



August 11, 2010

Advantra Premium Quote for State of Kansas

For an Effective Date of January 1, 2011

Premium Rates

Advantra PPO Medical Only	\$75.00	<i>per Member per Month</i>
Optional Part D	\$64.00	<i>per Member per Month</i>
Combined Advantra PPO + Part D	\$139.00	<i>per Member per Month</i>

Plan Option Highlights

For more detail, refer to the Summary Plan Descriptions

Medical

<i>Product</i>	PPO
<i>Deductible</i>	\$0
<i>Out of Pocket Max</i>	\$1,000
<i>Out of Network Benefit</i>	20% Coinsurance
<i>Inpatient Hospital</i>	\$100/Day (Days 1-5)
<i>Skilled Nursing Facility</i>	\$0/Day (Days 1-7); \$50/Day (Days 8-100)
<i>PCP/Specialist Visits</i>	\$0 Copay
<i>Outpatient Services/Surgery</i>	\$150/Visit
<i>Fitness Benefit</i>	Included
<i>Hearing/Vision/Dental</i>	Enhanced

Prescription Drug

<i>Deductible</i>	\$0
<i>Tier Structure</i>	\$5/\$25/\$50/25%
<i>Retail 90-Day Supply</i>	2x Copay for 90 Day Supply; Tier 4 Drugs N/A (30-Day Retail Only)
<i>Gap Coverage (> \$2,840 Total Drug Spend)</i>	Tier 1 Coverage Only
<i>Catastrophic Coverage (> \$4,550 Member Out of Pocket)</i>	Greater of: \$2.50 Generic or Multi-Source Pfd Brand; \$6.30 Other -or- 5% Coinsurance
<i>Mail Order</i>	2x Copay for 90 Day Supply; Tier 4 Drugs Not Available via Mail order

Rating Assumptions

The Plan Year is 1/1/2011 - 12/31/2011.

Quote is valid only for members in CHC Kansas Advantra service area

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.

Quoted rates assume no significant changes in competing carrier(s), benefit structure, and/or contribution levels for competing benefit plan options.