

Western States FOP Health Plan

	OC PPO Plan \$100 ded	OC PPO Plan \$250 ded	OC PPO Plan \$1,500 ded
Benefits	In-Network	In-Network	In-Network
Deductible (Per calendar year)	\$100 Individual /\$200 Family	\$250 Individual / \$750 Family	\$1,500 Individual / \$3,000 Family
Coinsurance	Plan pays 90%; Member pays 10%	Plan pays 80%; Member pays 20%	Plan pays 80%; Member pays 20%
Payment Limit (Per calendar year)	\$1,100 Individual /\$2,200 Family	\$3,000 Individual /\$6,000 Family	\$4,000 Individual /\$8,000 Family
Physician Office Visit	\$10 copay; deductible waived	\$25 copay; deductible waived	\$35 copay; deductible waived
Specialist Office Visit (Includes visits to a Naturopath)	\$10 copay; deductible waived	\$25 copay; deductible waived	\$35 copay; deductible waived
Diagnostic Imaging	10%; after deductible	20%; after deductible	20%; after deductible
Preventive Care	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 100%; deductible waived
Inpatient/Outpatient Hospital Care	10%; after deductible	20%; after deductible	20%; after deductible
Emergency Room (Copay waived if admitted)	10% after \$100 copay; deductible waived	20% after \$75 copay; after deductible	20% after \$100 copay; after deductible
Acupuncture	\$10 copay; deductible waived (24 visits per year)	\$25 copay; deductible waived (24 visits per year)	\$35 copay; deductible waived (24 visits per year)
Ambulance	10%; after deductible	20%; after deductible	20%; after deductible
Mental Health/Substance Abuse (Inpatient)	10%; after deductible	20%; after deductible	20%; after deductible
Mental Health/Substance Abuse (Outpatient)	\$10 copay; deductible waived	\$25 copay; deductible waived	\$35 copay; deductible waived
Spinal Manipulation Therapy	\$10 copay; deductible waived (24 visits per year)	\$25 copay; deductible waived (15 visits per year)	\$35 copay; deductible waived (15 visits per year)
Home Health Care	10%; after deductible (130 visits per year)	20%; after deductible (130 visits per year)	20%; after deductible (130 visits per year)
Hospice	10%; after deductible	20%; after deductible	20%; after deductible
Skilled Nursing Facility	10%; after deductible (60 days per year)	20%; after deductible (90 days per year)	20%; after deductible (90 days per year)
Routine Hearing Screening (Preventive Care)	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 100%; deductible waived
Routine Eye Exams (Preventive Care)			
1 routine exam per 12 months	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 100%; deductible waived
Hearing Exams 1 routine exam per 24 months	\$10 copay; deductible waived	\$25 copay; deductible waived	\$35 copay; deductible waived
Vision Eyewear	Covered 100%; up to \$300 every 12 months	Covered 100%; up to \$200 every 24 months	Covered 100%; up to \$200 every 24 months
Prescription Drugs	OC PPO Plan \$100 ded	OC PPO Plan \$250 ded	OC PPO Plan \$1,500 ded
Retail (30 day supply)	\$5/\$20/\$40	\$5/\$25/\$50	\$10/\$30/\$75
Mail Order (31-90 day supply)	\$10/\$40/\$80	\$10/\$50/\$100	\$20/\$60/\$150

Caveats: The proposed rates are illustrative and subject to change based upon underwriting review of the (current rates/monthly claims/largeclaims/demographics) information. Receipt of this information is required prior to release of final rates/approval. Any information not provided in the original RFP submission may be required prior to final approval of sale. We are relying on information from the Plan Sponsor and its representatives in establishing the rates and terms of this proposal. If any original RFP submission information is inaccurate or incomplete and has material impact on the cost of the programs, we reserve the right to adjust our rates and terms.

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		Aetna Dental- Active PPO	
Benefits		In-Network	Out-Of-Network
Deductible	Individual	None	
	Family	None	
Annual Plan Maximum	Individual	\$2,000	
	Includes	Preventive Incentive	
Coinsurance	Type 1 Preventive Services	100%	
	Type 2 Basic Services	90%	80%
	Type 3 Major Services	60%	50%
	Type 4 Orthodontia	Not Covered	
Services	Cleaning, Exams	Type 1	
	X-Rays	Type 1	
	Periodontics	Type 2	
	Endodontics	Type 2	
	Oral Surgery	Type 2	
	Amalgam Restorations	Type 2	
	Inlays, Onlays, Crowns	Type 3	
	Waiting Periods	None	
	Late Entrant Penalties	Annual Open Enrollment	

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