

Quote/Census

Starmark *HealthyEdge*SM PPO and CDHP Advantage Plan Designs

Agent: _____ City, State, ZIP Code(s): _____
 Email address: _____ Multiple Locations: Yes No If yes, zip codes _____
 Phone number: () - _____
 Fax number: () - _____ Nature of Business/SIC Code: _____
 Employer name: _____ Requested PPO Network: _____
 Number of Eligible Employees: _____ Effective Date: ____/____/____

PREFERRED PROVIDER ORGANIZATION (PPO)

Individual Deductible (in-network/out-of-network) Calendar year Plan year
 \$ 0/\$2,000 \$ 750/\$1,500 \$2,000/\$4,000 \$ 3,500/\$7,000 \$5,000/\$10,000 \$ 8,000/\$16,000
 \$ 250/\$750 \$1,000/\$2,000 \$2,500/\$5,000 \$ 4,000/\$8,000 \$6,000/\$12,000 \$ 9,000/\$18,000
 \$ 500/\$1,500 \$1,500/\$3,000 \$3,000/\$6,000 \$ 4,500/\$9,000 \$7,000/\$14,000 \$10,000/\$20,000

Coinsurance (in-network/out-of-network) 100/70 90/70 80/60 70/50 50/50

Coinsurance Limit (in-network/out-of-network)
 \$ 5,000/\$10,000 \$12,500/\$17,500 \$17,500/\$22,500 \$22,500/\$27,500 \$27,500/\$32,500 \$40,000/\$45,000
 \$10,000/\$15,000 \$15,000/\$20,000 \$20,000/\$25,000 \$25,000/\$30,000 \$30,000/\$35,000 \$50,000/\$55,000

Family Deductible and Out-of-Pocket Limit Multiplier One time Two times Three times

Physician/Specialist Office Visit Therapies (optional) Alternative Medicine (optional)
 \$20 copay \$30 copay \$40 copay \$50 copay Deductible and coinsurance
 \$25 copay \$35 copay \$45 copay \$60 copay

Urgent Care
 \$40 copay \$60 copay \$75 copay \$85 copay Deductible and coinsurance
 \$45 copay \$65 copay \$80 copay \$100 copay

Emergency Room (optional) \$250 copay \$500 copay \$200 access fee (waived if admitted as inpatient)

Outpatient Diagnostic X-Ray and Lab (per person, per year)
 100% up to \$250 100% up to \$1,000 Coinsurance only (deductible waived)
 100% up to \$500 100% unlimited (no dollar limit) Deductible and coinsurance

Prescription Drug Card	Other Prescription Drug Options:			
Deductible (per person)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$250	<input type="checkbox"/> Price Assurance	
	<input type="checkbox"/> \$100	<input type="checkbox"/> \$500	<input type="checkbox"/> No Outpatient Prescription Drug Coverage	
Retail copay	<input type="checkbox"/> \$0/\$30/\$50	<input type="checkbox"/> \$7/\$25/\$45	<input type="checkbox"/> \$10/\$30/\$75 or 50%	<input type="checkbox"/> \$15/\$45/\$75
	<input type="checkbox"/> \$0/\$45/\$75	<input type="checkbox"/> \$10/\$30/\$50	<input type="checkbox"/> \$15/\$30/\$60	<input type="checkbox"/> \$20/\$60/\$90

Inpatient Admission and Outpatient Surgery Access Fees Option \$500 \$750 \$1,000 None

CONSUMER-DIRECTED HEALTH PLAN (CDHP)

Individual Deductible (in-network/out-of-network) Calendar year Plan year
 \$1,250/\$2,500 \$2,000/\$4,000 \$3,000/\$6,000 \$ 4,000/\$8,000 \$5,000/\$10,000
 \$1,500/\$3,000 \$2,500/\$5,000 \$3,500/\$7,000 \$ 4,500/\$9,000 \$6,250/\$9,000

Coinsurance (in-network/out-of-network) 100/70 90/70 80/60 70/50

Coinsurance Limit (in-network/out-of-network)
 \$ 5,000/\$10,000 \$12,500/\$17,500 \$17,500/\$22,500 \$22,500/\$27,500 \$27,500/\$32,500
 \$10,000/\$20,000 \$15,000/\$30,000 \$20,000/\$25,000 \$25,000/\$30,000

Deductible Type Aggregate Embedded

BENEFIT OPTIONS FOR STARMARK HEALTHYEDGESM PPO AND CDHP ADVANTAGE PLAN DESIGNS

Surplus Option	<input type="checkbox"/> 2/3 Administrative Fee Credit	<input type="checkbox"/> 2/3 Administrative Fee Credit, 2/3 Cash	<input type="checkbox"/> Cash
Surplus Determination Period	<input type="checkbox"/> 13 th month (25+ lives)	<input type="checkbox"/> 16 th month	
Supplemental Accident Option	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Maternity Option	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CareChampion 24/7[®] Option	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
YourCare Option	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Domestic Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Ancillary (coverage may vary by state)			
Dental			
PPO A	Calendar-Year Maximum	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500	
	Insured Percent for Preventive Services	<input type="checkbox"/> 100/100% <input type="checkbox"/> 80/60%	
	Individual Deductible	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100	<input type="checkbox"/> \$50/\$150 <input type="checkbox"/> \$100/\$300 combined in-network/out-of network in-network/out-of network
PPO B	Calendar-Year Maximum	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250	
	Insured Percent for Preventive Services	<input type="checkbox"/> 100/80% <input type="checkbox"/> 80/60%	
	Individual Deductible	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100	<input type="checkbox"/> \$50/\$150 <input type="checkbox"/> \$100/\$300 combined in-network/out-of network in-network/out-of network
Indemnity A	Calendar-Year Maximum	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500	
	Insured Percent for Preventive Services	<input type="checkbox"/> 100% <input type="checkbox"/> 80%	
	Individual Deductible	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100	
	Orthodontic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Indemnity B	Calendar-Year Maximum	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250	
	Insured Percent for Preventive Services	<input type="checkbox"/> 100% <input type="checkbox"/> 80%	
	Individual Deductible	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100	
Life/Accidental Death and Dismemberment	<input type="checkbox"/> Plan 1: Flat amount <input type="checkbox"/> Plan 2: Multiple of annual earnings <input type="checkbox"/> Plan 3: Specific amount per employee class		
Short-Term Disability	<input type="checkbox"/> Plan 1: 7 days/26 weeks <input type="checkbox"/> Plan 2: 14 days/52 weeks <input type="checkbox"/> Plan 3: 28 days/130 weeks		
	Short-Term Disability benefits are payable as a percentage of salary from the following options:		
	<input type="checkbox"/> 50% <input type="checkbox"/> 55% <input type="checkbox"/> 60% <input type="checkbox"/> 66%		
Long-Term Disability Plans	<input type="checkbox"/> Plan 1: 90 days/ to age 65 <input type="checkbox"/> Plan 3: 90 days/5 years		
	<input type="checkbox"/> Plan 2: 180 days/to age 65 <input type="checkbox"/> Plan 4: 180 days/5 years		

*Please attach an Excel spreadsheet of your census information.