

Small Group Community Matrix – Year 2009

Rates Effective January 1, 2009

Benefit Summary	Keystone 65 (HMO) Plan 1	Keystone 65 (HMO) Plan 2	Personal Choice 65 (PPO)*	Security 65 Plan C (Medigap)** & Select Option (PDP for Retirees Only) – Plan 1 (Retired)	Security 65 Plan C (Medigap)** & Select Option (PDP for Retirees Only) – Plan 2 (Retired)
Monthly Premium (Medical Only)	<input type="checkbox"/> \$249.70	<input type="checkbox"/> \$277.30	<input type="checkbox"/> \$378.80	<input type="checkbox"/> \$207.65	<input type="checkbox"/> \$207.65
Monthly Premium (Medical with Drug)	<input type="checkbox"/> \$292.70	<input type="checkbox"/> \$324.30	<input type="checkbox"/> \$414.00	<input type="checkbox"/> \$269.45	<input type="checkbox"/> \$320.75
Monthly Premium (Select Option Only)				<input type="checkbox"/> \$61.80	<input type="checkbox"/> \$113.10
Family Physician/Specialist Copayment	\$10/\$35	\$10/\$25	\$25/\$45	\$0/\$0	\$0/\$0
Emergency Room Copayment	\$50 (Waived if admitted)	\$50 (Waived if admitted)	\$50 (Waived if admitted)	\$0	\$0
Ambulance Copayment	\$100	\$50	\$100	\$0	\$0
Inpatient Hospital Copayment (Unlimited days each benefit period)	\$175/day \$1,750 Annual Maximum	\$100/day, \$1,000 Annual Maximum	\$600 per admission	\$0/day	\$0/day
Inpatient Mental Health	\$175 per day/\$1,750 Annual Maximum, Separate Mental Health Out of Pocket Maximum	\$100 per day/\$1,000 Annual Maximum, Separate Mental Health Out of Pocket Maximum	\$600 per admission Separate Mental Health Out of Pocket Maximum	\$0/day	\$0/day
Outpatient Surgery Copayment	\$200	\$125	\$200	\$0	\$0
Skilled Nursing Facility Copayment (100 days per benefit period)	Days 1-7: \$0 per day Days 8-14: \$60 per day Days 15-100: \$120 per day	Days 1-7: \$0 per day Days 8-14: \$60 per day Days 15-100: \$120 per day	\$50 per day	\$0 per day	\$0 per day
Physical, Speech & Occupational Therapy copayment	\$35	\$25	\$45	\$0	\$0
Vision Reimbursement Maximum	\$100 every 2 calendar years	\$100 every 2 calendar years	N/A	N/A	N/A
Durable Medical Equipment	20%	20%	20%	\$0	\$0
SilverSneakers® Fitness Program	Available at no additional cost	Available at no additional cost	Available at no additional cost	N/A	N/A
Dental Copayment	\$10 Value Dental	\$10 Value Dental	N/A	N/A	N/A
Injectables Copayment	\$0	\$0	\$0	N/A	N/A
Prescription Drugs	\$150 Deductible \$0 Generic/\$25 Preferred Brand/\$65 Non-Preferred Brand copy up to \$2,700 Initial Coverage Limit (ICL). 100% member liability until \$4,350 total out of pocket cost. Greater of \$2.40/\$6.00 or 5% coinsurance. One copayment for mail order. H347, #988, MN, Y	No Deductible \$5 Generic/\$30 Preferred Brand/\$70 Non-Preferred Brand copy up to \$2,700 Initial Coverage Limit (ICL). Generic coverage continues with \$5 copay from \$2,701 until \$4,350 out-of-pocket. 100% member liability of brand coverage until \$4,350 total out of pocket cost. Greater of \$2.40/\$6.00 or 5% coinsurance. One copayment for mail order. H348, #989, MN, Y	\$200 Deductible \$5 Generic/\$30 Preferred Brand/\$70 Non-Preferred Brand copy up to \$2,700 Initial Coverage Limit (ICL). Generic coverage continues with \$5 copay from \$2,701 until \$4,350 out-of-pocket. 100% member liability of brand coverage until \$4,350 total out of pocket cost. Greater of \$2.40/\$6.00 or 5% coinsurance. One copayment for mail order. QM54, #990	No Deductible \$5 Generic/\$30 Preferred Brand/\$50 Non-Preferred Brand copy up to \$2,700 Initial Coverage Limit (ICL). 100% member liability until \$4,350 total out of pocket cost. Greater of \$2.40/\$6.00 or 5% coinsurance. One copayment for mail order. Plan C, #991	No Deductible \$5 Generic/\$20 Preferred Brand/\$40 Non-Preferred Brand copy up to \$2,700 Initial Coverage Limit (ICL). Generic coverage continues with \$5 copay from \$2,701 until \$4,350 out-of-pocket. 100% member liability of brand coverage until \$4,350 total out of pocket cost. Greater of \$2.40/\$6.00 or 5% coinsurance. One copayment for mail order. Plan C, #906

*Personal Choice 65 (PPO): Out of Network – \$500 Deductible, 30% coinsurance

**Security 65 Plan C (Medigap) – Security 65 pays the Part A and Part B deductibles and coinsurance. Rates are subject to change.

Group Name _____ Customer Email Address _____

Customer Signature _____ Date _____ Customer Phone # _____