

2016 Large Group PPO Product Options (51+ FTE Employees)

Please Select No More Than 5 Plans

Piedmont Plans (PPO)

X	Plan Name	Coins	Medical / Rx Out-of-Pocket (Individual)	Form# (01/15)
	Piedmont Complete 1000/25	100%	\$1,000 / \$5,600	PIEDC100025
	Piedmont Complete 1500/25/50	100%	\$1,500 / \$5,100	PIEDC15002550
	Piedmont Complete 2500/25	100%	\$2,500 / \$4,100	PIEDC250025
	Piedmont Complete 3500/25/40	100%	\$3,500 / \$3,100	PIEDC35002540
	Piedmont Complete 5000/25/40	100%	\$5,000 / \$1,600	PIEDC50002540
	Piedmont Preferred 200/20	80%	\$2,000 / \$4,600	PIEDP20020
	Piedmont Preferred 500/25	80%	\$1,500 / \$5,100	PIEDP50025
	Piedmont Preferred 500/25/50	80%	\$1,500 / \$5,100	PIEDP5002550
	Piedmont Preferred 1000/25	80%	\$2,500 / \$4,100	PIEDP100025
	Piedmont Preferred 1500/25	80%	\$3,000 / \$3,600	PIEDP150025
	Piedmont Preferred 2000/25/35	80%	\$4,000 / \$2,600	PIEDP20002535
	Piedmont Preferred 2500/25	80%	\$4,500 / \$2,100	PIEDP250025
	Piedmont Preferred 2500/30	80%	\$5,000 / \$1,600	PIEDP250030
	Piedmont Preferred 3000/25/40	80%	\$5,000 / \$1,600	PIEDP30002540
	Piedmont Basic 500/25/40	70%	\$3,000 / \$3,600	PIEDB5002540
	Piedmont Basic 1500/25/40	70%	\$3,000 / \$3,600	PIEDB15002540
	Piedmont Basic 2000/25/40	70%	\$4,000 / \$2,600	PIEDB20002540
	Piedmont Basic 3000/25/40	70%	\$5,000 / \$1,600	PIEDB30002540
	Piedmont Basic 5000/25/40	70%	\$5,100 / \$1,500	PIEDB50002540

Partners Plans (PPO)

X	Plan Name	Coins	Medical / Rx Out-of-Pocket (Individual)	Form# (01/15)
	Partners Complete 1000/25	100%	\$1,000 / \$5,600	PARTC100025
	Partners Complete 2500/25	100%	\$2,500 / \$4,100	PARTC250025
	Partners Complete 3500/25/40	100%	\$3,500 / \$3,100	PARTC35002540
	Partners Complete 5000/25/40	100%	\$5,000 / \$1,600	PARTC50002540
	Partners Preferred 500/25	80%	\$1,500 / \$5,100	PARTP50025
	Partners Preferred 500/25/3000	80%	\$3,000 / \$3,600	PIEDP500253000
	Partners Preferred 1000/30	80%	\$3,000 / \$3,600	PARTP100030
	Partners Preferred 1500/25/50	80%	\$3,000 / \$3,600	PARTP15002550
	Partners Preferred 2000/25/35	80%	\$4,000 / \$2,600	PARTP20002535
	Partners Preferred 2500/25	80%	\$4,500 / \$2,100	PARTP250025
	Partners Preferred 2500/30	80%	\$5,000 / \$1,600	PARTP250030
	Partners Preferred 3000/25/40	80%	\$5,000 / \$1,600	PARTP30002540
	Partners Basic 1500/25/40	70%	\$3,000 / \$3,600	PARTB15002540
	Partners Basic 2000/25/40	70%	\$4,000 / \$2,600	PARTB20002540
	Partners Basic 3000/25/40	70%	\$5,000 / \$1,600	PARTB30002540
	Partners Basic 5000/25/40	70%	\$5,100 / \$1,500	PARTB50002540

Consumers Plans (PPO)

X	Plan Name	Coinsurance	Deductible (Individual)	Medical / Rx Out-Of-Pocket (Individual)	Out-of-Network Coinsurance	Form #
	Consumers Complete 5000	100%	\$5,000	\$5,000 / \$1,600	60%	CONSUMERS5000(01/15)

Health Savings Accounts (PPO)

X	Plan Name	Coinsurance	Deductible Type	Deductible (Individual)	Medical/Rx Out-Of-Pocket (Individual)	Rx Copays	Form #
	Piedmont Preferred 1500 HSA	80%	Aggregate	\$1500	\$3,000 / \$3,450	10/30/50 after ded.	PIEDPHSA1500(01/15)
	Piedmont Preferred 2500 HSA	80%	Aggregate	\$2500	\$4,500 / \$1,950	10/30/50 after ded.	PIEDPHSA2500(01/15)
	Piedmont Preferred 2600 HSA	80%	Embedded	\$2600	\$4,500 / \$1,950	10/30/50 after ded.	PIEDPHSA2600(04/15)
	Piedmont Complete 3000 HSA	100%	Embedded	\$3000	\$3,000*(Incl Rx)	\$0 after deductible	PIEDCHSA3000(01/14)
	Piedmont Preferred 3500 HSA	80%	Embedded	\$3500	\$4,950 / \$1,500	10/30/50 after ded.	PIEDPHSA3500(01/15)
	Piedmont Complete 5000 HSA	100%	Embedded	\$5000	\$5,000*(Incl Rx)	\$0 after deductible	PIEDCHSA5000(01/14)

Additional Riders

X	Please place an "X" by any riders you would like to include.	Rider Description	Rider Form #
	Supplemental Accident Rider	Coverage for 100% of first \$750 AC Emergency Outpatient from Accident	IPAccidental(11/07)
	Vision Rider	One routine eye exam per year subject to a \$20 office visit copay	VisionLG (01/14)
	Supplemental Rider	Gastric Bypass, Breast Reduction, Abdominoplasty, Cochlear Implants	IPNGSupplemental(1/14)
	Male Impotence Rx Rider	Coverage of prescription drugs for impotence / sexual response	MaleRxRider (01/14)

Three-Tier Rx Amendments

X	Additional Rx Deductible	Rx Amendment	Mail Order	Rx Form #
	None	\$10/\$20/\$35 or 20%	2X Retail	IPRX10203520% (01/14)
	None	\$10/\$30/\$50	2X Retail	IPRX103050
	None	\$10/\$30/\$50 or 20%	2X Retail	IPRX10305020% (01/14)
	None	\$10/\$40/\$55	2X Retail	IPRX104055
	None	\$15/\$40/\$55	2X Retail	IPRX154055

Effective 1/1/2016