

**American Alternative Insurance Corp**

**Group Health Rate Card**

**Sharp PPO/HSA Companion Plans**

**Group Monthly Rates  
For the Calendar Quarter including 10/01/2009**

<b>Area/Zip Chart</b>
<b><u>Rating Area A</u></b>  <b>The following zips are where the Sharp PPO/HSA companion products are available on a dual choice or dual class basis:</b>  919, 920, 921, 924, 925, 926, 927, 928  <b><u>Rating Area B</u></b>  <b>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:</b>  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

<b>Deductible = \$2500 Coinsurance = 80/50 Out-of-Pocket = \$2500/\$5000</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee+Spouse</b>	<b>Employee+Children</b>	<b>Family</b>
0 to 29	\$193	\$405	\$338	\$619
30 to 39	\$249	\$497	\$388	\$708
40 to 49	\$318	\$573	\$445	\$765
50 to 54	\$421	\$744	\$539	\$936
55 to 59	\$561	\$1001	\$663	\$1187
60 to 64	\$706	\$1268	\$792	\$1452
65+ Medicare Primary	\$419	\$1088	\$497	\$1279
65+ Medicare Secondary	\$854	\$1523	\$932	\$1714

Plan: Traditional PPO

Office Visit Copay Benefit: \$30 – Unlimited Visits

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

<b>Deductible = \$1000 Coinsurance = 80/50 Out-of-Pocket = \$3000/\$6000</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee+Spouse</b>	<b>Employee+Children</b>	<b>Family</b>
0 to 29	\$256	\$598	\$558	\$900
30 to 39	\$333	\$733	\$622	\$1022
40 to 49	\$428	\$835	\$691	\$1098
50 to 54	\$569	\$1084	\$815	\$1330
55 to 59	\$760	\$1460	\$971	\$1671
60 to 64	\$957	\$1851	\$1136	\$2030
65+ Medicare Primary	\$588	\$1656	\$749	\$1817
65+ Medicare Secondary	\$1159	\$2227	\$1320	\$2388

Plan: Traditional PPO

Office Visit Copay Benefit: \$20 – Unlimited Visits

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

<b>Deductible = \$500 Coinsurance = 80/50 Out-of-Pocket = \$2000/\$4000</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee+Spouse</b>	<b>Employee+Children</b>	<b>Family</b>
0 to 29	\$298	\$700	\$689	\$1091
30 to 39	\$388	\$858	\$762	\$1232
40 to 49	\$498	\$973	\$839	\$1314
50 to 54	\$662	\$1263	\$981	\$1582
55 to 59	\$884	\$1700	\$1158	\$1974
60 to 64	\$1114	\$2154	\$1346	\$2386
65+ Medicare Primary	\$670	\$1918	\$877	\$2125
65+ Medicare Secondary	\$1353	\$2601	\$1560	\$2808

## **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

<b>Deductible = \$2500 Coinsurance = 80/50 Out-of-Pocket = \$2500/\$5000</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee+Spouse</b>	<b>Employee+Children</b>	<b>Family</b>
0 to 29	\$213	\$449	\$375	\$688
30 to 39	\$276	\$553	\$431	\$788
40 to 49	\$353	\$637	\$494	\$851
50 to 54	\$468	\$828	\$600	\$1042
55 to 59	\$624	\$1114	\$737	\$1322
60 to 64	\$786	\$1412	\$882	\$1617
65+ Medicare Primary	\$466	\$1211	\$553	\$1424
65+ Medicare Secondary	\$951	\$1696	\$1038	\$1909

Plan: Traditional PPO

Office Visit Copay Benefit: \$30 – Unlimited Visits

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

<b>Deductible = \$1000 Coinsurance = 80/50 Out-of-Pocket = \$3000/\$6000</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee+Spouse</b>	<b>Employee+Children</b>	<b>Family</b>
0 to 29	\$284	\$665	\$621	\$1002
30 to 39	\$370	\$816	\$692	\$1138
40 to 49	\$475	\$929	\$768	\$1222
50 to 54	\$632	\$1206	\$906	\$1480
55 to 59	\$846	\$1627	\$1081	\$1862
60 to 64	\$1066	\$2062	\$1266	\$2262
65+ Medicare Primary	\$654	\$1845	\$833	\$2024
65+ Medicare Secondary	\$1290	\$2481	\$1469	\$2660

Plan: Traditional PPO

Office Visit Copay Benefit: \$20 – Unlimited Visits

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

<b>Deductible = \$500 Coinsurance = 80/50 Out-of-Pocket = \$2000/\$4000</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee+Spouse</b>	<b>Employee+Children</b>	<b>Family</b>
0 to 29	\$331	\$779	\$767	\$1215
30 to 39	\$431	\$954	\$848	\$1371
40 to 49	\$553	\$1082	\$933	\$1462
50 to 54	\$736	\$1406	\$1091	\$1761
55 to 59	\$984	\$1893	\$1289	\$2198
60 to 64	\$1240	\$2399	\$1499	\$2658
65+ Medicare Primary	\$746	\$2136	\$977	\$2367
65+ Medicare Secondary	\$1506	\$2896	\$1737	\$3127