



**Group Name** .....

**COPAYMENT OPTIONS (Select One from each category)**

PCP Office Visit / Specialist Office Visit Copayments:

- \$5 / \$5
- \$10 / \$10
- \$15 / \$15
- \$20 / \$20

Ambulatory Surgery Copayment:

- \$0
- \$50
- \$75
- Other \_\_\_\_\_

Inpatient Facility Copayment:

- \$0
- \$250
- \$500

Emergency Room Copayment:

- \$35
- \$50

**OPTIONAL BENEFIT RIDERS**

**PRESCRIPTION DRUG OPTIONS**

**Generic/Brand/Non-Formulary Drug Copayments and Coinsurance**

- \$5 / \$10 / 50%
- \$10 / \$15 / 50%
- \$10 / \$20 / 50%
- \$100 Deductible \$10 / \$20 / 50%
- \$5 / \$10 / \$35
- \$10 / \$15 / \$35
- \$10 / \$20 / \$35
- \$100 Deductible \$10 / \$20 / \$35
- No Prescription Drug Coverage
- Other \_\_\_\_\_

**PRIVATE DUTY NURSING (Select One)**

- Covered In Full
- Excluded

**ALTERNATIVE MEDICINE (Nutrition/Accupuncture/Massage)**

- \$25 Copay
- \$20 Copay

**DURABLE MEDICAL EQUIPMENT (Select One)**

- Covered In Full
- Excluded

**FITNESS CENTER (Membership Reimbursement)**

- \$200

**OPTICAL (Select One)**

- One pair eyeglasses every 12 months; \$25 contact lens copayment
- One pair eyeglasses every 24 months; \$25 contact lens copayment
- One pair eyeglasses every 12 months; \$70 contact lens copayment
- One pair eyeglasses every 24 months; \$70 contact lens copayment
- One pair eyeglasses every 24 months with \$45 copayment
- One pair eyeglasses and contact lenses, covered up to a maximum of \$75 every 12 months
- No Rider

**DEPENDENT COVERAGE (Select One from each column)**

- | Full-Time Students                      | Dependent Children                       |
|---|--|
| <input type="checkbox"/> 23 End Of Year | <input type="checkbox"/> 19 End Of Month |
| <input type="checkbox"/> 25 End Of Year | <input type="checkbox"/> 23 End Of Year  |
|   | <input type="checkbox"/> 25 End Of Year  |

**MONTHLY RATES (to be completed by your broker or HIP)**

**4 TIER**

Individual \$ \_\_\_\_\_

Employee & Child(ren) \$ \_\_\_\_\_

Employee & Spouse \$ \_\_\_\_\_

Family \$ \_\_\_\_\_