



**Rate Exhibit**

**Employer Group** South Lake Schools - Admin and Secretaries  
**Product** PPO  
**Rate Period** 3rd Quarter 2011  
**Effective Date** 7/1/2011  
**Rating Segment** In Area Active, COBRA - NonHSA PPO  
**Agent** Preferred Benefits  
**Agent Commission** 4.00% commission

**Notes:**

**Plan Components**

**Base Plan**

PPO Premier #3 100% In-Network / 70% Out-of-Network Coinsurance

**Office Visit**

\$10 Office Visit / \$30 Urgent Care Copay

**Preventive Care**

\$0 Preventive Care Copay - \$10 PCP

**Medical Deductible**

No In-Network Medical Deductible

**Out-of-Pocket Maximum**

In-Network Out-of-Pocket N/A - PPO 1, 2, 3, or 7

**Rx Copay**

\$10 Generic / \$40 Brand Rx Copay Including Contraceptives, mail-order 2x retail copay

**Rx Deductible**

No Rx Deductible

**Rx Sexual Dysfunction**

Oral and Non-Oral Treatment for Sexual Dysfunction - Match Rx Copay

**Emergency Room**

Emergency Room \$50 Copay

**Ambulance**

Ambulance \$50 Copay

**DME / P&O**

Durable Medical Equipment / Prosthetics & Orthotics 20% Copay

**Rehabilitative Medicine**

Rehabilitative Medicine - 20 Additional Visits

**Out-of-Network Medical Deductible**

No Out-of-Network Medical Deductible

**Out-of-Network Out-of-Pocket Maximum**

\$2,500 Individual / \$5,000 Family Maximum Out-of-Network Out-of-Pocket - PPO 3

**Hospital Copay per Out-of-Network Admit**

No Additional Hospital Copay per Out-of-Network Admit

**In-Network & Out-of-Network Annual Maximum**

In-Network & Out-of-Network Combined \$2,000,000 Annual Maximum

	Single	Double	Family
Totals	\$622.71	\$1,399.19	\$1,554.48
Participants	3	10	12

*Matthew Idman 7-18-11*