEDUCTIBLE	DEDUCTIBLE TYPE (BRAND ONLY, NONE)	RETAIL TIER 1	RETAIL TIER 2	RETAIL TIER 3	ASSOCIATED MEDICAL PLAN
<b>SmartCare HMO Rx choices</b>					
\$0	Brand	\$10	\$30	\$50	Pairable with any SLU SmartCare HMO medical plan
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
<b>Salud HMO y Más Rx choices</b>					
\$0	None	\$5	\$25	\$45	Pairable with any SLU Salud HMO y Más medical plan
\$0	None	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
<b>EOA Rx choices</b>					
\$0	None	\$10	\$30	\$50	Pairable with any SLU EOA/ExcelCare EOA medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	
<b>HMO Rx choices</b>					
\$0	None	\$10	\$30	\$50	Pairable with any SLU HMO/ExcelCare HMO medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

## Large Group PPO pharmacy benefits

PHARMACY BRAND DEDUCTIBLE	DEDUCTIBLE TYPE (BRAND ONLY, NONE)	RETAIL TIER 1	RETAIL TIER 2	RETAIL TIER 3	ASSOCIATED MEDICAL PLAN
<b>PPO Rx choices</b>					
\$0	None	\$10	\$30	\$50	Pairable with any SLU PPO medical plan
\$0	None	\$15	\$35	\$55	
\$100	Brand	\$10	\$30	\$50	
\$100	Brand	\$15	\$35	\$55	
\$300	Brand	\$15	\$40	\$60	

## Large Group chiropractic and acupuncture benefits

HMO/EOA/ExcelCare EOA/ExcelCare HMO/Salud HMO y Más/Salud San Diego			
ACUPUNCTURE AND CHIROPRACTIC PLAN CODE	CHIROPRACTIC-ONLY PLAN CODE	COPAYMENT / VISIT LIMIT	OUT-OF-POCKET MAXIMUM – MUST MATCH THE MEDICAL PLAN OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)
BHH	BHB	\$10 / 30 visits	\$1,500 / \$3,000
BHT	BHN	\$25 / 30 visits	\$1,500 / \$3,000
BHG	BHA	\$10 / 30 visits	\$2,500 / \$7,500
BHS	BHM	\$25 / 30 visits	\$2,500 / \$7,500
BHI	BHC	\$10 / 30 visits	\$3,000 / \$9,000
BHU	BHO	\$25 / 30 visits	\$3,000 / \$9,000
BHJ	BHD	\$10 / 30 visits	\$5,500 / \$11,000
BHV	BHP	\$25 / 30 visits	\$5,500 / \$11,000
BHW	BHQ	\$25 / 30 visits	\$5,850 / \$11,700
BHK	BHE	\$10 / 30 visits	\$5,850 / \$11,700
CX2	CX6	\$10 / 30 visits	\$8,550 / \$17,100
CX4	CX3	\$25 / 30 visits	\$8,550 / \$17,100
CX7	CXB	\$10 / 30 visits	\$6,500 / \$13,000
CX9	CX8	\$25 / 30 visits	\$6,500 / \$13,000
SmartCare HMO			
ACUPUNCTURE AND CHIROPRACTIC PLAN CODE	COPAYMENT / VISIT LIMIT		OUT-OF-POCKET MAXIMUM – MUST MATCH THE MEDICAL PLAN OUT-OF-POCKET MAXIMUM (SINGLE / FAMILY)
BI2	\$15 / 10 visits		\$1,500 / \$3,000
BHY	\$15 / 10 visits		\$2,500 / \$5,000
BHZ	\$15 / 10 visits		\$2,500 / \$7,500
BI4	\$15 / 10 visits		\$3,500 / \$7,000
BI3	\$15 / 10 visits		\$4,500 / \$9,000
BI5	\$15 / 10 visits		\$5,500 / \$11,000
BI6	\$25 / 10 visits		\$5,850 / \$11,700
CX5	\$25 / 10 visits		\$8,550 / \$17,100
CXA	\$25 / 10 visits		\$6,500 / \$13,000

<sup>2</sup>PPO plans can also be paired with an HRA. Please contact your Health Net account executive for more information.

This is a brief summary of benefits. It does not include all covered services, limitations or exclusions, and is not meant for contractual purposes. Please refer to the plan-specific *Evidence of Coverage, Certificate of Insurance or Summary of Benefits and Coverage* for all terms and conditions of coverage.

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