

GHI PPO Plan Selection Form

50% Participation Required

Group Name _____ Effective Date _____ Group Rep _____



Network: National

Rating Structure 2-Tier 4-Tier

OV Copay Adults/dep	UCR	Out-of-network Deductible	ER Copay	Out-of-network Coinsurance	Inpatient Copay	Out-of-network Coinsurance Max	In/out of network Annual Max	Prescription Drug Option Circle One
<input type="checkbox"/> \$40/\$0	70th	\$2,000/\$6,000	\$100	70%/30%	\$500	\$3,000/\$9,000	Unlimited/\$500,000	U V W X Y
<input type="checkbox"/> \$40/\$0	70th	\$1,000/\$3,000	\$100	70%/30%	\$0	\$3,000/\$9,000	Unlimited/\$500,000	U V W X Y
<input type="checkbox"/> \$30/\$0	70th	\$1,000/\$3,000	\$100	70%/30%	\$500	\$3,000/\$9,000	Unlimited/\$500,000	U V W X Y
<input type="checkbox"/> \$30/\$0	70th	\$1,000/\$3,000	\$100	70%/30%	\$0	\$3,000/\$9,000	Unlimited/\$500,000	U V W X Y
<input type="checkbox"/> \$25/\$0	70th	\$3,000/\$9,000	\$100	70%/30%	\$500	\$3,000/\$9,000	Unlimited/\$500,000	U V W X Y
<input type="checkbox"/> \$25/\$0	70th	\$1,000/\$3,000	\$100	70%/30%	\$500	\$3,000/\$9,000	Unlimited/\$500,000	U V W X Y
<input type="checkbox"/> \$25/\$0	70th	\$1,000/\$3,000	\$100	70%/30%	\$0	\$3,000/\$9,000	Unlimited/\$500,000	U V W X Y
<input type="checkbox"/> \$20/\$0	80th	\$500/\$1,500	\$50	80%/20%	\$0	\$2,000/\$6,000	Unlimited/1,000,000	U V W X Y

Required Riders

PLA 88	Davis Vision	PLA 78	Pre-existing Conditions	PLA 96	Extended Student Coverage
PLA 87	Specialty Injectibles	PLA 85	In-Hospital Medical Services	PLA 16A	Domestic Partners
PLA84	Emergency Care Benefits	PLA 94	Air Ambulance	PIA5329	Referred Amb

PLHSGC976-2 Certificate PLHSGC976E Certificate Attachment

Prescription Drug Plan
Select From the Options Below

Option	Generic/ Preferred/Non Preferred			Home Delivery Copay	M/V mail	For internal use only					
	Retail Copay	Deductible*(r etail & mail)	Annual Retail Max								
U	\$0/\$25/\$40	\$0	none	\$0/\$50/\$80	Voluntary	<table border="1"> <tr><td>PIA100B</td></tr> <tr><td>PIA100B</td></tr> <tr><td>PIA100B</td></tr> <tr><td>PIA100B</td></tr> <tr><td>PIA100B</td></tr> </table>	PIA100B	PIA100B	PIA100B	PIA100B	PIA100B
PIA100B											
PIA100B											
PIA100B											
PIA100B											
PIA100B											
V	\$0/\$25/\$40	\$100	none	\$0/\$50/\$80	Voluntary						
W	\$0/\$25/\$40	\$50	\$3,000	\$0/\$50/\$80	Voluntary						
X	\$0/\$25/\$40	\$50	\$1,000	\$0/\$50/\$80	Voluntary						
Y	\$0/\$25/\$40	\$50	\$750	\$0/\$50/\$80	Voluntary						

- PLA 66C Clinical Prior Authorization Program
- PLA 102 Specialty Pharmacy Program

*Deductible applies to Brand Preferred and Brand Non Preferred drugs only

PLA 70 (contraceptive coverage) included with all RX riders unless PLA 71 (excludes contraceptive coverage) is requested (group requires exemption status)