



Plan Designs & Pharmacy Riders

Large Group (51+ Employees)

Networks: SCPremier, SCSelect and SCConnect

Plan Name	In-Network				Out-Of-Network		
	Copay	Coinsurance	Deductible	OOP Maximum	Coinsurance	Deductible	OOP Maximum
PPO Plan B Series*							
Plan 800-3060B	\$30 / \$60	20%	\$750 / \$1,500	\$3,500 / \$7,000	50%	\$2,250 / \$4,500	\$10,500 / \$21,000
Plan 801-3060B	\$30 / \$60	20%	\$1,000 / \$2,000	\$4,000 / \$8,000	50%	\$3,000 / \$6,000	\$12,000 / \$24,000
Plan 802-2040B	\$20 / \$40	20%	\$2,000 / \$4,000	\$5,000 / \$10,000	50%	\$6,000 / \$12,000	\$15,000 / \$30,000
Plan 802-3060B	\$30 / \$60	20%	\$2,000 / \$4,000	\$5,000 / \$10,000	50%	\$6,000 / \$12,000	\$15,000 / \$30,000
Plan 803-2040B	\$20 / \$40	20%	\$3,500 / \$7,000	\$6,000 / \$12,000	50%	\$10,500 / \$21,000	\$18,000 / \$36,000
Plan 803-3060B	\$30 / \$60	20%	\$3,500 / \$7,000	\$6,000 / \$12,000	50%	\$10,500 / \$21,000	\$18,000 / \$36,000
Plan 804-2040B	\$20 / \$40	20%	\$5,500 / \$11,000	\$7,000 / \$14,000	50%	\$16,500 / \$33,000	\$21,000 / \$42,000
Plan 804-3060B	\$30 / \$60	20%	\$5,500 / \$11,000	\$7,000 / \$14,000	50%	\$16,500 / \$33,000	\$21,000 / \$42,000
PPO Plan C Series*							
Plan 805-3060C	\$30 / \$60	0%	\$1,000 / \$2,000	\$6,350 / \$12,700	50%	\$3,000 / \$6,000	\$19,050 / \$38,100
Plan 806-2040C	\$20 / \$40	0%	\$2,000 / \$4,000	\$6,350 / \$12,700	50%	\$6,000 / \$12,000	\$19,050 / \$38,100
Plan 806-3060C	\$30 / \$60	0%	\$2,000 / \$4,000	\$6,350 / \$12,700	50%	\$6,000 / \$12,000	\$19,050 / \$38,100
Plan 807-2040C	\$20 / \$40	0%	\$3,000 / \$6,000	\$6,350 / \$12,700	50%	\$9,000 / \$18,000	\$19,050 / \$38,100
Plan 807-3060C	\$30 / \$60	0%	\$3,000 / \$6,000	\$6,350 / \$12,700	50%	\$9,000 / \$18,000	\$19,050 / \$38,100
Plan 808-2040C	\$20 / \$40	0%	\$4,000 / \$8,000	\$6,350 / \$12,700	50%	\$12,000 / \$24,000	\$19,050 / \$38,100
Plan 808-3060C	\$30 / \$60	0%	\$4,000 / \$8,000	\$6,350 / \$12,700	50%	\$12,000 / \$24,000	\$19,050 / \$38,100
Plan 809-2040C	\$20 / \$40	0%	\$5,000 / \$10,000	\$6,350 / \$12,700	50%	\$15,000 / \$30,000	\$19,050 / \$38,100
Plan 809-3060C	\$30 / \$60	0%	\$5,000 / \$10,000	\$6,350 / \$12,700	50%	\$15,000 / \$30,000	\$19,050 / \$38,100
Plan 810-2040C	\$20 / \$40	0%	\$6,000 / \$12,000	\$7,150 / \$14,300	50%	\$18,000 / \$36,000	\$21,450 / \$42,900
Plan 810-3060C	\$30 / \$60	0%	\$6,000 / \$12,000	\$7,150 / \$14,300	50%	\$18,000 / \$36,000	\$21,450 / \$42,900

Qualified High Deductible PPO^{†*}

Plan Name	In-Network				Out-Of-Network		
	Deductible Type	Coinsurance	Deductible	OOP Maximum	Coinsurance	Deductible	OOP Maximum
Q811-001C	Embedded	0%	\$2,800 / \$5,600	\$3,800 / \$7,600	50%	\$8,400 / \$16,800	\$11,400 / 22,800
Q812-00AC	Aggregate	0%	\$2,000 / \$4,000	\$2,000 / \$4,000	50%	\$6,000 / \$12,000	\$12,000 / \$24,000
Q813-001C	Embedded	0%	\$3,000 / \$6,000	\$3,000 / \$6,000	50%	\$9,000 / \$18,000	\$18,000 / \$36,000
Q814-001C	Embedded	0%	\$4,000 / \$8,000	\$4,000 / \$8,000	50%	\$12,000 / \$24,000	\$24,000 / \$48,000
Q815-001C	Embedded	0%	\$5,000 / \$10,000	\$6,000 / \$12,000	50%	\$15,000 / \$30,000	\$30,000 / \$60,000
Q816-00AC	Aggregate	0%	\$1,500 / \$3,000	\$1,500 / \$3,000	50%	\$4,500 / \$9,000	\$9,000 / \$18,000
Q817-001C	Embedded	0%	\$7,000 / \$14,000	\$7,000 / 14,000	50%	\$21,000 / \$42,000	\$30,000 / \$60,000

Prescription Drug Plans[‡]

Plan Name	Tier 1	Tier 2	Tier 3	Tier 4	Mail Order
	30-Day Supply				90-Day Supply
Rider BTG	\$15	\$35	\$70	25% of the cost of the specialty drug up to a maximum of \$150 – subject to prior authorization	\$30 / \$87.50 / \$175 The Tier 4 specialty drug is a 30-day supply.
Rider TSF	\$10	\$40	\$70	25% of the cost of the specialty drug up to a maximum of \$350 – subject to prior authorization	\$20 / \$120 / \$210 The Tier 4 specialty drug is a 30-day supply.
Rider HTG	\$20	\$40	\$80	25% of the cost of the specialty drug up to a maximum of \$250 – subject to prior authorization	\$40 / \$100 / \$200 The Tier 4 specialty drug is a 30-day supply.

* A discount may apply for employer groups with membership in the Greater Akron Chamber (GAC). Please contact your account executive or account manager for details. Refer to your Certificate of Insurance for a complete listing of exclusions and limitations. This is not a complete explanation of benefits; please see your schedule of benefits specific to each plan.

† Drug coverage is 100% subject to deductible (in-network) / 50% subject to deductible (out-of-network).

‡ Prescription drug plans available for B & C series.