



Small Group (2-50 Eligible Employees) New Quote Request Grid

Indiana POS Plans (Point-of-Service)

All POS plans have Enhanced Preventive

	Office Visit PCP/SCP	In-Network			ER/UC	Out-of-Network		
		Deductible Single/Family	Coinsurance	OOP Single/Family		Deductible Single/Family	Coinsurance	OOP Single/Family
P01 <input type="checkbox"/>	\$35/50	\$5,000/1,000	50%	\$7,500/15,000	\$150/75	\$5,000/10,000	50%	\$12,000/24,000
P02 <input type="checkbox"/>	\$35/50	\$5,000/1,000	70%	\$7,500/15,000	\$150/75	\$5,000/10,000	50%	\$12,000/24,000
P03 <input type="checkbox"/>	\$35/35	\$5,000/1,000	70%	\$7,500/15,000	\$150/75	\$5,000/10,000	50%	\$12,000/24,000
P04 <input type="checkbox"/>	\$35/35	\$5,000/1,000	80%	\$7,500/15,000	\$150/75	\$5,000/10,000	60%	\$10,000/20,000
P05 <input type="checkbox"/>	\$30/45	\$3,000/6,000	50%	\$7,500/15,000	\$150/75	\$5,000/10,000	50%	\$10,000/20,000
P06 <input type="checkbox"/>	\$30/45	\$3,000/6,000	70%	\$7,500/15,000	\$150/75	\$5,000/10,000	50%	\$10,000/20,000
P07 <input type="checkbox"/>	\$30/30	\$3,000/6,000	70%	\$7,500/15,000	\$150/75	\$5,000/10,000	50%	\$10,000/20,000
P08 <input type="checkbox"/>	\$30/30	\$2,500/5,000	70%	\$5,000/10,000	\$150/75	\$5,000/10,000	50%	\$10,000/20,000
P09 <input type="checkbox"/>	\$30/45	\$2,500/5,000	80%	\$5,000/10,000	\$150/75	\$5,000/10,000	60%	\$10,000/20,000
P10 <input type="checkbox"/>	\$30/30	\$2,500/5,000	80%	\$5,000/10,000	\$150/75	\$5,000/10,000	60%	\$10,000/20,000
P11 <input type="checkbox"/>	\$25/25	\$2,000/4,000	70%	\$5,000/10,000	\$150/75	\$4,000/8,000	50%	\$10,000/20,000
P12 <input type="checkbox"/>	\$25/25	\$2,000/4,000	80%	\$5,000/10,000	\$150/75	\$4,000/8,000	60%	\$10,000/20,000
P13 <input type="checkbox"/>	\$25/40	\$2,000/4,000	100%	\$2,500/5,000	\$150/75	\$4,000/8,000	80%	\$5,000/10,000
P14 <input type="checkbox"/>	\$25/40	\$1,000/3,000	70%	\$5,000/10,000	\$150/75	\$3,000/6,000	50%	\$10,000/20,000
P15 <input type="checkbox"/>	\$25/25	\$1,500/3,000	70%	\$5,000/10,000	\$150/75	\$3,000/6,000	50%	\$10,000/20,000
P16 <input type="checkbox"/>	\$25/25	\$1,500/3,000	80%	\$5,000/10,000	\$150/75	\$3,000/6,000	60%	\$10,000/20,000
P17 <input type="checkbox"/>	\$20/35	\$1,000/2,000	70%	\$5,000/10,000	\$150/75	\$2,000/4,000	50%	\$10,000/20,000
P18 <input type="checkbox"/>	\$20/20	\$1,000/2,000	70%	\$5,000/10,000	\$150/75	\$2,000/4,000	50%	\$10,000/20,000
P19 <input type="checkbox"/>	\$20/35	\$1,000/2,000	80%	\$4,000/8,000	\$150/75	\$2,000/4,000	60%	\$8,000/16,000
P20 <input type="checkbox"/>	\$20/20	\$1,000/2,000	80%	\$4,000/8,000	\$150/75	\$2,000/4,000	60%	\$8,000/16,000
P21 <input type="checkbox"/>	\$20/20	\$1,000/2,000	90%	\$3,000/6,000	\$150/75	\$2,000/4,000	70%	\$6,000/12,000
P22 <input type="checkbox"/>	\$25/40	\$1,000/2,000	100%	\$1,500/3,000	\$150/75	\$2,000/4,000	80%	\$3,000/6,000
P23 <input type="checkbox"/>	\$25/40	\$500/1,000	80%	\$3,000/6,000	\$100/50	\$1,000/2,000	60%	\$6,000/12,000
P24 <input type="checkbox"/>	\$25/25	\$500/1,000	80%	\$3,000/6,000	\$100/50	\$1,000/2,000	60%	\$6,000/12,000
P25 <input type="checkbox"/>	\$20/35	\$500/1,000	80%	\$2,500/5,000	\$100/50	\$1,000/2,000	60%	\$5,000/10,000
P26 <input type="checkbox"/>	\$20/20	\$500/1,000	80%	\$2,500/5,000	\$100/50	\$1,000/2,000	60%	\$5,000/10,000
P27 <input type="checkbox"/>	\$20/20	\$500/1,000	90%	\$2,500/5,000	\$100/50	\$1,000/2,000	70%	\$5,000/10,000
P28 <input type="checkbox"/>	\$15/15	\$250/750	80%	\$1,500/3,000	\$75/35	\$500/1,500	60%	\$3,000/6,000
P29 <input type="checkbox"/>	\$15/15	\$250/750	90%	\$1,500/3,000	\$75/35	\$500/1,500	70%	\$3,000/6,000
P30 <input type="checkbox"/>	\$10/10	\$250/750	90%	\$750/1,500	\$75/35	\$500/1,500	70%	\$1,500/3,000
P31 <input type="checkbox"/>	\$20/20	No Deductible	80%	\$2,000/4,000	\$75/35	\$250/750	60%	\$2,500/5,000
P32 <input type="checkbox"/>	\$15/15	No Deductible	90%	\$1,500/3,000	\$75/35	\$250/750	70%	\$2,500/5,000

Benefit Options

Prescription Drug	
Option	Network Retail
A <input type="checkbox"/> *	\$10/25/40 (2x90)
B <input type="checkbox"/>	\$10/30/60 (2x90)
C <input type="checkbox"/>	\$15/40/60 (2x90)

*This option is not available for plans 1-16

Vision Rider	
Option	Coverage
0 <input type="checkbox"/>	No Coverage
1 <input type="checkbox"/>	Vision Exam \$20
2 <input type="checkbox"/> *	Full Vision \$15/25

*This option is only available for plans 10, 20, 26 & 30

Maternity & Infertility Rider	
Option	Coverage
0 <input type="checkbox"/>	No Coverage
1 <input type="checkbox"/>	Maternity & Infertility

Morbid Obesity Rider	
Option	Coverage
0 <input type="checkbox"/>	No Coverage
1 <input type="checkbox"/> *	Morbid Obesity Rider - 50%

*This option is only available for plans 12, 19, 25 & 30

Indiana HMO Plans

All HMO plans have Enhanced Preventive

	Office Visit PCP/SCP	In-Network			ER/UC
		Deductible Single/Family	Coinsurance	OOP Single/Family	
W01 <input type="checkbox"/>	\$35/50	\$5,000/10,000	50%	\$7,500/15,000	\$150/75
W02 <input type="checkbox"/>	\$35/50	\$5,000/10,000	70%	\$7,500/15,000	\$150/75
W03 <input type="checkbox"/>	\$35/35	\$5,000/10,000	70%	\$7,500/15,000	\$150/75
W04 <input type="checkbox"/>	\$35/35	\$5,000/10,000	80%	\$7,500/15,000	\$150/75
W05 <input type="checkbox"/>	\$30/45	\$3,000/6,000	50%	\$7,500/15,000	\$150/75
W06 <input type="checkbox"/>	\$30/45	\$3,000/6,000	70%	\$7,500/15,000	\$150/75
W07 <input type="checkbox"/>	\$30/30	\$3,000/6,000	70%	\$7,500/15,000	\$150/75
W08 <input type="checkbox"/>	\$30/30	\$2,500/5,000	70%	\$5,000/10,000	\$150/75
W09 <input type="checkbox"/>	\$30/45	\$2,500/5,000	80%	\$5,000/10,000	\$150/75
W10 <input type="checkbox"/>	\$30/30	\$2,500/5,000	80%	\$5,000/10,000	\$150/75
W11 <input type="checkbox"/>	\$25/25	\$2,000/4,000	70%	\$5,000/10,000	\$150/75
W12 <input type="checkbox"/>	\$25/25	\$2,000/4,000	80%	\$5,000/10,000	\$150/75
W13 <input type="checkbox"/>	\$25/40	\$2,000/4,000	100%	\$2,500/5,000	\$150/75
W14 <input type="checkbox"/>	\$25/40	\$1,500/3,000	70%	\$5,000/10,000	\$150/75
W15 <input type="checkbox"/>	\$25/25	\$1,500/3,000	70%	\$5,000/10,000	\$150/75
W16 <input type="checkbox"/>	\$25/25	\$1,500/3,000	80%	\$5,000/10,000	\$150/75
W17 <input type="checkbox"/>	\$20/35	\$1,000/2,000	70%	\$5,000/10,000	\$150/75
W18 <input type="checkbox"/>	\$20/20	\$1,000/2,000	70%	\$5,000/10,000	\$150/75
W19 <input type="checkbox"/>	\$20/35	\$1,000/2,000	80%	\$4,000/8,000	\$150/75
W20 <input type="checkbox"/>	\$20/20	\$1,000/2,000	80%	\$4,000/8,000	\$150/75
W21 <input type="checkbox"/>	\$20/20	\$1,000/2,000	90%	\$3,000/6,000	\$150/75
W22 <input type="checkbox"/>	\$25/40	\$1,000/2,000	100%	\$1,500/3,000	\$150/75
W23 <input type="checkbox"/>	\$25/40	\$500/1,000	80%	\$3,000/6,000	\$100/50
W24 <input type="checkbox"/>	\$25/25	\$500/1,000	80%	\$3,000/6,000	\$100/50
W25 <input type="checkbox"/>	\$20/35	\$500/1,000	80%	\$2,500/5,000	\$100/50
W26 <input type="checkbox"/>	\$20/20	\$500/1,000	80%	\$2,500/5,000	\$100/50
W27 <input type="checkbox"/>	\$20/20	\$500/1,000	90%	\$2,500/5,000	\$100/50
W28 <input type="checkbox"/>	\$15/15	\$250/750	80%	\$1,500/3,000	\$75/35
W29 <input type="checkbox"/>	\$15/15	\$250/750	90%	\$1,500/3,000	\$75/35
W30 <input type="checkbox"/>	\$10/10	\$250/750	90%	\$750/1,500	\$75/35
W31 <input type="checkbox"/>	\$20/20	No Deductible	80%	\$2,000/4,000	\$75/35
W32 <input type="checkbox"/>	\$15/15	No Deductible	90%	\$1,500/3,000	\$75/35

High Deductible Health Plans (HDHP)

	Office Visit PCP/SCP	In-Network			Out-of-Network
		Deductible Single/Family	Coinsurance	OOP Single/Family	Coinsurance
S8001 <input type="checkbox"/>	\$20 Prev.	\$2,000/4,000	100%	\$3,000/6,000	80%
S8002 <input type="checkbox"/>	\$20 Prev.	\$2,500/5,000	100%	\$5,250/10,500	80%
S8026 <input type="checkbox"/>	\$20 Prev.	\$5,000/10,000	100%	\$5,250/10,500	80%
S8005 <input type="checkbox"/>	\$20 Prev.	\$3,000/6,000	90%	\$5,250/10,500	70%
S8008 <input type="checkbox"/>	\$20 Prev.	\$2,500/5,000	80%	\$5,250/10,500	60%
S8009 <input type="checkbox"/>	\$20 Prev.	\$3,000/6,000	80%	\$5,250/10,500	60%
H7001 <input type="checkbox"/>	\$20 Prev.	\$2,000/4,000	100%	\$3,000/6,000	
H7002 <input type="checkbox"/>	\$20 Prev.	\$2,500/5,000	100%	\$5,250/10,500	
H7026 <input type="checkbox"/>	\$20 Prev.	\$5,000/10,000	100%	\$5,250/10,500	
H7005 <input type="checkbox"/>	\$20 Prev.	\$3,000/6,000	90%	\$5,250/10,500	
H7008 <input type="checkbox"/>	\$20 Prev.	\$2,500/5,000	80%	\$5,250/10,500	
H7009 <input type="checkbox"/>	\$20 Prev.	\$3,000/6,000	80%	\$5,250/10,500	

All HDHP Plans include \$10/25/40 Rx copays (2x90) for selected preventive drugs.

Benefit Options (Not applicable for HDHP quotes)

Prescription Drug	
Option	Network Retail
A <input type="checkbox"/> *	\$10/25/40 (2x90)
B <input type="checkbox"/>	\$10/30/60 (2x90)
C <input type="checkbox"/>	\$15/40/60 (2x90)

*This option is not available for plans 1-16

Vision Rider	
Option	Coverage
0 <input type="checkbox"/>	No Coverage
1 <input type="checkbox"/>	Vision Exam \$20
2 <input type="checkbox"/> *	Full Vision \$15/25

*This option is only available for plans 10, 20, 26 & 30

Maternity & Infertility Rider	
Option	Coverage
0 <input type="checkbox"/>	No Coverage
1 <input type="checkbox"/>	Maternity & Infertility

Morbid Obesity Rider	
Option	Coverage
0 <input type="checkbox"/>	No Coverage
1 <input type="checkbox"/> *	Morbid Obesity Rider - 50%

*This option is only available for plans 12, 19, 25 & 30



The plan descriptions provided are for quoting purposes only. Please refer to your WHP Benefit Summary and/or Employer/Member Certificate for details of coverage.