

Step 1: Check appropriate box.**Step 2: Circle coinsurance option, office visit option and Rx option, where applicable.****Step 3: Submit this form to sales@prevea360.com or your account management team for renewal business.****HMO Plan Options:**

	Plan Offering	HRA	Deductible (Single)*	Coinsurance Options		Annual Max Out-of-Pocket (Single)*	ER Copay	Office Visit Options							Prescription Drug Options	
✓		(check box for HRA)		(circle choice if more than one option is listed)				(circle choice or multiple choices)							(circle choice or multiple choices)	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$2,000	10%	20%	\$6,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$2,500	10%	20%	\$6,250	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$3,000	10%	20%	\$6,750	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$3,500	0%		\$5,250	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$3,500	10%	20%	\$7,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$4,000	10%	20%	\$7,150	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$4,500	0%		\$5,750	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$4,500	10%	20%	\$7,150	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$5,000	0%		\$6,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$5,000	10%	20%	\$7,150	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$6,000	0%		\$6,500	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
<input type="checkbox"/>	HMO	<input type="checkbox"/>	\$7,000	0%		\$7,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	

HSA Eligible HMO Plan Options:

✓	HSA Eligible Plan Offering	Deductible (Single)*	Coinsurance Options	Annual Max Out-of-Pocket (Single)*	Embedded Deductible
<input type="checkbox"/>	HMO	\$1,600	0%	\$1,600	No
<input type="checkbox"/>	HMO	\$1,600	20%	\$3,200	No
<input type="checkbox"/>	HMO	\$2,000	0%	\$2,000	No
<input type="checkbox"/>	HMO	\$2,000	20%	\$4,000	No
<input type="checkbox"/>	HMO	\$2,500	0%	\$2,500	No
<input type="checkbox"/>	HMO	\$3,000	0%	\$3,000	No
<input type="checkbox"/>	HMO	\$3,200	0%	\$3,200	Yes
<input type="checkbox"/>	HMO	\$3,200	20%	\$6,400	Yes
<input type="checkbox"/>	HMO	\$3,500	0%	\$3,500	Yes
<input type="checkbox"/>	HMO	\$4,000	0%	\$4,000	Yes
<input type="checkbox"/>	HMO	\$5,000	0%	\$5,000	Yes
<input type="checkbox"/>	HMO	\$5,000	20%	\$10,000	Yes
<input type="checkbox"/>	HMO	\$6,000	0%	\$6,000	Yes

* Family=2x Single

Note: Should any quoting require options other than those provided OR the assumptions do not align with consumer needs, please contact your sales or account management team to request a modified plan design(s).

PPO/POS Plan Options:

	Plan Offering		HRA	Deductible (Single)*		Coinsurance Options		Annual Max Out-of-Pocket (Single)*		ER Copay	Office Visit Options						Prescription Drug Options	
✓	(circle choice)		(check box for HRA)	In Network	Out-of-Network	In-Network Out-of-Network (circle choice if more than one option is listed)		In Network	Out-of-Network		(circle choice or multiple choices)						(circle choice or multiple choices)	
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$0	\$500	0% 20%		\$1,250	\$2,500	\$150	\$0	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$100	\$500	10% 30%	20% 40%	\$1,750	\$3,500	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$250	\$500	0% 20%		\$1,500	\$3,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$250	\$500	10% 30%	20% 40%	\$2,000	\$4,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$500	\$1,000	0% 20%		\$1,750	\$3,500	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$500	\$1,000	10% 30%	20% 40%	\$2,250	\$4,500	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$1,000	\$2,000	10% 30%	20% 40%	\$3,250	\$6,500	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$1,500	\$3,000	10% 30%	20% 40%	\$5,000	\$10,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$2,000	\$4,000	0% 20%		\$4,500	\$9,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$2,000	\$4,000	10% 30%	20% 40%	\$6,000	\$12,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$2,500	\$5,000	10% 30%	20% 40%	\$6,250	\$12,500	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$3,000	\$6,000	10% 30%	20% 40%	\$6,750	\$13,500	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$3,500	\$7,000	0% 20%		\$5,250	\$14,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$3,500	\$7,000	10% 30%		\$7,000	\$14,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$4,000	\$8,000	10% 30%		\$7,150	\$16,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$4,500	\$9,000	0% 20%		\$5,750	\$18,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$4,500	\$9,000	10% 30%		\$7,150	\$18,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$5,000	\$10,000	0% 20%		\$6,000	\$20,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$5,000	\$10,000	10% 30%		\$7,150	\$20,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$6,000	\$12,000	0% 20%		\$6,500	\$24,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%
<input type="checkbox"/>	PPO	POS	<input type="checkbox"/>	\$7,000	\$14,000	0% 20%		\$7,000	\$28,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%

HSA Eligible PPO/POS Plan Options:

	HSA Eligible Plan Offering		Deductible (Single)*		Coinsurance Options		Annual Max Out-of-Pocket (Single)*		Embedded Deductible
✓	(circle choice)		In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network	
<input type="checkbox"/>	PPO	POS	\$1,600	\$3,200	0%	20%	\$1,600	\$6,400	No
<input type="checkbox"/>	PPO	POS	\$1,600	\$3,200	20%	40%	\$3,200	\$6,400	No
<input type="checkbox"/>	PPO	POS	\$2,000	\$4,000	0%	20%	\$2,000	\$8,000	No
<input type="checkbox"/>	PPO	POS	\$2,500	\$5,000	0%	20%	\$2,500	\$10,000	No
<input type="checkbox"/>	PPO	POS	\$3,000	\$6,000	0%	20%	\$3,000	\$12,000	No
<input type="checkbox"/>	PPO	POS	\$3,200	\$6,400	0%	20%	\$3,200	\$12,800	Yes
<input type="checkbox"/>	PPO	POS	\$3,200	\$6,400	20%	40%	\$6,400	\$12,800	Yes
<input type="checkbox"/>	PPO	POS	\$3,500	\$7,000	0%	20%	\$3,500	\$14,000	Yes
<input type="checkbox"/>	PPO	POS	\$4,000	\$8,000	0%	20%	\$4,000	\$16,000	Yes
<input type="checkbox"/>	PPO	POS	\$5,000	\$10,000	0%	20%	\$5,000	\$20,000	Yes
<input type="checkbox"/>	PPO	POS	\$6,000	\$12,000	0%	20%	\$6,000	\$24,000	Yes

* Family=2x Single

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