

PacifiCare Life and Health Insurance Company: Qualified Health Plans

Health Plan Name	PLHIC Signature Elite 30/1500/80% Plan PMY
O-EPIC Health Plan ID	H01492
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$30
Pharmacy Options	2V - \$10/35/60 5V - \$10/35/60 with \$100 deductible OI - \$10/35/70 G4 - \$10/30/50 with \$100 deductible H9 - \$10/30/50 S8 - \$10/30/50 with \$250 deductible JB - \$10/\$30/\$50 JI - \$20/\$45/\$75 with \$250 deductible JG - \$15/\$40/\$70 with \$250 deductible JE - \$15/\$35/\$60 with \$100 deductible JC - \$10/\$30/\$50 with \$100 deductible JD - \$15/\$35/\$60 JF - \$15/\$40/\$70 JH - \$20/\$45/\$75

Health Plan Name	PLHIC Signature Elite 35/1500/70% Plan PMZ
O-EPIC Health Plan ID	H01493
Individual Annual Deductible (in-network)	\$1500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3000
Office Visit Copay	\$35
Pharmacy Options	2V - \$10/35/60 5V - \$10/35/60 with \$100 deductible OI - \$10/35/70 G4 - \$10/30/50 with \$100 deductible H9 - \$10/30/50 S8 - \$10/30/50 with \$250 deductible JB - \$10/\$30/\$50 JI - \$20/\$45/\$75 with \$250 deductible JG - \$15/\$40/\$70 with \$250 deductible JE - \$15/\$35/\$60 with \$100 deductible JC - \$10/\$30/\$50 with \$100 deductible JD - \$15/\$35/\$60 JF - \$15/\$40/\$70 JH - \$20/\$45/\$75