

# SMALL BUSINESS POS PLAN RATES

UCR 80<sup>th</sup> PERCENTILE

New Business

*Third Quarter 2003*

# SMALL BUSINESS POS BENEFIT PLAN

## 80<sup>TH</sup> PERCENTILE - THIRD QUARTER 2003 - NEW BUSINESS

Benefits	In-Network	Out-of-Network
<b>Annual Deductible</b>	Not Applicable	Variable deductible/year individual Variable deductible/year family
<b>Financial</b> • Coinsurance • Out-of-Pocket Maximum	Not Applicable	Variable maximum/year individual Variable maximum/year family
<b>Maximum Benefits</b>	Unlimited	Unlimited
<b>Preventive Care</b> • Physical Examinations (Adult) • Physical Examinations (Well Child) Ages 0-2    7 visits per year Ages 3-5    1 visit per year Ages 6-12  1 visit for every 2 years Ages 13-18 1 visit for every 3 years • Immunizations • Hearing Tests and Vision Screenings for children through age 17 • Well Child Care in excess of above	Office Copay  No Charge	Covered only through Vytra Network  No Charge
<b>Routine and Specialty Services</b> • Primary Care Office Visits • Specialist Consultations and Treatment • Short-Term Physical, Occupational or Speech Therapy  • Diagnostic Tests including x-ray and laboratory • Allergy Testing and Treatment	Office Copay  No Charge	Subject to deductible and coinsurance with out-of-pocket max. Subject to deductible and coinsurance with variable max/cal. yr. Subject to deductible and coinsurance with out-of-pocket max.
<b>For Women Only</b> • Members may select a personal Vytra Ob/Gyn, thus eliminating the need to obtain a referral from their Primary Care Physician. • Routine Exams including pap tests • Mammography • Maternity Care including prenatal visits, delivery and postnatal care (no charge after 1st visit /In-Network only)	Office Copay  No Charge	Subject to deductible and coinsurance with out-of-pocket max.
<b>Hospital Services</b> • Preadmission Testing • Physician Services including surgery & anesthesiology • Diagnostic Services including x-ray and laboratory testing • All Drugs & Medications • Nursing Services • Short Term Physical, Occupational & Speech Therapy ( <i>Inpatient Only</i> ) • Room and Board, semiprivate room, no day limit • Intensive and Cardiac Care • Maternity Services including delivery room • Skilled Nursing Facility Care up to 45 days per calendar year	Variable Copay	Subject to deductible and coinsurance with out-of-pocket max.  Covered only through Vytra Network
<b>Mental Health/ Substance Abuse Services</b> Outpatient • Up to 20 Mental Health Visits in a calendar year for crisis intervention • Up to 60 Visits in a calendar year for treatment of alcohol /drug abuse Inpatient • Up to 30 Days of Psychiatric Care in a calendar year • Up to 3 Periods of Medical Detoxification in a calendar year	Variable Copay Office Copay  Hospital Copay	Subject to deductible and coinsurance  Subject to deductible and coinsurance with out-of-pocket max.
<b>Emergency Services</b> • Medically Necessary Emergency Treatment in an outpatient non-hospital or hospital facility • Medically Necessary Emergency Transportation	Emergency Room Copay Waived if admitted No Charge	Emergency Room Copay Waived if admitted No Charge
<b>Pharmacy Services</b> • Prescription Drugs (including contraceptives, prescription vitamins)	Applicable Copays	Covered only at participating pharmacies
<b>Chiropractic Services</b> • Visit • Initial Exam • X-rays	Applicable Copays	Subject to deductible and coinsurance with out-of-pocket max.

*This is a brief summary of benefits and should be used only as a guide. You must refer to the Vytra Health Plans Agreement for Comprehensive Services for a complete description of requirements for coverage, covered services, limitations and exclusions.*

## SMALL BUSINESS POS PLAN SUMMARY

UCR 80<sup>TH</sup> PERCENTILE - THIRD QUARTER 2003 - NEW BUSINESS

Plan	In-Network		Out-of-Network		
	Office Copay	Hospital Copay	Deductible	Coinsurance	Out-of-Pocket Maximum*
A	\$10	\$0	\$250/\$500	80%/20%	\$1,000/\$2,000
B**	\$10	\$0	\$250/\$500	80%/20%	\$1,000/\$2,000
C	\$10	\$0	\$500/\$1,000	80%/20%	\$2,000/\$4,000
D	\$15	\$0	\$500/\$1,000	80%/20%	\$2,000/\$4,000
E	\$15	\$250	\$500/\$1,000	80%/20%	\$2,000/\$4,000
F**	\$15	\$0	\$500/\$1,000	70%/30%	\$2,000/\$4,000
G	\$15	\$0	\$500/\$1,000	70%/30%	\$3,000/\$6,000
H	\$15	\$250	\$500/\$1,000	70%/30%	\$3,000/\$6,000
I	\$15	\$0	\$1,000/\$2,000	80%/20%	\$2,000/\$4,000
J	\$15	\$250	\$1,000/\$2,000	80%/20%	\$2,000/\$4,000
K	\$15	\$0	\$1,000/\$2,000	70%/30%	\$3,000/\$6,000
L	\$15	\$250	\$1,000/\$2,000	70%/30%	\$3,000/\$6,000
M**	\$20	\$250	\$1,000/\$2,000	70%/30%	\$2,000/\$4,000
N	\$20	\$250	\$1,500/\$3,000	70%/30%	\$5,000/\$10,000
O	\$20	\$500	\$1,500/\$3,000	70%/30%	\$5,000/\$10,000

• All Plan Options **include:**

- Preventive and restorative dental coverage
- Routine vision benefit
- UDC 19/25 (end of month)
- Variable drug copays **except** Plans B, F, and M.

\* The Out-of-Pocket Maximum does not include the deductible.

\*\*Plans **B, F, and M** reflect the following benefits:

- Available at UCR 80th Percentile only.
- Hearing tests and vision screenings for children through age 18
- Skilled nursing facility care up to 90 days per calendar year
- Inpatient substance abuse up to 7 days of medical detoxification in a calendar year
- Up to 30 days of inpatient rehab for substance abuse in a calendar year.

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### Highlights of Plan A

\$10 Office Visit Copay  
 \$0 Hospital Copay  
 \$35 Emergency Room Copay  
 Out-of-Network: \$250/\$500 Deductible  
 Coinsurance 80%/20%  
 Out-of-Pocket Maximum \$1,000/\$2,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$360.42	\$421.41	\$414.37	\$407.89	\$401.60	\$397.85
EE+Spouse	\$805.35	\$942.08	\$926.30	\$911.78	\$897.70	\$889.24
EE+Child(ren)	\$656.94	\$768.40	\$755.57	\$743.70	\$732.22	\$725.31
Family	\$1,059.36	\$1,239.31	\$1,218.59	\$1,199.43	\$1,180.91	\$1,169.77

### Highlights of Plan B - UCR 80th

\$10 Office Visit Copay  
 \$0 Hospital Copay  
 \$35 Emergency Room Copay  
 Out-of-Network: \$250/\$500 Deductible  
 Coinsurance 80%/20%  
 Out-of-Pocket Maximum \$1,000/\$2,000

4th Tier	5/10/35
Employee	\$443.80
EE+Spouse	\$992.30
EE+Child(ren)	\$809.33
Family	\$1,305.41

### Highlights of Plan C

\$10 Office Visit Copay  
 \$0 Hospital Copay  
 \$35 Emergency Room Copay  
 Out-of-Network: \$500/\$1,000 Deductible  
 Coinsurance 80%/20%  
 Out-of-Pocket Maximum \$2,000/\$4,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$347.62	\$408.61	\$401.57	\$395.09	\$388.80	\$385.05
EE+Spouse	\$776.64	\$913.37	\$897.59	\$883.07	\$868.99	\$860.53
EE+Child(ren)	\$633.54	\$744.99	\$732.17	\$720.30	\$708.81	\$701.91
Family	\$1,021.57	\$1,201.52	\$1,180.81	\$1,161.64	\$1,143.12	\$1,131.99

### Highlights of Plan D

\$15 Office Visit Copay  
 \$0 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$500/\$1,000 Deductible  
 Coinsurance 80%/20%  
 Out-of-Pocket Maximum \$2,000/\$4,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$333.38	\$394.37	\$387.33	\$380.85	\$374.56	\$370.81
EE+Spouse	\$744.62	\$881.35	\$865.57	\$851.05	\$836.97	\$828.51
EE+Child(ren)	\$607.43	\$718.88	\$706.06	\$694.19	\$682.70	\$675.80
Family	\$979.48	\$1,159.43	\$1,138.72	\$1,119.55	\$1,101.03	\$1,089.90

### Highlights of Plan E

\$15 Office Visit Copay  
 \$250 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$500/\$1,000 Deductible  
 Coinsurance 80%/20%  
 Out-of-Pocket Maximum \$2,000/\$4,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$325.60	\$386.59	\$379.55	\$373.07	\$366.78	\$363.03
EE+Spouse	\$727.20	\$863.93	\$848.15	\$833.63	\$819.55	\$811.09
EE+Child(ren)	\$593.23	\$704.68	\$691.86	\$679.99	\$668.50	\$661.60
Family	\$956.54	\$1,136.49	\$1,115.77	\$1,096.61	\$1,078.09	\$1,066.96

### Highlights of Plan F - UCR 80th

\$15 Office Visit Copay  
 \$0 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$500/\$1,000 Deductible  
 Coinsurance 70%/30%  
 Out-of-Pocket Maximum \$2,000/\$4,000

4th Tier	7/15/35
Employee	\$402.40
EE+Spouse	\$899.45
EE+Child(ren)	\$733.62
Family	\$1,183.18

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### Highlights of Plan G

\$15 Office Visit Copay  
 \$0 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$500/\$1,000 Deductible  
 Coinsurance 70%/30%  
 Out-of-Pocket Maximum \$3,000/\$6,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$324.35	\$385.34	\$378.30	\$371.82	\$365.53	\$361.78
EE+Spouse	\$724.38	\$861.11	\$845.33	\$830.81	\$816.73	\$808.27
EE+Child(ren)	\$590.93	\$702.38	\$689.56	\$677.69	\$666.20	\$659.30
Family	\$952.84	\$1,132.80	\$1,112.08	\$1,092.91	\$1,074.39	\$1,063.26

### Highlights of Plan H

\$15 Office Visit Copay  
 \$250 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$500/\$1,000 Deductible  
 Coinsurance 70%/30%  
 Out-of-Pocket Maximum \$3,000/\$6,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$316.57	\$377.56	\$370.52	\$364.04	\$357.75	\$354.00
EE+Spouse	\$706.96	\$843.69	\$827.91	\$813.39	\$799.31	\$790.85
EE+Child(ren)	\$576.73	\$688.18	\$675.36	\$663.49	\$652.01	\$645.10
Family	\$929.91	\$1,109.86	\$1,089.15	\$1,069.98	\$1,051.46	\$1,040.33

### Highlights of Plan I

\$15 Office Visit Copay  
 \$0 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$1,000/\$2,000 Deductible  
 Coinsurance 80%/20%  
 Out-of-Pocket Maximum \$2,000/\$4,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$323.10	\$384.09	\$377.05	\$370.57	\$364.28	\$360.53
EE+Spouse	\$721.58	\$858.31	\$842.53	\$828.01	\$813.93	\$805.47
EE+Child(ren)	\$588.64	\$700.10	\$687.27	\$675.40	\$663.92	\$657.01
Family	\$949.16	\$1,129.11	\$1,108.40	\$1,089.23	\$1,070.71	\$1,059.58

### Highlights of Plan J

\$15 Office Visit Copay  
 \$250 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$1,000/\$2,000 Deductible  
 Coinsurance 80%/20%  
 Out-of-Pocket Maximum \$2,000/\$4,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$315.32	\$376.31	\$369.27	\$362.79	\$356.50	\$352.75
EE+Spouse	\$704.16	\$840.89	\$825.11	\$810.59	\$796.51	\$788.05
EE+Child(ren)	\$574.45	\$685.90	\$673.08	\$661.20	\$649.72	\$642.82
Family	\$926.22	\$1,106.17	\$1,085.45	\$1,066.29	\$1,047.77	\$1,036.64

### Highlights of Plan K

\$15 Office Visit Copay  
 \$0 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$1,000/\$2,000 Deductible  
 Coinsurance 70%/30%  
 Out-of-Pocket Maximum \$3,000/\$6,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$317.73	\$378.72	\$371.68	\$365.20	\$358.91	\$355.16
EE+Spouse	\$709.55	\$846.28	\$830.50	\$815.98	\$801.90	\$793.44
EE+Child(ren)	\$578.84	\$690.29	\$677.47	\$665.60	\$654.11	\$647.21
Family	\$933.32	\$1,113.27	\$1,092.56	\$1,073.39	\$1,054.87	\$1,043.74

### Highlights of Plan L

\$15 Office Visit Copay  
 \$250 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$1,000/\$2,000 Deductible  
 Coinsurance 70%/30%  
 Out-of-Pocket Maximum \$3,000/\$6,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/ 50 ded
Employee	\$309.95	\$370.94	\$363.90	\$357.42	\$351.13	\$347.38
EE+Spouse	\$692.13	\$828.86	\$813.08	\$798.56	\$784.48	\$776.02
EE+Child(ren)	\$564.64	\$676.09	\$663.27	\$651.40	\$639.91	\$633.01
Family	\$910.38	\$1,090.33	\$1,069.62	\$1,050.45	\$1,031.93	\$1,020.80

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### Highlights of Plan M - UCR 80th

\$20 Office Visit Copay  
 \$250 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$1,000/\$2,000 Deductible  
                   Coinsurance 70%/30%  
                   Out-of-Pocket Maximum \$2,000/\$4,000

4th Tier		10/20/40
Employee		\$364.88
EE+Spouse		\$815.38
EE+Child(ren)		\$665.09
Family		\$1,072.51

### Highlights of Plan N

\$20 Office Visit Copay  
 \$250 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$1,500/\$3,000 Deductible  
                   Coinsurance 70%/30%  
                   Out-of-Pocket Maximum \$5,000/\$10,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/50 ded
Employee	\$294.52	\$355.51	\$348.47	\$341.99	\$335.70	\$331.95
EE+Spouse	\$657.55	\$794.28	\$778.50	\$763.98	\$749.90	\$741.44
EE+Child(ren)	\$536.50	\$647.95	\$635.13	\$623.25	\$611.77	\$604.87
Family	\$864.91	\$1,044.86	\$1,024.15	\$1,004.98	\$986.46	\$975.33

### Highlights of Plan O

\$20 Office Visit Copay  
 \$500 Hospital Copay  
 \$50 Emergency Room Copay  
 Out-of-Network: \$1,500/\$3,000 Deductible  
                   Coinsurance 70%/30%  
                   Out-of-Pocket Maximum \$5,000/\$10,000

4th Tier	No Rx	5/10/30	7/15/50	10/20/50	15/25/50	15/25/50 w/50 ded
Employee	\$290.49	\$351.48	\$344.44	\$337.96	\$331.67	\$327.92
EE+Spouse	\$648.50	\$785.23	\$769.45	\$754.93	\$740.85	\$732.39
EE+Child(ren)	\$529.11	\$640.56	\$627.74	\$615.87	\$604.38	\$597.48
Family	\$852.99	\$1,032.94	\$1,012.23	\$993.06	\$974.54	\$963.41