

American Alternative Insurance Corp

Group Health Rate Card

Sharp PPO/HSA Companion Plans

**Group Monthly Rates
For the Calendar Quarter including 04/01/2010**

Area/Zip Chart
<u>Rating Area A</u> The following zips are where the Sharp PPO/HSA companion products are available on a dual choice or dual class basis: 919, 920, 921, 924, 925, 926, 927, 928 <u>Rating Area B</u> The following zips are for the Sharp Out of Area companion PPO/HSA products. Any employee residing outside the zip codes listed above is assigned to this rating area: 900, 901, 902, 903, 904, 905, 906, 907, 908, 910, 911, 912, 913, 914, 915, 916, 917, 918, 922, 923, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961

PLAN SELECTIONS:

American Alternative Insurance Corp, Princeton NJ

1.0 Risk Adjustment Factor

Rates for Dual Choice/Dual Class PPO/HSA Plans – Rating Area A

Plan: HSA Qualified High Deductible Plan

Office Visit Copay Benefit: None

Rx Drug Benefit: HSA Deductible Integrated RX Formulary Plan

Deductible = \$2500 Coinsurance = 80/50 Out-of-Pocket = \$2500/\$5000				
Age	Employee Only	Employee+Spouse	Employee+Children	Family
0 to 29	\$202	\$439	\$290	\$605
30 to 39	\$258	\$534	\$342	\$695
40 to 49	\$323	\$594	\$400	\$742
50 to 54	\$427	\$766	\$499	\$909
55 to 59	\$569	\$1039	\$630	\$1172
60 to 64	\$715	\$1307	\$767	\$1432
65+ Medicare Primary	\$358	\$1085	\$406	\$1210
65+ Medicare Secondary	\$869	\$1596	\$917	\$1721

Plan: Traditional PPO

Office Visit Copay Benefit: \$30 – Unlimited Visits

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

Deductible = \$1000 Coinsurance = 80/50 Out-of-Pocket = \$3000/\$6000				
Age	Employee Only	Employee+Spouse	Employee+Children	Family
0 to 29	\$245	\$603	\$536	\$848
30 to 39	\$316	\$735	\$594	\$964
40 to 49	\$402	\$821	\$656	\$1029
50 to 54	\$533	\$1056	\$768	\$1239
55 to 59	\$711	\$1436	\$915	\$1578
60 to 64	\$895	\$1808	\$1068	\$1908
65+ Medicare Primary	\$505	\$1628	\$659	\$1695
65+ Medicare Secondary	\$1087	\$2210	\$1241	\$2277

Plan: Traditional PPO

Office Visit Copay Benefit: \$20 – Unlimited Visits

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

Deductible = \$500 Coinsurance = 80/50 Out-of-Pocket = \$2000/\$4000				
Age	Employee Only	Employee+Spouse	Employee+Children	Family
0 to 29	\$285	\$702	\$688	\$1049
30 to 39	\$370	\$860	\$755	\$1185
40 to 49	\$472	\$965	\$823	\$1262
50 to 54	\$627	\$1244	\$950	\$1505
55 to 59	\$837	\$1691	\$1119	\$1899
60 to 64	\$1053	\$2128	\$1292	\$2282
65+ Medicare Primary	\$615	\$1938	\$828	\$2049
65+ Medicare Secondary	\$1282	\$2605	\$1495	\$2716

Rates for PPO/HSA Plans – Rating Area B

Plan: HSA Qualified High Deductible Plan

Office Visit Copay Benefit: None

Rx Drug Benefit: HSA Deductible Integrated RX Formulary Plan

Deductible = \$2500 Coinsurance = 80/50 Out-of-Pocket = \$2500/\$5000				
Age	Employee Only	Employee+Spouse	Employee+Children	Family
0 to 29	\$224	\$489	\$322	\$673
30 to 39	\$286	\$594	\$380	\$773
40 to 49	\$359	\$662	\$444	\$825
50 to 54	\$475	\$852	\$555	\$1012
55 to 59	\$633	\$1157	\$701	\$1306
60 to 64	\$796	\$1455	\$854	\$1595
65+ Medicare Primary	\$397	\$1208	\$450	\$1347
65+ Medicare Secondary	\$968	\$1779	\$1021	\$1918

Plan: Traditional PPO

Office Visit Copay Benefit: \$30 – Unlimited Visits

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

Deductible = \$1000 Coinsurance = 80/50 Out-of-Pocket = \$3000/\$6000				
Age	Employee Only	Employee+Spouse	Employee+Children	Family
0 to 29	\$272	\$671	\$597	\$945
30 to 39	\$351	\$818	\$661	\$1074
40 to 49	\$447	\$914	\$730	\$1146
50 to 54	\$593	\$1176	\$855	\$1379
55 to 59	\$791	\$1599	\$1018	\$1757
60 to 64	\$996	\$2014	\$1189	\$2125
65+ Medicare Primary	\$561	\$1812	\$733	\$1887
65+ Medicare Secondary	\$1210	\$2461	\$1382	\$2536

Plan: Traditional PPO

Office Visit Copay Benefit: \$20 – Unlimited Visits

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

Deductible = \$500 Coinsurance = 80/50 Out-of-Pocket = \$2000/\$4000				
Age	Employee Only	Employee+Spouse	Employee+Children	Family
0 to 29	\$317	\$781	\$766	\$1168
30 to 39	\$411	\$957	\$840	\$1320
40 to 49	\$525	\$1074	\$916	\$1405
50 to 54	\$697	\$1385	\$1058	\$1676
55 to 59	\$931	\$1883	\$1245	\$2114
60 to 64	\$1172	\$2370	\$1439	\$2542
65+ Medicare Primary	\$684	\$2159	\$921	\$2283
65+ Medicare Secondary	\$1428	\$2903	\$1665	\$3027