



## Sample Plans for groups with 51+ employees

Benefits	Base Plan	Standard Plan	Select Plan	Premier Plan
<b>Network</b>	First Health Network Doctor	First Health Network Doctor	First Health Network Doctor & Hospital	First Health Network Doctor & Hospital
<b>Life/AD&amp;D Insurance</b>	\$5,000	\$5,000	\$5,000	\$5,000
<b>Dependent Life Insurance</b>	\$2,500	\$2,500	\$2,500	\$2,500
<b>Critical Illness</b>	N/A	N/A	N/A	\$10,000 (Employee)
<b>Daily In-Hospital Indemnity</b> 500 day lifetime max	\$100 per day	\$300 per day	\$500 per day	\$800 per day
- Intensive Care	\$200 per day	\$600 per day	\$1,000 per day	\$1,600 per day
- Mental Illness	\$50 per day	\$150 per day	\$250 per day	\$400 per day
- Substance Abuse	\$50 per day	\$150 per day	\$250 per day	\$400 per day
- Skilled Nursing	\$50 per day	\$150 per day	\$250 per day	\$400 per day
<b>Inpatient Miscellaneous</b> 60 day calendar year max	N/A	\$200 per day	\$300 per day	\$500 per day
<b>Hospital Admission</b>	N/A	\$300 Single Sum	\$500 Single Sum	\$800 Single Sum
<b>Doctor's Office Visit</b>	\$50 per visit \$300 calendar year max	\$50 per visit \$300 calendar year max	\$60 per visit \$360 calendar year max	\$75 per visit \$450 calendar year max
<b>Outpatient Diagnostic X-Ray and Lab</b>	N/A	\$50 per test \$300 calendar year max	\$60 per test \$360 calendar year max	\$75 per test \$450 calendar year max
<b>Outpatient Diagnostic Advanced Studies</b>	N/A	\$200 per test \$600 calendar year max	\$300 per test \$900 calendar year max	\$500 per test \$1,500 calendar year max
<b>IP/OP/OP Minor Surgical Indemnity</b>	N/A	\$500/\$250/\$50	\$1,000/\$500/\$100	\$2,000/\$1,000/\$200
<b>Anesthesia</b>	N/A	\$150 \$500 calendar year max	\$300 \$1,000 calendar year max	\$600 \$2,000 calendar year max
<b>Outpatient Surgical Facility</b>	N/A	N/A	\$500	\$500
<b>Preventive Care</b>	\$50 per visit \$150 calendar year max	\$50 per visit \$150 calendar year max	\$75 per visit \$150 calendar year max	\$75 per visit \$150 calendar year max
<b>Accident Expense</b>	\$300 max per occurrence	\$500 max per occurrence	\$1,000 max per occurrence	\$1,000 max per occurrence
<b>Emergency Room Indemnity Benefit for Illness Only</b>	\$75 per visit \$300 calendar year max	\$75 per visit \$300 calendar year max	\$75 per visit \$300 calendar year max	\$75 per visit \$300 calendar year max
<b>*Health Savings Program</b>	Included	Included	Included	Included
<b>*Tier'd RX Program</b>	Included	Included	Included	Included
<b>Employer Paid Rates</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>
Employee	\$35.90	\$73.84	\$109.79	\$166.21
Employee One	\$57.04	\$125.33	\$188.04	\$285.80
Employee Plus Spouse	\$72.93	\$167.78	\$253.91	\$386.46
Family	\$78.69	\$183.18	\$277.38	\$424.51
<b>Voluntary Rates</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>
Employee	\$42.07	\$89.51	\$135.33	\$202.22
Employee Plus Child(ren)	\$68.00	\$153.40	\$233.87	\$350.47
Employee Plus Spouse	\$87.87	\$206.47	\$317.27	\$476.00
Family	\$95.06	\$225.67	\$346.88	\$522.79

\*These benefits are not underwritten by Nationwide Life Insurance Company.