

As of 6/1/21

THIS IS FOR INTERNAL USE ONLY - DO NOT DISTRIBUTE!

Standad Plan Designs		STANDARD PLANS - TRANSAMEICA				STANDARD PLANS - SIRIUS							HEALTHPRO - SIRIUS							
BENEFIT & POLICY CONSTRUCT		Ultimate Health				Ultimate Health			Plena Health		ComplaMed		Ultimate			Advanced			Launch	
Category	Limit Type	Diam +	Diamond	Platinum	Gold*	Diam +	Diamond	Platinum	Emerald	Sapphire	Gold	Silver	Diam +	Diamond	Platinum	High	Mid	Low	High	Low
Expense Reimbursement Type		Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Base Plan Only	Base Plan Only	Base Plan Only	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb
General Medical (CME)	CP	N/A	N/A	N/A	N/A	\$20,000	\$15,000	\$7,500	\$5,000	\$3,500	\$2,500	\$1,500	\$10,000	\$10,000	\$5,000	\$4,000	\$3,000	\$1,500	\$1,000	\$1,000
General Medical (CME) - Per Occurrence	CP; per occ	\$10,000	\$10,000	\$5,000	\$2,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	CP	\$10,000	\$3,000	\$2,000	\$1,000	\$10,000	\$5,000	\$3,000	\$1,500	\$1,500	\$500	\$500	\$10,000	\$5,000	\$2,000	\$1,500	\$1,000	\$1,000	\$1,000	\$750
Preventive	CP	\$10,000	\$2,500	\$2,000	\$1,000	\$10,000	\$5,000	\$3,000	N/A	N/A	N/A	N/A	\$7,500	\$5,000	\$2,000	N/A	N/A	N/A	N/A	N/A
Durable Medical Equipment (DME)	CP	\$10,000	\$5,000	\$2,000	\$1,000	\$10,000	\$5,000	\$2,000	\$2,000	\$2,000	\$500	\$500	\$7,500	\$5,000	\$2,000	\$1,000	\$500	\$500	\$500	N/A
Wellness	CP	\$10,000	\$1,500	\$1,000	\$500	\$10,000	\$1,500	\$1,000	\$1,000	\$1,000	\$500	N/A	\$7,500	\$3,000	\$2,000	\$1,500	\$1,000	\$750	\$500	\$500
Prescription Drugs	EE (Tier) EE+1 (Tier) Fam (Tier)	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	\$10,000 \$15,000 \$25,000	\$3,000 \$4,500 \$7,500	\$2,500 \$3,750 \$6,250	\$1,500 \$2,250 \$3,750	\$1,500 \$2,250 \$3,750	\$1,500 \$2,250 \$3,750	\$1,000 \$1,500 \$2,500	\$5,000 \$7,500 \$12,500	\$3,000 \$4,500 \$7,500	\$2,000 \$3,000 \$5,000	\$1,000 \$1,500 \$2,500	\$1,000 \$1,500 \$2,500	\$500 \$750 \$1,250	\$250 \$375 \$625	\$250 \$375 \$625
Prescription Drugs	CP	\$10,000	\$3,000	\$2,500	\$1,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Deductible**		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available
Coinsurance***		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available
Dental	CP	\$10,000	\$5,000	\$4,000	\$2,000	\$10,000	\$5,000	\$4,000	\$1,500	\$1,500	N/A	N/A	\$10,000	\$5,000	\$4,000	\$2,500	\$1,000	\$500	\$500	N/A
Vision	CP	\$10,000	\$1,500	\$1,000	\$500	\$10,000	\$1,500	\$1,000	\$500	\$500	N/A	N/A	\$5,000	\$2,000	\$1,000	\$1,000	\$500	\$500	\$500	N/A
Standard Ancillary Services		TDC/GMH	TDC/GMH	TDC/GMH	TDC/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA	TDC/GA	TDC	TDC	C&T/GA/GMH/TS+	C&T/GA/GMH/TS+	C&T/GA/GMH/TS+	C&T/TS	C&T/TS	C&T/TS	C&T	C&T
POLICY MAXIMUM	FAM	\$100,000	\$100,000	\$50,000	\$25,000	\$100,000	\$100,000	\$50,000	\$25,000	\$25,000	\$10,000	\$5,000	\$150,000	\$100,000	\$50,000	\$25,000	\$15,000	\$10,000	\$7,500	\$5,000

*CA Gold option does not include GMH, only Travel Services

***Coinsurance Range: 50% - 90%; 10% intervals

As of 6/1/21

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State Variation - Maryland

BENEFIT & POLICY CONSTRUCT		PLAN DESIGNS																			
		STANDARD PLANS - TRANS				STANDARD PLANS - SIRIUS								HEALTHPRO - SIRIUS							
Category	Limit	Ultimate Health				Ultimate Health			Plena Health		ComplaMed			Ultimate			Advanced			Launch	
	Type	Diam +	Diamond	Platinum	Gold	Diam +	Diamond	Platinum	Emerald	Sapphire	Gold	Silver	Diam +	Diamond	Platinum	High	Mid	Low	High	Low	
Expense Reimbursement Type		Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Base Plan Only	Base Plan Only	Base Plan Only	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	
General Medical (CME)*	CP	N/A	N/A	N/A	N/A	\$40,000	\$25,000	\$15,000	\$7,500	\$5,000	\$4,000	\$2,000	\$40,000	\$25,000	\$15,000	\$7,500	\$5,000	\$4,000	\$3,000	\$2,000	
General Medical (CME) - Per Occurrence	CP; per occ	\$10,000	\$10,000	\$5,000	\$2,500																
Mental Health	CP	\$10,000	\$3,000	\$2,000	\$1,000																
Preventive	CP	\$10,000	\$2,500	\$2,000	\$1,000																
Durable Medical Equipment (DME)	CP	\$10,000	\$5,000	\$2,000	\$1,000																
Wellness	CP	\$10,000	\$1,500	\$1,000	\$500																
Prescription Drugs	EE (Tier) EE+1 (Tier) Fam (Tier)	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A	N/A N/A N/A																
Prescription Drugs	CP	\$10,000	\$3,000	\$2,500	\$1,500																
Deductible**		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available	
Coinsurance***		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available	
Dental	CP	\$10,000	\$5,000	\$4,000	\$2,000	\$10,000	\$5,000	\$4,000	\$1,500	\$1,500	N/A	N/A	\$10,000	\$5,000	\$4,000	\$2,500	\$1,000	\$500	\$500	N/A	
Vision	CP	\$10,000	\$1,500	\$1,000	\$500	\$10,000	\$1,500	\$1,000	\$500	\$500	N/A	N/A	\$5,000	\$2,000	\$1,000	\$1,000	\$500	\$500	\$500	N/A	
Ancillary Services		TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA	TDC/GA	TDC	TDC	C&T/GA/GMH	C&T/GA/GMH	C&T/GA/GMH	C&T	C&T	C&T	C&T	C&T	
POLICY MAXIMUM	FAM	\$100,000	\$100,000	\$50,000	\$25,000	\$100,000	\$75,000	\$50,000	\$25,000	\$25,000	\$15,000	\$7,500	\$150,000	\$100,000	\$50,000	\$25,000	\$15,000	\$10,000	\$7,500	\$5,000	

*Maryland Sirius plans have 3 categories: all medical claims (including RX), dental and vision.

**Deductible Range: \$500 - \$3,000; \$500 increments

***Coinsurance Range: 50% - 90%; 10% intervals

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State Variation - MO

BENEFIT & POLICY CONSTRUCT		PLAN DESIGNS																			
		STANDARD PLANS - TRANS				STANDARD PLANS - SIRIUS								HEALTHPRO - SIRIUS							
Category	Limit Type	Ultimate Health				Ultimate Health			Plena Health		ComplaMed			Ultimate			Advanced			Launch	
		Diam +	Diamond	Platinum	Gold	Diam +	Diamond	Platinum	Emerald	Sapphire	Gold	Silver	Diam +	Diamond	Platinum	High	Mid	Low	High	Low	
Expense Reimbursement Type		Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Base Plan Only	Base Plan Only	Base Plan Only	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	
General Medical (CME)	CP	N/A	N/A	N/A	N/A	\$20,000	\$17,500	\$7,500	\$5,000	\$3,500	\$2,500	\$1,500	\$20,000	\$15,000	\$7,500	\$5,000	\$3,500	\$2,000	\$1,500	\$1,500	
General Medical (CME) - Per Occurrence	CP; per occ	\$10,000	\$10,000	\$5,000	\$2,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Mental Health*	CP	\$10,000	\$3,000	\$2,000	\$1,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Preventive	CP	\$10,000	\$2,500	\$2,000	\$1,000	\$10,000	\$5,000	\$3,000	N/A	N/A	N/A	N/A	\$7,500	\$5,000	\$2,000	N/A	N/A	N/A	N/A	N/A	
Durable Medical Equipment (DME)	CP	\$10,000	\$5,000	\$2,000	\$1,000	\$10,000	\$5,000	\$2,000	\$2,000	\$2,000	\$500	\$500	\$7,500	\$5,000	\$2,000	\$1,000	\$500	\$500	\$500	N/A	
Wellness	CP	\$10,000	\$1,500	\$1,000	\$500	\$10,000	\$1,500	\$1,000	\$1,000	\$1,000	\$500	N/A	\$7,500	\$3,000	\$2,000	\$1,500	\$1,000	\$750	\$500	\$500	
Prescription Drugs	EE (Tier)	N/A	N/A	N/A	N/A	\$10,000	\$3,000	\$2,500	\$1,500	\$1,500	\$1,500	\$1,000	\$5,000	\$3,000	\$2,000	\$1,000	\$1,000	\$500	\$250	\$250	
	EE+1 (Tier)	N/A	N/A	N/A	N/A	\$15,000	\$4,500	\$3,750	\$2,250	\$2,250	\$2,250	\$1,500	\$7,500	\$4,500	\$3,000	\$1,500	\$1,500	\$750	\$375	\$375	
	Fam (Tier)	N/A	N/A	N/A	N/A	\$25,000	\$7,500	\$6,250	\$3,750	\$3,750	\$3,750	\$2,500	\$12,500	\$7,500	\$5,000	\$2,500	\$2,500	\$1,250	\$625	\$625	
Prescription Drugs	CP	\$10,000	\$3,000	\$2,500	\$1,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Deductible**		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available	
Coinsurance***		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available	
Dental	CP	\$10,000	\$5,000	\$4,000	\$2,000	\$10,000	\$5,000	\$4,000	\$1,500	\$1,500	N/A	N/A	\$10,000	\$5,000	\$4,000	\$2,500	\$1,000	\$500	\$500	N/A	
Vision	CP	\$10,000	\$1,500	\$1,000	\$500	\$10,000	\$1,500	\$1,000	\$500	\$500	N/A	N/A	\$5,000	\$2,000	\$1,000	\$1,000	\$500	\$500	\$500	N/A	
Ancillary Services		TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA	TDC/GA	TDC	TDC	C&T/GA/GMH/TS+	C&T/GA/GMH/TS+	C&T/GA/GMH/TS+	C&T/TS	C&T/TS	C&T/TS	C&T	C&T	
POLICY MAXIMUM	FAM	\$100,000	\$100,000	\$50,000	\$25,000	\$100,000	\$100,000	\$50,000	\$25,000	\$25,000	\$10,000	\$5,000	\$150,000	\$100,000	\$50,000	\$25,000	\$15,000	\$10,000	\$7,500	\$5,000	

*Mental Health claims are eligible with the Sirius plans, but are adjudicated in the General Medical category.

**Deductible Range: \$500 - \$3,000; \$500 increments

***Coinsurance Range: 50% - 90%; 10% intervals

As of 6/1/21

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State Variation - Oregon

BENEFIT & POLICY CONSTRUCT		PLAN DESIGNS																		
Category	Limit Type	STANDARD PLANS - TRANS				STANDARD PLANS - SIRIUS								HEALTHPRO - SIRIUS						
		Ultimate Health				Ultimate Health			Plena Health		ComplaMed			Ultimate			Advanced			Launch
Expense Reimbursement Type		Diam +	Diamond	Platinum	Gold	Diam +	Diamond	Platinum	Emerald	Sapphire	Gold	Silver	Diam +	Diamond	Platinum	High	Mid	Low	High	Low
		Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Base Plan Only	Base Plan Only	Base Plan Only	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb
General Medical (CME)	CP	N/A	N/A	N/A	N/A	\$20,000	\$15,000	\$7,500	\$5,000	\$3,500	\$2,500	\$1,500	\$10,000	\$10,000	\$5,000	\$4,000	\$3,000	\$1,500	\$1,000	\$1,000
General Medical (CME) - Per Occurrence	CP; per occ	\$10,000	\$10,000	\$5,000	\$2,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	CP	\$10,000	\$3,000	\$2,000	\$1,000	\$10,000	\$5,000	\$3,000	\$1,500	\$1,500	\$500	\$500	\$10,000	\$5,000	\$2,000	\$1,500	\$1,000	\$1,000	\$1,000	\$750
Preventive	CP	\$10,000	\$2,500	\$2,000	\$1,000	\$10,000	\$5,000	\$3,000	N/A	N/A	N/A	N/A	\$7,500	\$5,000	\$2,000	N/A	N/A	N/A	N/A	N/A
Durable Medical Equipment (DME)	CP	\$10,000	\$5,000	\$2,000	\$1,000	\$10,000	\$5,000	\$2,000	\$2,000	\$2,000	\$500	\$500	\$7,500	\$5,000	\$2,000	\$1,000	\$500	\$500	\$500	N/A
Wellness	CP	\$10,000	\$1,500	\$1,000	\$500	\$10,000	\$1,500	\$1,000	\$1,000	\$1,000	\$500	N/A	\$7,500	\$3,000	\$2,000	\$1,500	\$1,000	\$750	\$500	\$500
Prescription Drugs	EE (Tier)	N/A	N/A	N/A	N/A	\$10,000	\$3,000	\$2,500	\$1,500	\$1,500	\$1,500	\$1,000	\$5,000	\$3,000	\$2,000	\$1,000	\$1,000	\$500	\$250	\$250
	EE+1 (Tier)	N/A	N/A	N/A	N/A	\$15,000	\$4,500	\$3,750	\$2,250	\$2,250	\$2,250	\$1,500	\$7,500	\$4,500	\$3,000	\$1,500	\$1,500	\$750	\$375	\$375
	Fam (Tier)	N/A	N/A	N/A	N/A	\$25,000	\$7,500	\$6,250	\$3,750	\$3,750	\$3,750	\$2,500	\$12,500	\$7,500	\$5,000	\$2,500	\$2,500	\$1,250	\$625	\$625
Prescription Drugs	CP	\$10,000	\$3,000	\$2,500	\$1,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Deductible*		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available
Coinsurance**		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available
Dental	CP	\$10,000	\$5,000	\$4,000	\$2,000	\$10,000	\$5,000	\$4,000	\$1,500	\$1,500	N/A	N/A	\$10,000	\$5,000	\$4,000	\$2,500	\$1,000	\$500	\$500	N/A
Vision	CP	\$10,000	\$1,500	\$1,000	\$500	\$10,000	\$1,500	\$1,000	\$500	\$500	N/A	N/A	\$5,000	\$2,000	\$1,000	\$1,000	\$500	\$500	\$500	N/A
Ancillary Services		TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA	TDC/GA	TDC	TDC	C&T/GA/GMH	C&T/GA/GMH	C&T/GA/GMH	C&T	C&T	C&T	C&T	C&T
POLICY MAXIMUM	FAM	\$100,000	\$100,000	\$50,000	\$25,000	\$100,000	\$100,000	\$50,000	\$25,000	\$25,000	\$10,000	\$5,000	\$150,000	\$100,000	\$50,000	\$25,000	\$15,000	\$10,000	\$7,500	\$5,000

**Deductible Range: \$500 - \$3,000; \$500 increments

***Coinsurance Range: 50% - 90%; 10% intervals

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State Variation - OHIO		PLAN DESIGNS																			
BENEFIT & POLICY CONSTRUCT		STANDARD PLANS - TRANS				STANDARD PLANS - SIRIUS								HEALTHPRO - SIRIUS							
Category	Limit Type	Ultimate Health				Ultimate Health			Plena Health		ComplaMed			Ultimate			Advanced			Launch	
		Diam +	Diamond	Platinum	Gold	Diam +	Diamond	Platinum	Emerald	Sapphire	Gold	Silver	Diam +	Diamond	Platinum	High	Mid	Low	High	Low	
Expense Reimbursement Type		Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Base Plan Only	Base Plan Only	Base Plan Only	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	
General Medical (CME)	CP	N/A	N/A	N/A	N/A	\$20,000	\$15,000	\$7,500	\$5,000	\$3,500	\$2,500	\$1,500	\$10,000	\$10,000	\$5,000	\$4,000	\$3,000	\$1,500	\$1,000	\$1,000	
General Medical (CME) - Per Occurrence	CP; per occ	\$10,000	\$10,000	\$5,000	\$2,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Mental Health	CP	\$10,000	\$3,000	\$2,000	\$1,000	\$10,000	\$5,000	\$3,000	\$1,500	\$1,500	\$500	\$500	\$10,000	\$5,000	\$2,000	\$1,500	\$1,000	\$1,000	\$1,000	\$750	
Preventive*	CP	\$10,000	\$2,500	\$2,000	\$1,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Durable Medical Equipment (DME)	CP	\$10,000	\$5,000	\$2,000	\$1,000	\$10,000	\$5,000	\$2,000	\$2,000	\$2,000	\$500	\$500	\$7,500	\$5,000	\$2,000	\$1,000	\$500	\$500	\$500	N/A	
Wellness	CP	\$10,000	\$1,500	\$1,000	\$500	\$12,000	\$5,000	\$3,000	\$1,000	\$1,000	\$500	N/A	\$12,000	\$7,500	\$4,000	\$1,500	\$1,000	\$750	\$500	\$500	
Prescription Drugs	EE (Tier)	N/A	N/A	N/A	N/A	\$10,000	\$3,000	\$2,500	\$1,500	\$1,500	\$1,500	\$1,000	\$5,000	\$3,000	\$2,000	\$1,000	\$1,000	\$500	\$250	\$250	
	EE+1 (Tier)	N/A	N/A	N/A	N/A	\$15,000	\$4,500	\$3,750	\$2,250	\$2,250	\$2,250	\$1,500	\$7,500	\$4,500	\$3,000	\$1,500	\$1,500	\$750	\$375	\$375	
	Fam (Tier)	N/A	N/A	N/A	N/A	\$25,000	\$7,500	\$6,250	\$3,750	\$3,750	\$3,750	\$2,500	\$12,500	\$7,500	\$5,000	\$2,500	\$2,500	\$1,250	\$625	\$625	
Prescription Drugs	CP	\$10,000	\$3,000	\$2,500	\$1,500	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Deductible**		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available	
Coinsurance***		N/A	N/A	N/A	N/A	available	available	available	available	available	available	available	available	available	available	available	available	available	available	available	
Dental	CP	\$10,000	\$5,000	\$4,000	\$2,000	\$10,000	\$5,000	\$4,000	\$1,500	\$1,500	N/A	N/A	\$10,000	\$5,000	\$4,000	\$2,500	\$1,000	\$500	\$500	N/A	
Vision	CP	\$10,000	\$1,500	\$1,000	\$500	\$10,000	\$1,500	\$1,000	\$500	\$500	N/A	N/A	\$5,000	\$2,000	\$1,000	\$1,000	\$500	\$500	\$500	N/A	
Ancillary Services		TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA	TDC/GA	TDC	TDC	C&T/GA/GMH	C&T/GA/GMH	C&T/GA/GMH	C&T	C&T	C&T	C&T	C&T	
POLICY MAXIMUM	FAM	\$100,000	\$100,000	\$50,000	\$25,000	\$100,000	\$100,000	\$50,000	\$25,000	\$25,000	\$10,000	\$5,000	\$150,000	\$100,000	\$50,000	\$25,000	\$15,000	\$10,000	\$7,500	\$5,000	

*Executive Physical claims are eligible with the Sirius 'Ultimate' plans, however those claims are adjudicated in the Wellness category. Standard preventive claims are in the CME category.

**Deductible Range: \$500 - \$3,000; \$500 increments

***Coinsurance Range: 50% - 90%; 10% intervals

As of 6/1/21

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State Variation - NY & TN		BENEFIT & POLICY CONSTRUCT															
		STANDARD PLANS - SIRIUS							HEALTHPRO - SIRIUS								
Category	Limit Type	Ultimate Health			Plena Health		ComplaMed		Ultimate			Advanced			Launch		
		Diam +	Diamond	Platinum	Emerald	Sapphire	Gold	Silver	Diam +	Diamond	Platinum	High	Mid	Low	High	Low	
Expense Reimbursement Type		Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Base Plan Only	Base Plan Only	Base Plan Only	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	
General Medical (CME)	CP	\$20,000	\$15,000	\$7,500	\$5,000	\$3,500	\$2,500	\$1,500	\$10,000	\$10,000	\$5,000	\$4,000	\$3,000	\$1,500	\$1,000	\$1,000	
Mental Health	CP	\$10,000	\$5,000	\$3,000	\$1,500	\$1,500	\$500	\$500	\$10,000	\$5,000	\$2,000	\$1,500	\$1,000	\$1,000	\$1,000	\$750	
Preventive	CP	\$10,000	\$5,000	\$3,000	N/A	N/A	N/A	N/A	\$7,500	\$5,000	\$2,000	N/A	N/A	N/A	N/A	N/A	
Durable Medical Equipment (DME)	CP	\$10,000	\$5,000	\$2,000	\$2,000	\$2,000	\$500	\$500	\$7,500	\$5,000	\$2,000	\$1,000	\$500	\$500	\$500	N/A	
Wellness	CP	\$10,000	\$1,500	\$1,000	\$1,000	\$1,000	\$500	N/A	\$7,500	\$3,000	\$2,000	\$1,500	\$1,000	\$750	\$500	\$500	
Prescription Drugs	EE (Tier)	\$10,000	\$3,000	\$2,500	\$1,500	\$1,500	\$1,500	\$1,000	\$5,000	\$3,000	\$2,000	\$1,000	\$1,000	\$500	\$250	\$250	
	EE+1 (Tier)	\$15,000	\$4,500	\$3,750	\$2,250	\$2,250	\$2,250	\$1,500	\$7,500	\$4,500	\$3,000	\$1,500	\$1,500	\$750	\$375	\$375	
	Fam (Tier)	\$25,000	\$7,500	\$6,250	\$3,750	\$3,750	\$3,750	\$2,500	\$12,500	\$7,500	\$5,000	\$2,500	\$2,500	\$1,250	\$625	\$625	
Deductible*		available	available	available	available	available	available	available	available	available	available	available	available	available	available	available	
Coinsurance**		available	available	available	available	available	available	available	available	available	available	available	available	available	available	available	
Dental	CP	\$10,000	\$5,000	\$4,000	\$1,500	\$1,500	N/A	N/A	\$10,000	\$5,000	\$4,000	\$2,500	\$1,000	\$500	\$500	N/A	
Vision	CP	\$10,000	\$1,500	\$1,000	\$500	\$500	N/A	N/A	\$5,000	\$2,000	\$1,000	\$1,000	\$500	\$500	\$500	N/A	
Ancillary Services		TDC/GA/GMH	TDC/GA/GMH	TDC/GA/GMH	TDC/GA	TDC/GA	TDC	TDC	C&T/GA/GMH	C&T/GA/GMH	C&T/GA/GMH	C&T	C&T	C&T	C&T	C&T	
POLICY MAXIMUM	FAM	\$100,000	\$100,000	\$50,000	\$25,000	\$25,000	\$10,000	\$5,000	\$150,000	\$100,000	\$50,000	\$25,000	\$15,000	\$10,000	\$7,500	\$5,000	

**Deductible Range: \$500 - \$3,000; \$500 increments

***Coinsurance Range: 50% - 90%; 10% intervals

As of 6/1/21

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State Variation - Idaho		PLAN DESIGNS						
BENEFIT & POLICY CONSTRUCT		STANDARD PLANS - SIRIUS						
Category	Limit	Ultimate Health			Plena Health		ComplaMed	
	Type	Diam +	Diamond	Platinum	Emerald	Sapphire	Gold	Silver
Expense Reimbursement Type		Exp. Reimb	Exp. Reimb	Exp. Reimb	Exp. Reimb	Base Plan Only	Base Plan Only	Base Plan Only
General Medical (CME)*	CP	\$30,000	\$20,000	\$12,500	\$5,000	\$5,000	\$4,000	\$2,000
Mental Health	CP							
Preventive	CP							
Durable Medical Equipment (DME)	CP	\$7,500	\$5,000	\$2,000	\$2,000			
Wellness	CP	\$5,000	\$1,500	\$1,000	\$1,000			
Prescription Drugs	EE (Tier) EE+1 (Tier) Fam (Tier)							
Deductible**		available	available	available	available	available	available	available
Coinsurance***		available	available	available	available	available	available	available
Dental	CP	\$10,000	\$5,000	\$4,000	\$1,500	\$1,500	N/A	N/A
Vision	CP	\$10,000	\$1,500	\$1,000	\$500	\$500	N/A	N/A
Ancillary Services		TDC/GA/ GMH	TDC/GA/ GMH	TDC/GA/ GMH	TDC/GA	TDC/GA	TDC	TDC
POLICY MAXIMUM	FAM	\$100,000	\$75,000	\$50,000	\$25,000	\$25,000	\$15,000	\$7,500

*Idaho Sirius plans have strict language around coverage and EHBs. All medical claims (including RX) are categorized to the primary plan, unless services are identified as non-EHBs in schedule. DME and Wellness buckets will follow

**Deductible Range: \$500 - \$3,000; \$500 increments

***Coinsurance Range: 50% - 90%; 10% intervals

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as of 10/2022

Executive Physicals Plans	Plan Designs			
Category	Diamond	Platinum	Platinum 7500	Platinum 5000
General Medical	\$25,000	\$15,000	\$7,500	\$5,000
Executive Physicals				
Wellness Treatments				
Mental Health				
Prescriptions				
Medical Equipment				
Limited-Scope Benefits <i>Benefit Limits Per Covered Person Per Year</i>				
Dental Treatments	\$5,000	\$4,000	\$1,500	\$1,500
Vision Treatments	\$1,500	\$1,000	\$500	\$500
ANNUAL MAXIMUM	\$75,000	\$50,000	\$25,000	\$15,000