

REQUIRED RFP RESPONSE QUESTIONNAIRE - GROUP HEALTH PLANS

HIGH PLAN DESIGN (Buy-Up Option)

Question	Benefit	In-Network	Out-of-Network
HP - 01	Deductible - Individual		
HP - 02	Deductible - Family		
HP - 03	Deductible - Other Services		
HP - 04	Out of Pocket Max - Individual		
HP - 05	Out of Pocket Max - Family		
HP - 06	Co-payment - Primary Care		
HP - 07	Co-payment - Specialist		
HP - 08	Coinsurance		
HP - 09	Physician Visit		
HP - 10	Hospital Inpatient		
HP - 11	Emergency Room		
HP - 12	Urgent Care		
HP - 13	Outpatient Surgery		
HP - 14	Diagnostic Services		
HP - 15	Advanced Diagnostic Services		
HP - 16	Preventive Care		
HP - 17	RX Generic drugs		
HP - 18	RX Preferred brand drugs		
HP - 19	RX Non-preferred brand drugs		
HP - 20	RX Specialty drugs		
HP - 21	RX - Mail Generic drugs		
HP - 22	RX - Mail Preferred brand drugs		
HP - 23	RX - Mail Non-preferred brand drugs		
HP - 24	RX - Mail Specialty drugs		

LOW PLAN DESIGN (Basic Option)

Question	Benefit	In-Network	Out-of-Network
HP - 01	Deductible - Individual		
HP - 02	Deductible - Family		
HP - 03	Deductible - Other Services		
HP - 04	Out of Pocket Max - Individual		
HP - 05	Out of Pocket Max - Family		
HP - 06	Co-payment - Primary Care		
HP - 07	Co-payment - Specialist		
HP - 08	Coinsurance		
HP - 09	Physician Visit		
HP - 10	Hospital Inpatient		
HP - 11	Emergency Room		
HP - 12	Urgent Care		
HP - 13	Outpatient Surgery		
HP - 14	Diagnostic Services		
HP - 15	Advanced Diagnostic Services		
HP - 16	Preventive Care		
HP - 17	RX Generic drugs		
HP - 18	RX Preferred brand drugs		
HP - 19	RX Non-preferred brand drugs		
HP - 20	RX Specialty drugs		
HP - 21	RX - Mail Generic drugs		
HP - 22	RX - Mail Preferred brand drugs		
HP - 23	RX - Mail Non-preferred brand drugs		
HP - 24	RX - Mail Specialty drugs		