



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

Kentucky 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 | Coins. | OOP Single/Family | | Deductible Single/Family | Coins. | OOP Single/Family |
| PK01 <input type="checkbox"/> | \$35/45 | \$5,000/10,000 | 50% | \$7,500/15,000 | \$150/75 | \$5,000/10,000 | 50% | \$12,000/24,000 |
| PK02 <input type="checkbox"/> | \$35/45 | \$5,000/10,000 | 70% | \$7,500/15,000 | \$150/75 | \$5,000/10,000 | 50% | \$12,000/24,000 |
| PK03 <input type="checkbox"/> | \$35/35 | \$5,000/10,000 | 70% | \$7,500/15,000 | \$150/75 | \$5,000/10,000 | 50% | \$12,000/24,000 |
| PK04 <input type="checkbox"/> | \$35/35 | \$5,000/10,000 | 80% | \$7,500/15,000 | \$150/75 | \$5,000/10,000 | 60% | \$10,000/20,000 |
| PK05 <input type="checkbox"/> | \$30/40 | \$3,000/6,000 | 50% | \$7,500/15,000 | \$150/75 | \$5,000/10,000 | 50% | \$10,000/20,000 |
| PK06 <input type="checkbox"/> | \$30/40 | \$3,000/6,000 | 70% | \$7,500/15,000 | \$150/75 | \$5,000/10,000 | 50% | \$10,000/20,000 |
| PK07 <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 |
| PK08 <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 |
| PK09 <input type="checkbox"/> | \$30/40 | \$2,500/5,000 | 80% | \$5,000/10,000 | \$150/75 | \$5,000/10,000 | 60% | \$10,000/20,000 |
| PK10 <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 |
| PK11 <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 |
| PK12 <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 |
| PK13 <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 |
| PK14 <input type="checkbox"/> | \$25/40 | \$1,500/3,000 | 70% | \$5,000/10,000 | \$150/75 | \$3,000/6,000 | 50% | \$10,000/20,000 |
| PK15 <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 |
| PK16 <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 |
| PK17 <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 |
| PK18 <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 |
| PK19 <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 |
| PK20 <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 |
| PK21 <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 |
| PK22 <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 |
| PK23 <input type="checkbox"/> | \$25/40 | \$500/1,000 | 80% | \$3,000/6,000 | \$100/50 | \$1,000/2,000 | 60% | \$6,000/12,000 |
| PK24 <input type="checkbox"/> | \$25/25 | \$500/1,000 | 80% | \$3,000/6,000 | \$100/50 | \$1,000/2,000 | 60% | \$6,000/12,000 |
| PK25 <input type="checkbox"/> | \$20/35 | \$500/1,000 | 80% | \$2,500/5,000 | \$100/50 | \$1,000/2,000 | 60% | \$5,000/10,000 |
| PK26 <input type="checkbox"/> | \$20/20 | \$500/1,000 | 80% | \$2,500/5,000 | \$100/50 | \$1,000/2,000 | 60% | \$5,000/10,000 |
| PK27 <input type="checkbox"/> | \$20/20 | \$500/1,000 | 90% | \$2,500/5,000 | \$100/50 | \$1,000/2,000 | 70% | \$5,000/10,000 |
| PK28 <input type="checkbox"/> | \$15/15 | \$250/750 | 80% | \$1,500/3,000 | \$75/35 | \$500/1,500 | 60% | \$3,000/6,000 |
| PK29 <input type="checkbox"/> | \$15/15 | \$250/750 | 90% | \$1,500/3,000 | \$75/35 | \$500/1,500 | 70% | \$3,000/6,000 |
| PK30 <input type="checkbox"/> | \$10/10 | \$250/750 | 90% | \$750/1,500 | \$75/35 | \$500/1,500 | 70% | \$1,500/3,000 |
| PK31 <input type="checkbox"/> | \$20/20 | No Deductible | 80% | \$2,000/4,000 | \$75/35 | \$250/750 | 60% | \$3,000/6,000 |
| PK32 <input type="checkbox"/> | \$15/15 | No Deductible | 90% | \$1,000/2,000 | \$75/35 | \$250/750 | 70% | \$2,500/5,000 |

POS 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

High Deductible Health Plans (HDHP)

| | Office Visit PCP/SCP | In-Network | | | Out-of-Network |
|--------------------------------|-------------------------|-----------------------------|--------|----------------------|----------------|
| | | Deductible Single/Family | Coins. | OOP Single/Family | Coins. |
| 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% |

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

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.