2025 Large employer plan options

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.

51 or more total employees

HMO Plan Options:

	Plan Offering	HRA	Deductible (Single)*		urance ions	Annual Max Out-of-Pocket (Single)*	ER Copay	Office Visit Options				otions		Prescription Drug Options		
•		(check box for HRA)		(circle choice if more than one option is listed)				(circle choice or multiple choices)				ple cho	ices)	(circle choice or multiple choices)		
	нмо		\$2,000	10%	20%	\$6,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	нмо		\$2,500	10%	20%	\$6,250	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	НМО		\$3,000	10%	20%	\$6,750	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	НМО		\$3,500	0%		\$5,250	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	НМО		\$3,500	10%	20%	\$7,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	нмо		\$4,000	10%	20%	\$7,150	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	НМО		\$4,500	0	%	\$5,750	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	НМО		\$4,500	10%	20%	\$7,150	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	нмо		\$5,000	0%		\$6,000	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	НМО		\$5,000	10%	20%	\$7,150	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	НМО		\$6,000	0%		\$6,500	\$150	-	\$15	\$20	\$30	\$40	\$50	\$10 / \$35 / \$60 / 30% \$10 / 30% / 50% / 30%		
	НМО		\$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
	НМО	\$1,650	0%	\$1,650	No
	НМО	\$1,650	20%	\$3,300	No
	НМО	\$2,000	0%	\$2,000	No
	НМО	\$2,000	20%	\$4,000	No
	НМО	\$2,500	0%	\$2,500	No
	НМО	\$3,000	0%	\$3,000	No
	НМО	\$3,300	0%	\$3,300	Yes
	НМО	\$3,300	20%	\$6,600	Yes
	НМО	\$3,500	0%	\$3,500	Yes
	НМО	\$4,000	0%	\$4,000	Yes
	НМО	\$5,000	0%	\$5,000	Yes
	НМО	\$5,000	20%	\$10,000	Yes
	НМО	\$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:

	110/1031			P 110113.														
	Plan Offering		HRA	Deductible (Single)*		Coinsurance Options		Annual Max Out- of-Pocket (Single)*		ER Copay	(Office Visit Options			ptions	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		(ci	(circle choice or multiple choices)			•	(circle choice or multiple choices)		
	PPO	POS		\$0	\$500		% 0%	\$1,250	\$2,500	\$150	\$0	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$100	\$500	10% 30%	20% 40%	\$1,750	\$3,500	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$250	\$500		% 0%	\$1,500	\$3,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$250	\$500	10% 30%	20% 40%	\$2,000	\$4,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$500	\$1,000		% 0%	\$1,750	\$3,500	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$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%	
	PPO	POS		\$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%	
	PPO	POS		\$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%	
	PPO	POS		\$2,000	\$4,000		% 0%	\$4,500	\$9,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$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%	
	PPO	POS		\$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%	
	PPO	POS		\$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%	
	PPO	POS		\$3,500	\$7,000		% 0%	\$5,250	\$14,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$3,500	\$7,000		0% 0%	\$7,000	\$14,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$4,000	\$8,000		0% 0%	\$7,150	\$16,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$4,500	\$9,000	0	% 0%	\$5,750	\$18,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$4,500	\$9,000	10	0% 0%	\$7,150	\$18,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$5,000	\$10,000	0	% 0%	\$6,000	\$20,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	РРО	POS		\$5,000	\$10,000	10	0% 0%	\$7,150	\$20,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$6,000	\$12,000		% 0%	\$6,500	\$24,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	
	PPO	POS		\$7,000	\$14,000	0	% 0%	\$7,000	\$28,000	\$150	-	\$15	\$20	\$30	\$40 \$50	\$10 / \$35 / \$60 / 30%	\$10 / 30% / 50% / 30%	

HSA Eligible PPO/POS Plan Options:

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		ligible Iffering		uctible ngle)*		surance otions		Out-of-Pocket ngle)*	Embedded Deductible		
/	(circle choice)		In Network	Out-of-Network In Network Out-of-Netw		Out-of-Network	In Network	Out-of-Network			
	PPO	PPO POS		\$3,300	0%	20%	\$1,650	\$6,600	No		
	PPO	POS	\$1,650	\$3,300	20%	40%	\$3,300	\$6,600	No		
	PPO	POS	\$2,000	\$4,000	0%	20%	\$2,000	\$8,000	No		
	PPO	POS	\$2,500	\$5,000	0%	20%	\$2,500	\$10,000	No		
	PPO	POS	\$3,000	\$6,000	0%	20%	\$3,000	\$12,000	No		
	PPO	POS	\$3,300	\$6,600	0%	20%	\$3,300	\$13,200	Yes		
	PPO	POS	\$3,300	\$6,600	20%	40%	\$6,600	\$13,200	Yes		
	PPO	POS	\$3,500	\$7,000	0%	20%	\$3,500	\$14,000	Yes		
	PPO	POS	\$4,000	\$8,000	0%	20%	\$4,000	\$16,000	Yes		
	PPO	POS	\$5,000	\$10,000	0%	20%	\$5,000	\$20,000	Yes		
	PPO	POS	\$6,000	\$12,000	0%	20%	\$6,000	\$24,000	Yes		

^{*} Family=2x Single

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