



# WellNet – Standard Plan Designs- Grid Outline

- 1: Select either **Prime (PPO)**, **Select (QHDHP)**, or **Choice (EPO)**.
- 2: Choose the **Deductible amount**, **Family Multiplier**, **Coinsurance %** and **Out-of-Pocket Maximum** from the respective column.
- 3: Select a **Prescription option**.

<b>EXAMPLE:</b>	<b>Prime</b>	<b>\$2,500</b>	<b>2x</b>	<b>100%</b>	<b>\$4,000</b>	<b>\$15 / \$30 / \$60</b>
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Selection 1: \_\_\_\_\_

Selection 2: \_\_\_\_\_

Selection 3: \_\_\_\_\_

Selection 4: \_\_\_\_\_

Selection 5: \_\_\_\_\_

	Deductible	Family Multiplier	Coinsurance	Out-of-Pocket Max*	Primary	Specialty	Co-Pays	Urgent Care	Emergency Room
	In / Out Network		In / Out Network	In / Out Network					
<b>PRIME (PPO)</b>	\$0 / \$2,000	2x Individual	100% / 70%	\$250 / \$500	\$15	\$45		\$45	\$200
	\$250 / \$500	3x Individual	90% / 60%	\$500 / \$1,000					(waive if admitted)
	\$500 / \$1,000		80% / 50%	\$1,000 / \$2,000					
	\$1,000 / \$2,000			\$1,500 / \$3,000					
	\$1,500 / \$3,000			\$2,000 / \$4,000					
	\$2,000 / \$4,000			\$2,500 / \$5,000					
	\$2,500 / \$5,000			\$3,000 / \$6,000					
	\$3,000 / \$6,000			\$3,500 / \$7,000					
	\$3,500 / \$7,000			\$4,000 / \$4,000					
	\$4,000 / \$4,000			\$4,500 / \$9,000					
\$4,500 / \$9,000			\$5,000 / \$10,000						
\$5,000 / \$10,000									
<b>SELECT (QHDHP)</b>	\$1,350 / \$2,700	2x Individual	100% / 70%	\$6,450 / \$12,900	Deductible & Coinsurance	Deductible & Coinsurance		Deductible & Coinsurance	\$200, after In-Network Deductible is met
	\$1,500 / \$3,000		90% / 60%						(waive if admitted)
	\$2,000 / \$4,000		80% / 50%						
	\$2,500 / \$5,000								
	\$3,000 / \$6,000								
	\$3,500 / \$7,000								
	\$4,000 / \$4,000								
	\$4,500 / \$9,000								
	\$5,000 / \$10,000								
<b>CHOICE (EPO)</b>	\$250 / N/A	2x Individual	100% / N/A	\$250 / N/A	\$15	\$45		\$45	\$200
	\$500 / N/A			\$500 / N/A					(waive if admitted)
	\$1,000 / N/A			\$1,000 / N/A					
	\$1,500 / N/A			\$1,500 / N/A					
	\$2,000 / N/A			\$2,000 / N/A					
	\$2,500 / N/A			\$2,500 / N/A					
	\$3,000 / N/A			\$3,000 / N/A					
	\$3,500 / N/A			\$3,500 / N/A					
	\$4,000 / N/A			\$4,000 / N/A					
	\$4,500 / N/A			\$4,500 / N/A					
\$5,000 / N/A			\$5,000 / N/A						
<b>Rx ***</b>		<b>Option 1 - \$15 / \$30 / \$60</b>		<b>Option 2 - \$15 / \$45 / \$75</b>		<b>Option 3 - \$20 / \$60 / \$100</b>			
		Retail / Mail Service		Retail / Mail Service		Retail / Mail Service			
	Generic	\$15 / \$30		\$15 / \$30		\$20 / \$40			
	Formulary	\$30 / \$60		\$45 / \$90		\$60 / \$120			
Non-Formulary	\$60 / \$120		\$75 / \$150		\$100 / \$200				
Preventive	\$0 / \$0		\$0 / \$0		\$0 / \$0				

\* For Prime (PPO) plans, the Out-of-Pocket Maximum selected should be at least one increment higher than the Deductible

\*\* For Choice (EPO) plans, the Out-of-Pocket Maximum will be the same as the Deductible

\*\*\* For Select (QHDHP) plans, Rx co-pays apply after the In-Network Deductible is met