



Advantra® Premium Quote for US Airways

For an Effective Date of January 1, 2018

Premium Rates

Medical and Part D without HIF	\$255.00	<i>per Member per Month</i>
Medical and Part D with HIF	\$288.00	<i>per Member per Month</i>

Plan Option Highlights

For more detail, refer to the Summary Plan Descriptions

Medical

<i>Product</i>	HMO
<i>Deductible</i>	\$0
<i>Out of Pocket Max</i>	\$1,500
<i>Out of Network Benefit</i>	Emergency Only
<i>Inpatient Hospital</i>	\$0 Copay
<i>Skilled Nursing Facility</i>	\$0 Copay to 100 days
<i>PCP/Specialist Visits</i>	\$15/\$25 Copay
<i>Outpatient Services/Surgery</i>	\$100 Copay
<i>Fitness Benefit</i>	Included
<i>Hearing/Vision/Dental</i>	Enhanced

Prescription Drug

<i>Deductible</i>	\$0
<i>Tier Structure</i>	\$7/\$35/\$75/33%
<i>Retail 90-Day Supply</i>	2x/2x/3x Copay for 90 Day Supply; Tier 4 Drugs N/A (30-Day Retail Only)
<i>Gap Coverage</i>	Tier 1 Coverage Only
<i>(> \$3,750 Total Drug Spend)</i>	
<i>Catastrophic Coverage</i>	Greater of:
<i>(> \$5,000 Member Out of Pocket)</i>	\$3.35 Generic or Multi-Source Pfd Brand; \$8.35 Other -or- 5% Coinsurance
<i>Mail Order</i>	2x/2x/3x Copay for 90 Day Supply; Tier 4 Drugs Not Available via Mail order

Rating Assumptions

The Plan is for January 1, 2018 through December 31, 2018

Quoted rates do not include broker commission

All rates assume that the effective date of the plan is the first day of the plan year noted above. If different, we reserve the right to adjust the quoted rates.