



August 11, 2010

## Advantra Premium Quote for State of Kansas

For an Effective Date of January 1, 2011

### Premium Rates

<b>Advantra PPO Medical Only</b>	<b>\$61.00</b>	<i>per Member per Month</i>
<b>Optional Part D</b>	<b>\$64.00</b>	<i>per Member per Month</i>
<b>Combined Advantra PPO + Part D</b>	<b>\$125.00</b>	<i>per Member per Month</i>

### Plan Option Highlights

For more detail, refer to the Summary Plan Descriptions

#### **Medical**

Product	PPO
Deductible	\$0
Out of Pocket Max	\$2,500
Out of Network Benefit	20% Coinsurance
Inpatient Hospital	\$150/Day (Days 1-5)
Skilled Nursing Facility	\$0/Day (Days 1-7); \$50/Day (Days 8-100)
PCP/Specialist Visits	\$10/\$20 Copay
Outpatient Services/Surgery	\$150/Visit
Fitness Benefit	Included
Hearing/Vision/Dental	Enhanced

#### **Prescription Drug**

Deductible	\$0
Tier Structure	\$5/\$25/\$50/25%
Retail 90-Day Supply	2x Copay for 90 Day Supply; Tier 4 Drugs N/A (30-Day Retail Only)
Gap Coverage (> \$2,840 Total Drug Spend)	Tier 1 Coverage Only
Catastrophic Coverage (> \$4,550 Member Out of Pocket)	Greater of: \$2.50 Generic or Multi-Source Pfd Brand; \$6.30 Other -or- 5% Coinsurance
Mail Order	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 or contribution levels for competing benefit plan options.