



GROUP PLANS AND RATES GUIDE

July 2018

Our Mission

To make high quality, fully credentialed chiropractors and acupuncturists available and affordable to Californians seeking alternative care.



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Landmark Healthplan and the Value of Alternative Healthcare

Landmark Healthplan is a licensed, specialized health services plan that has offered chiropractic and acupuncture benefit plans since 1985.

As costs increase with major medical insurance plans, Landmark offers cost savings alternatives with flexible chiropractic and acupuncture benefit plans.

Landmark benefit plans are available to employer groups and health insurance carriers throughout California. With Landmark, employers and employees enjoy:

- Over 1,800 practitioners in our statewide network
- Fully insured benefit plans that are affordable and easy to access
- Extensive oversight to ensure that the care delivered is of the highest quality
- Affordable access to chiropractic and acupuncture, which have been shown to be effective, low cost alternatives to drugs and surgery.

At Landmark, we are proud to work directly with chiropractors and acupuncturists to develop benefit plans that meet the growing physical medicine needs of Californians while mitigating the high cost of healthcare for employers.

Why Landmark—As healthcare costs continue to rise, many employers are recognizing the challenges associated with maintaining quality health benefit plans that support productivity and foster healthy, happy employees.

Landmark asks you to consider the *measurable value* and *cost savings* of employer-sponsored alternative care that:

- Lowers the overall cost of medical care. Landmark's chiropractic and acupuncture benefits help mitigate the high cost of healthcare for employers by replacing high cost medical procedures with low cost, natural alternatives.
- Lowers the cost of Workers Compensation insurance. As an alternative to more medically aggressive treatments, Landmark's chiropractic and acupuncture services can lower the physical medicine treatment costs associated with your company's underwriting profile.
- Provides a quicker return to work, when compared to traditional drugs and/or surgery. Due to the less aggressive nature of a natural treatment alternative, employees will be able to return to work sooner and/or continue treatments while working.

Combining a Health Advocate personalized wellness plan with Landmark's alternative care benefits allows employers to enhance their benefits packages and stand out even more among their competitors.

Landmark Healthplan asks you to consider the *flexibility* and *convenience* of employer-sponsored healthcare for both the employer and the employee:

- Landmark’s benefit plans are transferable and can stay in-place when an employer switches primary health plan carriers or offers several carriers.
- Landmark offers first-dollar benefits that are not subject to deductibles or co-insurance. While most major medical plans have a chiropractic and acupuncture benefit, access to these is often out of reach to the average employee who must first satisfy a high deductible and/or pay a co-insurance or higher-cost specialty co-payment.
- Landmark members can access care directly—no PCP referrals are required.
- Landmark offers many plan design choices for small groups and even more choices for large groups. With more options than the typical one rider choice, or the one embedded benefit option program offered by primary plan carriers, Landmark empowers you to purchase a more tailored benefit to better meet the needs of your employees.
- Employers may choose from “managed” (Standard Benefit) and “unmanaged” (Expanded Benefit) plans. Our Standard plans keep costs down with access limited to medically necessary treatments. Expanded plans provide freedom to access care for any reason.
- Landmark members may receive free wellness coaching from Health Advocate, a powerful program that assists members in obtaining their health goals, with access to additional programs and discounts to promote a healthy lifestyle.



Landmark is uniquely qualified to serve and promote a healthy California workforce:

- Landmark is the **ONLY** standalone, direct to employer group chiropractic/ acupuncture plan available in California.
- Landmark is your **only** chiropractic solution for small groups on ACA compliant plans that do not include chiropractic benefits.
- Landmark’s chiropractic and acupuncture treatments provide effective low cost alternatives to drugs and surgery, starting at under \$2 per employee per month.

Customize a Benefit Plan Tailored to Your Unique Needs

Step 1: Decide Which Products to Offer

Chiropractic Care: Chiropractic care is a form of alternative medicine that emphasizes diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, especially the spine, with evidence that these disorders affect general health via the nervous system.

Acupuncture Care: Acupuncture is the stimulation by needles of specific points along the skin of the body. It is a form of complementary and alternative medicine and a key component of Traditional Chinese Medicine (TCM). According to TCM, stimulating specific acupuncture points corrects imbalances in the flow of *qi* (vital energy) through channels known as meridians. Acupuncture aims to treat a range of conditions, though is most commonly used for pain relief.

Herbal Therapies: Available as an optional benefit rider to any acupuncture plan, herbal therapies are for oral ingestion or external application of naturally occurring botanical, animal, or mineral substances. Herbal therapies support normal structure and function of the human body, according to the principles of TCM.

Combined Chiropractic/Acupuncture Plans: With access to the best of both treatment options, members may split the total number of annual office visits between one or both treatments in any combination desired.

Health & Wellness Resources—Landmark’s Partnership with Health Advocate: For employers with more than 50 employees, health and wellness referrals and coaching is included FREE of charge through a partnership between Landmark and Health Advocate.

Members receive personalized telephone access to health education and counseling with nationwide toll-free access to a wide array of additional services, including:

- Gym membership discounts
- Massage therapy
- Yoga, Tai Chi, and relaxation
- Fitness and exercise programs
- Smoking cessation
- Prenatal and postnatal care, health self-help and parenting resources

Experienced Health Advocate counselors develop a personalized plan for program enrollees and provide referrals to qualified practitioners or instructors, wellness programs or other related health resources.

Combining a Health Advocate personalized wellness plan with Landmark’s alternative care benefits allows employers to enhance their benefits packages and stand out even more among their competitors.

Step 2: Decide Which Product Category Best Meets Your Needs

Standard Products: Cover services within the scope of care that are supportive or necessary to help members achieve their physical state enjoyed before an injury or illness. These include services determined by Landmark to be medically necessary and pre-authorized by Landmark. They are generally furnished for the diagnosis and/or treatment of a condition associated with an injury or illness.

Expanded Products: Like Standard Products, these cover services are those within the scope of care deemed supportive or necessary to help patients achieve the physical state enjoyed before an injury or illness. But the Expanded Products also cover preventive, maintenance, and wellness care for any mechanical condition. Unlike Standard Products, these services need not be pre-authorized and will not be reviewed for medical necessity.

Dual-Option Plan: Allows employers to offer two different plans to their employees. Employers must choose one of our budget-friendly Standard Plans that cover medically necessary treatments for acute conditions, to be offered alongside one of our Expanded Plans, at no additional cost to the employer. The Expanded Plan provides unrestricted access to treatment for not only acute care, but also for on-going maintenance and wellness care. Employees get to choose the plan that's right for them: the Standard Plan that keeps costs down or the Expanded Plan that provides the freedom to access care for any reason.

Group Numbers/Billing:

All Dual-Option groups will be assigned two group numbers. One number will be assigned for each plan, and groups will receive two separate billing statements; one for each plan/group number. Groups can pay as billed. Or, if preferred, groups can write one check for both bills, documenting on the check stub the amount being paid for each plan/group number.

Step 3: Choose an Office Visit Co-payment

With Landmark, members have access to chiropractic and acupuncture care with office visit co-pays as low as \$5 for large groups, and \$10 for small groups. Note that higher co-payments result in lower premiums.

Small Group (2-50 Employees): \$10, \$15 or \$20

Large Group (51+ Employees): \$5, \$7, \$10, \$15 or \$20

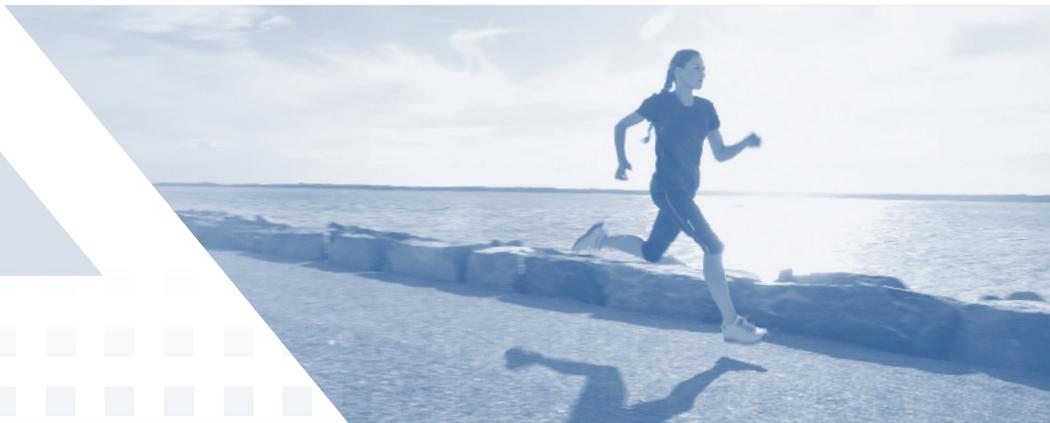
Step 4: Choose a Maximum Number of Annual Office Visits

(Fewer visits result in lower premiums)

Small Group (2-50 Employees): 20 or 30

Large Group (51+ Employees): 12, 20, 24, 30, 36 or 40

Today, Landmark Healthplan is California's only direct-to-employer provider of chiropractic and acupuncture benefit plans.



Underwriting and Group Submission Requirements

Underwriting Guidelines for All Group Sizes:

- Landmark Employer Sponsored Plans are not voluntary. All employees and dependents enrolled in the employer-sponsored major medical plan must enroll in the Landmark Plan(s).
- Only employees and dependents with primary medical coverage are eligible.
- Employees and dependents must live or work within our service area (the State of California) to be eligible.
- Groups must have a minimum of ten enrolled employees to offer a Dual-Option Plan or two enrolled employees for a Single-Option Plan.
- Major Medical Product Carve-outs are allowed. All carve-out employees and dependents must enroll in the Landmark Plan(s). Group size will be based on the number of enrolled carve-out employees. A minimum of ten employees must enroll for a Dual-Option plan or five employees for a Single-Option plan.
- Employees who waive group medical are not eligible for Landmark coverage, unless they are covered by a spouse's group medical plan or a government program.
- The employer must contribute at least 60% of the Landmark premium for employees of the lowest cost option in a Dual-Option offering, or 50% of the Landmark premium for employees in a Single Option offering.
- Dual-Option allows the pairing of any Standard Plan with any Expanded Plan, but no other combinations are allowed. A 10% increase to the standalone plan rates of both plans being offered will be assessed.
- Subscriber and dependent(s) plan choice must match when offering a Dual-Option Plan.

Group Submission Requirements:

Completed new group paperwork must be received on or before the 5th of the month in which coverage is to start. Please submit the following four documents:

1. Group application
2. Completed Landmark Census Enrollment template for the entire group, or individual enrollment forms for each employee or equivalent third party forms (e.g.: medical plan enrollment forms)
3. Current copy of the group's detail medical billing to verify eligibility or copy of medical ID card for waivers
4. Copy of the binder check, original should be made out to "Landmark Healthplan of California, Inc." and sent to:
Landmark Healthplan of California, Inc.
ATTN: Group Services
P.O. Box 130028
Sacramento, CA 95853

Quoting Tool & Enrollment Forms/Template:

Please download our new quoting tool, enrollment forms and census enrollment template from the Landmark website at www.LHP-CA.com. This allows for the quotation and selection of the Dual-Option Plan. Or, feel free to request an RFQ e-mail from sales@LHP-CA.com which contains all the updated forms and provides you with everything you need to quote and enroll a group in Landmark.

Chiropractic, Acupuncture and Combined Chiropractic and Acupuncture Plans Benefit Summaries

CHIROPRACTIC PLANS

PLAN TYPE	STANDARD PLANS	EXPANDED PLANS
Covered Chiropractic Services Services include: <ul style="list-style-type: none"> • Examinations • Manipulation • Conjunctive Physiotherapy • X-Rays 	Services within the scope of chiropractic care that are supportive or necessary to help patients achieve the physical state enjoyed before an injury or illness, and that are determined by Landmark to be Medically Necessary, are pre-authorized by Landmark, and are generally furnished for the diagnosis and/or treatment of a neuromusculoskeletal condition associated with an injury or illness.	Services are those within the scope of chiropractic care that are supportive or necessary to help patients achieve the physical state enjoyed before an injury or illness. <i>In addition, services for preventive, maintenance, and wellness care for any mechanical neuromusculoskeletal condition are also covered. Services need not be pre-authorized, will not be reviewed for Medical Necessity.</i>
Office Visit Copay Paid to provider at time of service.	[\$5, \$7], \$10, \$15 or \$20	
Office Visits Annual maximum per plan year.	[12], 20, [24], 30, [36 or 40]	
Emergency Visit Copay Paid to provider at time of service or deducted from claim.	Same as Office Visit	
X-Rays Annual maximum per plan year.	None	\$75
Durable Medical Equipment (DME) Annual maximum per plan year.	\$50	

Note: [Bracketed] options are only available to large groups (51+ employees).

ACUPUNCTURE PLANS

PLAN TYPE	STANDARD PLANS	EXPANDED PLANS
Covered Acupuncture Services Services include: <ul style="list-style-type: none"> • Acupuncture • Electro-acupuncture • Moxibustion • Cupping • Acupressure, only when acupuncture is contraindicated 	Services within the scope of acupuncture care that are pre-authorized by Landmark, and are supportive and Medically Necessary for the treatment of neuromusculoskeletal pain resulting from an injury or illness, or for the treatment of uncomplicated asthma (that which is not effected by another condition or disease), allergies, post-operative or chemotherapy nausea and vomiting, nausea of pregnancy, post-operative (including dental) pain, fibromyalgia, headaches and low-back pain.	Covered Acupuncture Services are those within the scope of acupuncture care for the treatment of neuromusculoskeletal pain resulting from an injury or illness. In addition, coverage is provided for preventive, maintenance, and wellness care for any mechanical neuromusculoskeletal condition, uncomplicated asthma (that which is not effected by another condition or disease), allergies, post-operative or chemotherapy nausea and vomiting, nausea of pregnancy, post-operative (including dental) pain, fibromyalgia, headaches and low-back pain. Services need not be pre-authorized and will not be reviewed for Medical Necessity.
Office Visit Copay Paid to provider at time of service.	[\$5, \$7], \$10, \$15 or \$20	
Office Visits Annual maximum per plan year.	[12], 20, [24], 30, [36 or 40]	
Emergency Visit Copay Paid to provider at time of service or deducted from claim.	Same as Office Visit	
Durable Medical Equipment (DME) Annual maximum per plan year.	\$50	
Herbal Benefit Rider (Optional) \$500 annual maximum per plan year.	\$5 per bottle/\$500 Annual Maximum per Plan Year	

Note: [Bracketed] options are only available to large groups (51+ employees).

COMBINED CHIROPRACTIC AND ACUPUNCTURE PLANS

PLAN TYPE	STANDARD PLANS	EXPANDED PLANS
Covered Chiropractic Services Services include: <ul style="list-style-type: none"> • Examinations • Manipulation • Conjunctive Physiotherapy • X-Rays 	Services within the scope of chiropractic care that are supportive or necessary to help patients achieve the physical state enjoyed before an injury or illness, and that are determined by Landmark to be Medically Necessary, are pre-authorized by Landmark, and are generally furnished for the diagnosis and/or treatment of a neuromusculoskeletal condition associated with an injury or illness.	Services are those within the scope of chiropractic care that are supportive or necessary to help patients achieve the physical state enjoyed before an injury or illness. <i>In addition, services for preventive, maintenance, and wellness care for any mechanical neuromusculoskeletal condition are also covered. Services need not be pre-authorized, will not be reviewed for Medical Necessity</i>
Covered Acupuncture Services Services include: <ul style="list-style-type: none"> • Acupuncture • Electro-acupuncture • Moxibustion • Cupping • Acupressure, only when acupuncture is contraindicated 	Services within the scope of acupuncture care that are pre-authorized by Landmark, and are supportive and Medically Necessary for the treatment of neuromusculoskeletal pain resulting from an injury or illness, or for the treatment of uncomplicated asthma (that which is not effected by another condition or disease), allergies, post-operative or chemotherapy nausea and vomiting, nausea of pregnancy, post-operative (including dental) pain, fibromyalgia, headaches and low-back pain.	Services are those within the scope of acupuncture care for the treatment of neuromusculoskeletal pain resulting from an injury or illness. In addition, coverage is provided for preventive, maintenance and wellness care for any mechanical neuromusculoskeletal condition, uncomplicated asthma (that which is not effected by another condition or disease), allergies, post-operative or chemo-therapy nausea and vomiting, nausea of pregnancy, post-operative (including dental) pain, fibromyalgia, headaches and low-back pain. <i>Services need not be pre-authorized and will not be reviewed for Medical Necessity.</i>
Office Visit Copay Paid to provider at time of service.	[\$5, \$7], \$10, \$15 or \$20	
Office Visits Annual maximum per plan year.	20, [24], 30, [36 or 40] Combined Chiropractic and Acupuncture visits	
Emergency Visit Copay Paid to provider at time of service or deducted from claim.	Same as Office Visit	
X-Rays Annual maximum per plan year.	None	\$75
Durable Medical Equipment (DME) Annual maximum per plan year.	\$50	
Herbal Benefit Rider (Optional) \$500 annual maximum per plan year.	\$5 per bottle/\$500 Annual Maximum per Plan Year	

Note: [Bracketed] options are only available to large groups (51+ employees).

Small Group Rates (2-50 Employees) STANDARD Plan Rates

*Visits based on medical necessity **Unrestricted visits

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	MICRO GROUP (2-24 EMPLOYEES)				SMALL GROUP (25-50 EMPLOYEES)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
STANDARD--ACUPUNCTURE*								
\$20 Copay/20 Visits	\$3.12	\$6.03	\$4.67	\$8.75	\$2.48	\$4.83	\$3.74	\$7.01
\$20 Copay/30 Visits	\$3.62	\$7.02	\$5.39	\$10.15	\$2.89	\$5.62	\$4.32	\$8.13
\$15 Copay/20 Visits	\$3.66	\$7.10	\$5.48	\$10.30	\$2.92	\$5.68	\$4.40	\$8.24
\$15 Copay/30 Visits	\$4.23	\$8.18	\$6.28	\$11.85	\$3.36	\$6.55	\$5.02	\$9.48
\$10 Copay/20 Visits	\$5.75	\$11.18	\$8.52	\$16.20	\$4.60	\$8.94	\$6.80	\$12.96
\$10 Copay/30 Visits	\$6.62	\$12.85	\$9.79	\$18.62	\$5.29	\$10.27	\$7.83	\$14.89
STANDARD--ACUPUNCTURE WITH \$5 COPAY/\$500 ANNUAL MAX. HERBAL BENEFIT RIDER*								
\$20 Copay/20 Visits	\$3.56	\$6.91	\$5.33	\$10.03	\$2.92	\$5.71	\$4.40	\$8.29
\$20 Copay/30 Visits	\$4.06	\$7.90	\$6.05	\$11.43	\$3.33	\$6.50	\$4.98	\$9.41
\$15 Copay/20 Visits	\$4.10	\$7.98	\$6.14	\$11.58	\$3.36	\$6.56	\$5.06	\$9.52
\$15 Copay/30 Visits	\$4.67	\$9.06	\$6.94	\$13.13	\$3.80	\$7.43	\$5.68	\$10.76
\$10 Copay/20 Visits	\$6.19	\$12.06	\$9.18	\$17.48	\$5.04	\$9.82	\$7.46	\$14.24
\$10 Copay/30 Visits	\$7.06	\$13.73	\$10.45	\$19.90	\$5.73	\$11.15	\$8.49	\$16.17
STANDARD--CHIROPRACTIC*								
\$20 Copay/20 Visits	\$2.31	\$4.47	\$3.46	\$6.48	\$1.84	\$3.58	\$2.77	\$5.19
\$20 Copay/30 Visits	\$2.68	\$5.20	\$3.99	\$7.52	\$2.14	\$4.16	\$3.20	\$6.02
\$15 Copay/20 Visits	\$2.71	\$5.26	\$4.06	\$7.63	\$2.16	\$4.21	\$3.26	\$6.10
\$15 Copay/30 Visits	\$3.13	\$6.06	\$4.65	\$8.78	\$2.49	\$4.85	\$3.72	\$7.02
\$10 Copay/20 Visits	\$4.26	\$8.28	\$6.31	\$12.00	\$3.41	\$6.62	\$5.04	\$9.60
\$10 Copay/30 Visits	\$4.90	\$9.52	\$7.25	\$13.79	\$3.92	\$7.61	\$5.80	\$11.03
STANDARD--COMBINED CHIROPRACTIC/ACUPUNCTURE*								
\$20 Copay/20 Visits	\$5.05	\$9.82	\$7.47	\$14.24	\$4.04	\$7.85	\$5.98	\$11.39
\$20 Copay/30 Visits	\$5.85	\$11.35	\$8.63	\$16.43	\$4.68	\$9.08	\$6.91	\$13.15
\$15 Copay/20 Visits	\$6.00	\$11.65	\$8.87	\$16.90	\$4.80	\$9.32	\$7.09	\$13.53
\$15 Copay/30 Visits	\$6.93	\$13.45	\$10.19	\$19.48	\$5.55	\$10.75	\$8.14	\$15.58
\$10 Copay/20 Visits	\$9.61	\$18.66	\$14.09	\$27.05	\$7.68	\$14.92	\$11.27	\$21.64
\$10 Copay/30 Visits	\$11.06	\$21.46	\$16.20	\$31.11	\$8.85	\$17.17	\$12.96	\$24.89
STANDARD--COMBINED CHIROPRACTIC/ACUPUNCTURE WITH \$5 COPAY/\$500 ANNUAL MAX. HERBAL BENEFIT RIDER*								
\$20 Copay/20 Visits	\$5.63	\$10.96	\$8.33	\$15.90	\$4.51	\$8.77	\$6.67	\$12.72
\$20 Copay/30 Visits	\$6.44	\$12.49	\$9.50	\$18.10	\$5.15	\$9.99	\$7.59	\$14.48
\$15 Copay/20 Visits	\$6.60	\$12.79	\$9.73	\$18.56	\$5.27	\$10.23	\$7.78	\$14.86
\$15 Copay/30 Visits	\$7.52	\$14.59	\$11.06	\$21.14	\$6.02	\$11.67	\$8.83	\$16.91
\$10 Copay/20 Visits	\$10.20	\$19.80	\$14.96	\$28.71	\$8.15	\$15.84	\$11.96	\$22.97
\$10 Copay/30 Visits	\$11.66	\$22.60	\$17.07	\$32.77	\$9.32	\$18.09	\$13.64	\$26.22

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	MICRO GROUP (2-24 EMPLOYEES)				SMALL GROUP (25-50 EMPLOYEES)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
STANDARD--ACUPUNCTURE*								
\$20 Copay/20 Visits	\$2.89	\$5.59	\$4.33	\$8.10	\$2.30	\$4.48	\$3.46	\$6.49
\$20 Copay/30 Visits	\$3.35	\$6.50	\$4.99	\$9.40	\$2.68	\$5.20	\$4.00	\$7.53
\$15 Copay/20 Visits	\$3.39	\$6.58	\$5.08	\$9.54	\$2.70	\$5.26	\$4.08	\$7.63
\$15 Copay/30 Visits	\$3.91	\$7.58	\$5.81	\$10.98	\$3.11	\$6.06	\$4.65	\$8.78
\$10 Copay/20 Visits	\$5.33	\$10.35	\$7.89	\$15.00	\$4.26	\$8.28	\$6.30	\$12.00
\$10 Copay/30 Visits	\$6.13	\$11.90	\$9.06	\$17.24	\$4.90	\$9.51	\$7.25	\$13.79
STANDARD--ACUPUNCTURE WITH \$5 COPAY/\$500 ANNUAL MAX. HERBAL BENEFIT RIDER*								
\$20 Copay/20 Visits	\$3.33	\$6.47	\$4.99	\$9.38	\$2.74	\$5.36	\$4.12	\$7.77
\$20 Copay/30 Visits	\$3.79	\$7.38	\$5.65	\$10.68	\$3.12	\$6.08	\$4.66	\$8.81
\$15 Copay/20 Visits	\$3.83	\$7.46	\$5.74	\$10.82	\$3.14	\$6.14	\$4.74	\$8.91
\$15 Copay/30 Visits	\$4.35	\$8.46	\$6.47	\$12.26	\$3.55	\$6.94	\$5.31	\$10.06
\$10 Copay/20 Visits	\$5.77	\$11.23	\$8.55	\$16.28	\$4.70	\$9.16	\$6.96	\$13.28
\$10 Copay/30 Visits	\$6.57	\$12.78	\$9.72	\$18.52	\$5.34	\$10.39	\$7.91	\$15.07
STANDARD--CHIROPRACTIC*								
\$20 Copay/20 Visits	\$2.31	\$4.47	\$3.46	\$6.48	\$1.84	\$3.58	\$2.77	\$5.19
\$20 Copay/30 Visits	\$2.68	\$5.20	\$3.99	\$7.52	\$2.14	\$4.16	\$3.20	\$6.02
\$15 Copay/20 Visits	\$2.71	\$5.26	\$4.06	\$7.63	\$2.16	\$4.21	\$3.26	\$6.10
\$15 Copay/30 Visits	\$3.13	\$6.06	\$4.65	\$8.78	\$2.49	\$4.85	\$3.72	\$7.02
\$10 Copay/20 Visits	\$4.26	\$8.28	\$6.31	\$12.00	\$3.41	\$6.62	\$5.04	\$9.60
\$10 Copay/30 Visits	\$4.90	\$9.52	\$7.25	\$13.79	\$3.92	\$7.61	\$5.80	\$11.03
STANDARD--COMBINED CHIROPRACTIC/ACUPUNCTURE*								
\$20 Copay/20 Visits	\$4.31	\$8.35	\$6.38	\$12.12	\$3.44	\$6.68	\$5.10	\$9.69
\$20 Copay/30 Visits	\$4.99	\$9.66	\$7.37	\$14.01	\$3.99	\$7.73	\$5.90	\$11.20
\$15 Copay/20 Visits	\$5.10	\$9.91	\$7.56	\$14.36	\$4.08	\$7.92	\$6.04	\$11.49
\$15 Copay/30 Visits	\$5.88	\$11.42	\$8.67	\$16.55	\$4.71	\$9.14	\$6.94	\$13.24
\$10 Copay/20 Visits	\$8.14	\$15.80	\$11.96	\$22.92	\$6.51	\$12.64	\$9.57	\$18.34
\$10 Copay/30 Visits	\$9.38	\$18.18	\$13.75	\$26.36	\$7.50	\$14.55	\$10.99	\$21.09
STANDARD--COMBINED CHIROPRACTIC/ACUPUNCTURE WITH \$5 COPAY/\$500 ANNUAL MAX. HERBAL BENEFIT RIDER*								
\$20 Copay/20 Visits	\$4.89	\$9.50	\$7.24	\$13.78	\$3.91	\$7.59	\$5.78	\$11.02
\$20 Copay/30 Visits	\$5.57	\$10.81	\$8.24	\$15.67	\$4.46	\$8.64	\$6.58	\$12.53
\$15 Copay/20 Visits	\$5.69	\$11.06	\$8.42	\$16.03	\$4.55	\$8.84	\$6.73	\$12.82
\$15 Copay/30 Visits	\$6.47	\$12.56	\$9.54	\$18.21	\$5.17	\$10.06	\$7.62	\$14.57
\$10 Copay/20 Visits	\$8.73	\$16.94	\$12.82	\$24.59	\$6.98	\$13.55	\$10.25	\$19.67
\$10 Copay/30 Visits	\$9.97	\$19.32	\$14.61	\$28.03	\$7.97	\$15.46	\$11.68	\$22.42

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Small Group Rates (2-50 Employees) EXPANDED Plan Rates

*Visits based on medical necessity **Unrestricted visits

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	MICRO GROUP (2-24 EMPLOYEES)				SMALL GROUP (25-50 EMPLOYEES)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
EXPANDED—ACUPUNCTURE**								
\$20 Copay/20 Visits	\$8.52	\$16.56	\$12.60	\$24.03	\$6.82	\$13.26	\$10.07	\$19.22
\$20 Copay/30 Visits	\$9.79	\$19.09	\$14.43	\$27.63	\$7.84	\$15.28	\$11.54	\$22.10
\$15 Copay/20 Visits	\$10.14	\$19.67	\$14.97	\$28.54	\$8.10	\$15.73	\$11.97	\$22.83
\$15 Copay/30 Visits	\$11.57	\$22.45	\$17.00	\$32.54	\$9.27	\$17.96	\$13.59	\$26.03
\$10 Copay/20 Visits	\$16.23	\$31.54	\$23.81	\$45.74	\$12.99	\$25.23	\$19.05	\$36.59
\$10 Copay/30 Visits	\$18.52	\$35.92	\$27.11	\$51.99	\$14.82	\$28.74	\$21.68	\$41.58
EXPANDED—ACUPUNCTURE WITH \$5 COPAY/\$500 ANNUAL MAX. HERBAL BENEFIT RIDER**								
\$20 Copay/20 Visits	\$9.07	\$17.66	\$13.43	\$25.63	\$7.37	\$14.36	\$10.90	\$20.82
\$20 Copay/30 Visits	\$10.34	\$20.19	\$15.26	\$29.23	\$8.39	\$16.38	\$12.37	\$23.70
\$15 Copay/20 Visits	\$10.69	\$20.77	\$15.80	\$30.14	\$8.65	\$16.83	\$12.80	\$24.43
\$15 Copay/30 Visits	\$12.12	\$23.55	\$17.83	\$34.14	\$9.82	\$19.06	\$14.42	\$27.63
\$10 Copay/20 Visits	\$16.78	\$32.64	\$24.64	\$47.34	\$13.54	\$26.33	\$19.88	\$38.19
\$10 Copay/30 Visits	\$19.07	\$37.02	\$27.94	\$53.59	\$15.37	\$29.84	\$22.51	\$43.18
EXPANDED—CHIROPRACTIC**								
\$20 Copay/20 Visits	\$6.31	\$12.27	\$9.33	\$17.80	\$5.05	\$9.82	\$7.46	\$14.24
\$20 Copay/30 Visits	\$7.25	\$14.14	\$10.69	\$20.47	\$5.81	\$11.32	\$8.55	\$16.37
\$15 Copay/20 Visits	\$7.51	\$14.57	\$11.09	\$21.14	\$6.00	\$11.65	\$8.87	\$16.91
\$15 Copay/30 Visits	\$8.57	\$16.63	\$12.59	\$24.10	\$6.87	\$13.30	\$10.07	\$19.28
\$10 Copay/20 Visits	\$12.02	\$23.36	\$17.64	\$33.88	\$9.62	\$18.69	\$14.11	\$27.10
\$10 Copay/30 Visits	\$13.72	\$26.61	\$20.08	\$38.51	\$10.98	\$21.29	\$16.06	\$30.80
EXPANDED—COMBINED CHIROPRACTIC/ACUPUNCTURE**								
\$20 Copay/20 Visits	\$14.29	\$27.74	\$20.91	\$40.24	\$11.43	\$22.19	\$16.73	\$32.19
\$20 Copay/30 Visits	\$16.40	\$31.75	\$23.92	\$46.02	\$13.12	\$25.41	\$19.14	\$36.82
\$15 Copay/20 Visits	\$17.04	\$33.04	\$24.99	\$47.98	\$13.63	\$26.44	\$20.00	\$38.38
\$15 Copay/30 Visits	\$19.48	\$37.80	\$28.44	\$54.77	\$15.58	\$30.24	\$22.74	\$43.80
\$10 Copay/20 Visits	\$27.48	\$53.33	\$40.12	\$77.40	\$21.98	\$42.66	\$32.09	\$61.92
\$10 Copay/30 Visits	\$31.36	\$60.81	\$45.70	\$88.20	\$25.10	\$48.64	\$36.57	\$70.56
EXPANDED—COMBINED CHIROPRACTIC/ACUPUNCTURE WITH \$5 COPAY/\$500 ANNUAL MAX. HERBAL BENEFIT RIDER**								
\$20 Copay/20 Visits	\$14.88	\$28.88	\$21.78	\$41.90	\$11.90	\$23.11	\$17.42	\$33.52
\$20 Copay/30 Visits	\$16.98	\$32.90	\$24.78	\$47.68	\$13.60	\$26.32	\$19.82	\$38.15
\$15 Copay/20 Visits	\$17.62	\$34.18	\$25.85	\$49.64	\$14.10	\$27.35	\$20.69	\$39.71
\$15 Copay/30 Visits	\$20.06	\$38.95	\$29.31	\$56.43	\$16.06	\$31.16	\$23.43	\$45.14
\$10 Copay/20 Visits	\$28.07	\$54.48	\$40.99	\$79.06	\$22.45	\$43.58	\$32.78	\$63.25
\$10 Copay/30 Visits	\$31.95	\$61.95	\$46.56	\$89.87	\$25.56	\$49.56	\$37.25	\$71.90

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	MICRO GROUP (2-24 EMPLOYEES)				SMALL GROUP (25-50 EMPLOYEES)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
EXPANDED—ACUPUNCTURE**								
\$20 Copay/20 Visits	\$7.89	\$15.34	\$11.66	\$22.25	\$6.31	\$12.28	\$9.33	\$17.80
\$20 Copay/30 Visits	\$9.06	\$17.68	\$13.36	\$25.59	\$7.26	\$14.15	\$10.69	\$20.46
\$15 Copay/20 Visits	\$9.39	\$18.21	\$13.86	\$26.43	\$7.50	\$14.56	\$11.09	\$21.14
\$15 Copay/30 Visits	\$10.71	\$20.79	\$15.74	\$30.13	\$8.59	\$16.63	\$12.59	\$24.10
\$10 Copay/20 Visits	\$15.03	\$29.20	\$22.05	\$42.35	\$12.03	\$23.36	\$17.64	\$33.88
\$10 Copay/30 Visits	\$17.15	\$33.26	\$25.10	\$48.14	\$13.73	\$26.61	\$20.08	\$38.50
EXPANDED—ACUPUNCTURE WITH \$5 COPAY/\$500 ANNUAL MAX. HERBAL BENEFIT RIDER**								
\$20 Copay/20 Visits	\$8.44	\$16.44	\$12.49	\$23.85	\$6.86	\$13.38	\$10.16	\$19.40
\$20 Copay/30 Visits	\$9.61	\$18.78	\$14.19	\$27.19	\$7.81	\$15.25	\$11.52	\$22.06
\$15 Copay/20 Visits	\$9.94	\$19.31	\$14.69	\$28.03	\$8.05	\$15.66	\$11.92	\$22.74
\$15 Copay/30 Visits	\$11.26	\$21.89	\$16.57	\$31.73	\$9.14	\$17.73	\$13.42	\$25.70
\$10 Copay/20 Visits	\$15.58	\$30.30	\$22.88	\$43.95	\$12.58	\$24.46	\$18.47	\$35.48
\$10 Copay/30 Visits	\$17.70	\$34.36	\$25.93	\$49.74	\$14.28	\$27.71	\$20.91	\$40.10
EXPANDED—CHIROPRACTIC**								
\$20 Copay/20 Visits	\$6.31	\$12.27	\$9.33	\$17.80	\$5.05	\$9.82	\$7.46	\$14.24
\$20 Copay/30 Visits	\$7.25	\$14.14	\$10.69	\$20.47	\$5.81	\$11.32	\$8.55	\$16.37
\$15 Copay/20 Visits	\$7.51	\$14.57	\$11.09	\$21.14	\$6.00	\$11.65	\$8.87	\$16.91
\$15 Copay/30 Visits	\$8.57	\$16.63	\$12.59	\$24.10	\$6.87	\$13.30	\$10.07	\$19.28
\$10 Copay/20 Visits	\$12.02	\$23.36	\$17.64	\$33.88	\$9.62	\$18.69	\$14.11	\$27.10
\$10 Copay/30 Visits	\$13.72	\$26.61	\$20.08	\$38.51	\$10.98	\$21.29	\$16.06	\$30.80
EXPANDED—COMBINED CHIROPRACTIC/ACUPUNCTURE**								
\$20 Copay/20 Visits	\$12.09	\$23.48	\$17.72	\$34.07	\$9.67	\$18.78	\$14.18	\$27.26
\$20 Copay/30 Visits	\$13.87	\$26.93	\$20.31	\$39.02	\$11.09	\$21.54	\$16.24	\$31.22
\$15 Copay/20 Visits	\$14.40	\$27.97	\$21.16	\$40.60	\$11.52	\$22.37	\$16.93	\$32.48
\$15 Copay/30 Visits	\$16.43	\$31.97	\$24.04	\$46.33	\$13.14	\$25.57	\$19.23	\$37.07
\$10 Copay/20 Visits	\$23.23	\$45.08	\$33.94	\$65.43	\$18.58	\$36.07	\$27.14	\$52.34
\$10 Copay/30 Visits	\$26.52	\$51.43	\$38.67	\$74.56	\$21.21	\$41.14	\$30.93	\$59.64
EXPANDED—COMBINED CHIROPRACTIC/ACUPUNCTURE WITH \$5 COPAY/\$500 ANNUAL MAX. HERBAL BENEFIT RIDER**								
\$20 Copay/20 Visits	\$12.68	\$24.63	\$18.58	\$35.73	\$10.15	\$19.70	\$14.86	\$28.59
\$20 Copay/30 Visits	\$14.46	\$28.07	\$21.17	\$40.68	\$11.57	\$22.45	\$16.93	\$32.55
\$15 Copay/20 Visits	\$14.99	\$29.11	\$22.03	\$42.27	\$11.99	\$23.29	\$17.62	\$33.81
\$15 Copay/30 Visits	\$17.03	\$33.11	\$24.91	\$48.00	\$13.62	\$26.49	\$19.92	\$38.40
\$10 Copay/20 Visits	\$23.81	\$46.23	\$34.80	\$67.09	\$19.06	\$36.98	\$27.83	\$53.67
\$10 Copay/30 Visits	\$27.11	\$52.57	\$39.53	\$76.22	\$21.68	\$42.06	\$31.62	\$60.98

Large Group Rates (51–199 Employees) STANDARD Plan—Chiropractic Only

Visits based on medical necessity

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$1.68	\$3.28	\$2.54	\$4.75	\$1.60	\$3.11	\$2.41	\$4.51
\$20 Copay/20 Visits	\$1.81	\$3.50	\$2.71	\$5.09	\$1.71	\$3.33	\$2.57	\$4.83
\$20 Copay/24 Visits	\$1.93	\$3.73	\$2.88	\$5.41	\$1.82	\$3.55	\$2.74	\$5.14
\$20 Copay/30 Visits	\$2.10	\$4.08	\$3.14	\$5.90	\$1.99	\$3.87	\$2.97	\$5.60
\$20 Copay/36 Visits	\$2.31	\$4.47	\$3.43	\$6.47	\$2.18	\$4.24	\$3.27	\$6.14
\$20 Copay/40 Visits	\$2.44	\$4.74	\$3.63	\$6.84	\$2.32	\$4.50	\$3.45	\$6.50
\$15 Copay/12 Visits	\$1.99	\$3.88	\$3.02	\$5.63	\$1.88	\$3.68	\$2.86	\$5.35
\$15 Copay/20 Visits	\$2.12	\$4.13	\$3.19	\$5.98	\$2.02	\$3.92	\$3.03	\$5.68
\$15 Copay/24 Visits	\$2.25	\$4.38	\$3.37	\$6.34	\$2.13	\$4.15	\$3.20	\$6.02
\$15 Copay/30 Visits	\$2.44	\$4.75	\$3.65	\$6.88	\$2.33	\$4.50	\$3.46	\$6.53
\$15 Copay/36 Visits	\$2.67	\$5.18	\$3.96	\$7.50	\$2.53	\$4.92	\$3.76	\$7.11
\$15 Copay/40 Visits	\$2.82	\$5.46	\$4.17	\$7.91	\$2.68	\$5.19	\$3.96	\$7.51
\$10 Copay/12 Visits	\$3.14	\$6.12	\$4.65	\$8.86	\$2.98	\$5.80	\$4.41	\$8.40
\$10 Copay/20 Visits	\$3.34	\$6.49	\$4.94	\$9.41	\$3.17	\$6.16	\$4.69	\$8.92
\$10 Copay/24 Visits	\$3.53	\$6.88	\$5.24	\$9.97	\$3.37	\$6.53	\$4.97	\$9.46
\$10 Copay/30 Visits	\$3.84	\$7.46	\$5.69	\$10.82	\$3.65	\$7.08	\$5.40	\$10.26
\$10 Copay/36 Visits	\$4.19	\$8.13	\$6.20	\$11.78	\$3.98	\$7.72	\$5.89	\$11.18
\$10 Copay/40 Visits	\$4.43	\$8.57	\$6.54	\$12.43	\$4.20	\$8.13	\$6.21	\$11.79
\$7 Copay/12 Visits	\$3.78	\$7.37	\$5.53	\$10.66	\$3.34	\$6.53	\$4.90	\$9.44
\$7 Copay/20 Visits	\$3.96	\$7.69	\$5.78	\$11.13	\$3.49	\$6.81	\$5.13	\$9.86
\$7 Copay/24 Visits	\$4.18	\$8.11	\$6.13	\$11.76	\$3.70	\$7.19	\$5.42	\$10.41
\$7 Copay/30 Visits	\$4.51	\$8.76	\$6.62	\$12.71	\$4.00	\$7.76	\$5.87	\$11.25
\$7 Copay/36 Visits	\$4.89	\$9.48	\$7.21	\$13.79	\$4.34	\$8.40	\$6.38	\$12.21
\$7 Copay/40 Visits	\$5.15	\$9.97	\$7.59	\$14.51	\$4.56	\$8.83	\$6.72	\$12.84
\$5 Copay/12 Visits	\$4.37	\$8.53	\$6.36	\$12.31	\$3.86	\$7.55	\$5.63	\$10.90
\$5 Copay/20 Visits	\$4.53	\$8.83	\$6.62	\$12.78	\$4.02	\$7.82	\$5.87	\$11.32
\$5 Copay/24 Visits	\$4.79	\$9.31	\$7.00	\$13.49	\$4.24	\$8.25	\$6.20	\$11.95
\$5 Copay/30 Visits	\$5.16	\$10.03	\$7.57	\$14.56	\$4.57	\$8.88	\$6.70	\$12.89
\$5 Copay/36 Visits	\$5.60	\$10.85	\$8.22	\$15.77	\$4.96	\$9.60	\$7.28	\$13.97
\$5 Copay/40 Visits	\$5.88	\$11.39	\$8.65	\$16.58	\$5.20	\$10.09	\$7.66	\$14.68

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$1.68	\$3.28	\$2.54	\$4.75	\$1.60	\$3.11	\$2.41	\$4.51
\$20 Copay/20 Visits	\$1.81	\$3.50	\$2.71	\$5.09	\$1.71	\$3.33	\$2.57	\$4.83
\$20 Copay/24 Visits	\$1.93	\$3.73	\$2.88	\$5.41	\$1.82	\$3.55	\$2.74	\$5.14
\$20 Copay/30 Visits	\$2.10	\$4.08	\$3.14	\$5.90	\$1.99	\$3.87	\$2.97	\$5.60
\$20 Copay/36 Visits	\$2.31	\$4.47	\$3.43	\$6.47	\$2.18	\$4.24	\$3.27	\$6.14
\$20 Copay/40 Visits	\$2.44	\$4.74	\$3.63	\$6.84	\$2.32	\$4.50	\$3.45	\$6.50
\$15 Copay/12 Visits	\$1.99	\$3.88	\$3.02	\$5.63	\$1.88	\$3.68	\$2.86	\$5.35
\$15 Copay/20 Visits	\$2.12	\$4.13	\$3.19	\$5.98	\$2.02	\$3.92	\$3.03	\$5.68
\$15 Copay/24 Visits	\$2.25	\$4.38	\$3.37	\$6.34	\$2.13	\$4.15	\$3.20	\$6.02
\$15 Copay/30 Visits	\$2.44	\$4.75	\$3.65	\$6.88	\$2.33	\$4.50	\$3.46	\$6.53
\$15 Copay/36 Visits	\$2.67	\$5.18	\$3.96	\$7.50	\$2.53	\$4.92	\$3.76	\$7.11
\$15 Copay/40 Visits	\$2.82	\$5.46	\$4.17	\$7.91	\$2.68	\$5.19	\$3.96	\$7.51
\$10 Copay/12 Visits	\$3.14	\$6.12	\$4.65	\$8.86	\$2.98	\$5.80	\$4.41	\$8.40
\$10 Copay/20 Visits	\$3.34	\$6.49	\$4.94	\$9.41	\$3.17	\$6.16	\$4.69	\$8.92
\$10 Copay/24 Visits	\$3.53	\$6.88	\$5.24	\$9.97	\$3.37	\$6.53	\$4.97	\$9.46
\$10 Copay/30 Visits	\$3.84	\$7.46	\$5.69	\$10.82	\$3.65	\$7.08	\$5.40	\$10.26
\$10 Copay/36 Visits	\$4.19	\$8.13	\$6.20	\$11.78	\$3.98	\$7.72	\$5.89	\$11.18
\$10 Copay/40 Visits	\$4.43	\$8.57	\$6.54	\$12.43	\$4.20	\$8.13	\$6.21	\$11.79
\$7 Copay/12 Visits	\$3.85	\$7.53	\$5.65	\$10.88	\$3.46	\$6.76	\$5.06	\$9.78
\$7 Copay/20 Visits	\$4.03	\$7.85	\$5.91	\$11.37	\$3.63	\$7.05	\$5.30	\$10.20
\$7 Copay/24 Visits	\$4.26	\$8.29	\$6.25	\$12.00	\$3.82	\$7.44	\$5.62	\$10.78
\$7 Copay/30 Visits	\$4.51	\$8.76	\$6.62	\$12.71	\$4.00	\$7.76	\$5.87	\$11.25
\$7 Copay/36 Visits	\$4.89	\$9.48	\$7.21	\$13.79	\$4.34	\$8.40	\$6.38	\$12.21
\$7 Copay/40 Visits	\$5.15	\$9.97	\$7.59	\$14.51	\$4.56	\$8.83	\$6.72	\$12.84
\$5 Copay/12 Visits	\$4.46	\$8.70	\$6.49	\$12.57	\$4.01	\$7.82	\$5.83	\$11.28
\$5 Copay/20 Visits	\$4.62	\$9.02	\$6.76	\$13.05	\$4.16	\$8.10	\$6.07	\$11.72
\$5 Copay/24 Visits	\$4.88	\$9.51	\$7.14	\$13.77	\$4.39	\$8.54	\$6.42	\$12.37
\$5 Copay/30 Visits	\$5.16	\$10.03	\$7.57	\$14.56	\$4.57	\$8.88	\$6.70	\$12.89
\$5 Copay/36 Visits	\$5.60	\$10.85	\$8.22	\$15.77	\$4.96	\$9.60	\$7.28	\$13.97
\$5 Copay/40 Visits	\$5.88	\$11.39	\$8.65	\$16.58	\$5.20	\$10.09	\$7.66	\$14.68

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Large Group Rates (51–199 Employees) STANDARD Plan—Acupuncture Only

Visits based on medical necessity

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$2.01	\$3.91	\$2.93	\$5.67	\$1.66	\$3.25	\$2.44	\$4.71
\$20 Copay/20 Visits	\$2.07	\$4.04	\$3.03	\$5.84	\$1.71	\$3.35	\$2.52	\$4.86
\$20 Copay/24 Visits	\$2.19	\$4.27	\$3.21	\$6.20	\$1.83	\$3.55	\$2.66	\$5.14
\$20 Copay/30 Visits	\$2.40	\$4.64	\$3.48	\$6.72	\$1.98	\$3.85	\$2.89	\$5.57
\$20 Copay/36 Visits	\$2.63	\$5.06	\$3.82	\$7.32	\$2.17	\$4.20	\$3.15	\$6.07
\$20 Copay/40 Visits	\$2.76	\$5.34	\$4.02	\$7.73	\$2.31	\$4.42	\$3.33	\$6.40
\$15 Copay/12 Visits	\$2.41	\$4.66	\$3.51	\$6.79	\$2.01	\$3.89	\$2.91	\$5.64
\$15 Copay/20 Visits	\$2.48	\$4.82	\$3.62	\$7.01	\$2.07	\$4.00	\$3.01	\$5.82
\$15 Copay/24 Visits	\$2.65	\$5.12	\$3.85	\$7.44	\$2.20	\$4.26	\$3.18	\$6.18
\$15 Copay/30 Visits	\$2.88	\$5.57	\$4.17	\$8.07	\$2.39	\$4.64	\$3.46	\$6.71
\$15 Copay/36 Visits	\$3.16	\$6.09	\$4.54	\$8.82	\$2.63	\$5.06	\$3.78	\$7.33
\$15 Copay/40 Visits	\$3.34	\$6.46	\$4.80	\$9.31	\$2.77	\$5.36	\$3.98	\$7.74
\$10 Copay/12 Visits	\$3.90	\$7.60	\$5.71	\$11.02	\$3.25	\$6.33	\$4.74	\$9.18
\$10 Copay/20 Visits	\$4.03	\$7.84	\$5.89	\$11.37	\$3.36	\$6.53	\$4.89	\$9.47
\$10 Copay/24 Visits	\$4.28	\$8.31	\$6.23	\$12.05	\$3.56	\$6.92	\$5.18	\$10.04
\$10 Copay/30 Visits	\$4.65	\$9.03	\$6.75	\$13.07	\$3.87	\$7.51	\$5.62	\$10.89
\$10 Copay/36 Visits	\$5.08	\$9.84	\$7.35	\$14.26	\$4.23	\$8.20	\$6.12	\$11.88
\$10 Copay/40 Visits	\$5.37	\$10.40	\$7.76	\$15.05	\$4.47	\$8.66	\$6.45	\$12.53
\$7 Copay/12 Visits	\$4.99	\$9.67	\$7.25	\$14.03	\$4.41	\$8.55	\$6.42	\$12.42
\$7 Copay/20 Visits	\$5.14	\$9.97	\$7.48	\$14.48	\$4.55	\$8.82	\$6.61	\$12.81
\$7 Copay/24 Visits	\$5.44	\$10.58	\$7.90	\$15.34	\$4.82	\$9.36	\$7.00	\$13.58
\$7 Copay/30 Visits	\$5.91	\$11.48	\$8.56	\$16.65	\$5.24	\$10.16	\$7.58	\$14.74
\$7 Copay/36 Visits	\$6.45	\$12.53	\$9.31	\$18.15	\$5.71	\$11.09	\$8.25	\$16.07
\$7 Copay/40 Visits	\$6.80	\$13.23	\$9.81	\$19.16	\$6.02	\$11.71	\$8.68	\$16.96
\$5 Copay/12 Visits	\$5.81	\$11.24	\$8.42	\$16.32	\$5.13	\$9.95	\$7.46	\$14.45
\$5 Copay/20 Visits	\$5.98	\$11.60	\$8.67	\$16.83	\$5.29	\$10.26	\$7.69	\$14.90
\$5 Copay/24 Visits	\$6.34	\$12.29	\$9.18	\$17.85	\$5.61	\$10.88	\$8.13	\$15.80
\$5 Copay/30 Visits	\$6.88	\$13.35	\$9.93	\$19.36	\$6.09	\$11.81	\$8.81	\$17.15
\$5 Copay/36 Visits	\$7.49	\$14.56	\$10.81	\$21.12	\$6.63	\$12.90	\$9.56	\$18.69
\$5 Copay/40 Visits	\$7.91	\$15.38	\$11.38	\$22.29	\$7.00	\$13.61	\$10.07	\$19.72

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$1.82	\$3.54	\$2.65	\$5.14	\$1.59	\$3.10	\$2.32	\$4.50
\$20 Copay/20 Visits	\$1.87	\$3.64	\$2.73	\$5.29	\$1.64	\$3.19	\$2.39	\$4.63
\$20 Copay/24 Visits	\$1.99	\$3.87	\$2.91	\$5.62	\$1.74	\$3.38	\$2.54	\$4.90
\$20 Copay/30 Visits	\$2.07	\$4.01	\$3.02	\$5.83	\$1.74	\$3.38	\$2.55	\$4.90
\$20 Copay/36 Visits	\$2.27	\$4.38	\$3.32	\$6.34	\$1.91	\$3.68	\$2.77	\$5.34
\$20 Copay/40 Visits	\$2.39	\$4.61	\$3.51	\$6.70	\$2.01	\$3.87	\$2.94	\$5.63
\$15 Copay/12 Visits	\$2.18	\$4.24	\$3.18	\$6.15	\$1.92	\$3.72	\$2.78	\$5.38
\$15 Copay/20 Visits	\$2.25	\$4.37	\$3.27	\$6.34	\$1.97	\$3.82	\$2.86	\$5.54
\$15 Copay/24 Visits	\$2.39	\$4.64	\$3.48	\$6.73	\$2.10	\$4.07	\$3.04	\$5.89
\$15 Copay/30 Visits	\$2.48	\$4.83	\$3.61	\$6.99	\$2.09	\$4.08	\$3.04	\$5.90
\$15 Copay/36 Visits	\$2.71	\$5.29	\$3.94	\$7.65	\$2.28	\$4.46	\$3.32	\$6.46
\$15 Copay/40 Visits	\$2.86	\$5.59	\$4.17	\$8.07	\$2.41	\$4.72	\$3.51	\$6.83
\$10 Copay/12 Visits	\$3.54	\$6.87	\$5.17	\$9.97	\$3.11	\$6.02	\$4.54	\$8.76
\$10 Copay/20 Visits	\$3.65	\$7.08	\$5.33	\$10.27	\$3.20	\$6.20	\$4.67	\$9.01
\$10 Copay/24 Visits	\$3.88	\$7.50	\$5.63	\$10.90	\$3.39	\$6.58	\$4.94	\$9.56
\$10 Copay/30 Visits	\$4.03	\$7.81	\$5.84	\$11.32	\$3.42	\$6.60	\$4.93	\$9.58
\$10 Copay/36 Visits	\$4.40	\$8.52	\$6.35	\$12.34	\$3.72	\$7.22	\$5.37	\$10.45
\$10 Copay/40 Visits	\$4.65	\$9.01	\$6.70	\$13.04	\$3.92	\$7.63	\$5.66	\$11.04
\$7 Copay/12 Visits	\$4.44	\$8.57	\$6.46	\$12.46	\$4.16	\$8.02	\$6.05	\$11.66
\$7 Copay/20 Visits	\$4.57	\$8.84	\$6.65	\$12.84	\$4.28	\$8.26	\$6.23	\$12.01
\$7 Copay/24 Visits	\$4.84	\$9.38	\$7.03	\$13.63	\$4.54	\$8.79	\$6.57	\$12.74
\$7 Copay/30 Visits	\$5.15	\$10.01	\$7.44	\$14.49	\$4.76	\$9.22	\$6.85	\$13.36
\$7 Copay/36 Visits	\$5.61	\$10.94	\$8.05	\$15.80	\$5.17	\$10.09	\$7.44	\$14.57
\$7 Copay/40 Visits	\$5.92	\$11.56	\$8.47	\$16.69	\$5.46	\$10.66	\$7.81	\$15.39
\$5 Copay/12 Visits	\$5.16	\$9.96	\$7.52	\$14.48	\$4.84	\$9.32	\$7.03	\$13.56
\$5 Copay/20 Visits	\$5.33	\$10.27	\$7.74	\$14.93	\$4.99	\$9.61	\$7.23	\$13.96
\$5 Copay/24 Visits	\$5.64	\$10.91	\$8.16	\$15.84	\$5.27	\$10.21	\$7.63	\$14.82
\$5 Copay/30 Visits	\$5.99	\$11.64	\$8.62	\$16.84	\$5.53	\$10.73	\$7.96	\$15.54
\$5 Copay/36 Visits	\$6.52	\$12.72	\$9.35	\$18.38	\$6.02	\$11.74	\$8.61	\$16.94
\$5 Copay/40 Visits	\$6.89	\$13.45	\$9.81	\$19.39	\$6.34	\$12.40	\$9.05	\$17.89

Large Group Rates (51–199 Employees) STANDARD Plan—Acupuncture Only with \$5 Copay/ \$500 Annual Max. Herbal Benefit Rider Visits based on medical necessity

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$2.47	\$4.83	\$3.62	\$7.00	\$2.13	\$4.16	\$3.12	\$6.04
\$20 Copay/20 Visits	\$2.53	\$4.95	\$3.71	\$7.18	\$2.18	\$4.26	\$3.20	\$6.19
\$20 Copay/24 Visits	\$2.67	\$5.19	\$3.90	\$7.53	\$2.31	\$4.46	\$3.35	\$6.47
\$20 Copay/30 Visits	\$2.87	\$5.55	\$4.17	\$8.05	\$2.45	\$4.76	\$3.58	\$6.91
\$20 Copay/36 Visits	\$3.10	\$5.98	\$4.50	\$8.65	\$2.65	\$5.12	\$3.84	\$7.40
\$20 Copay/40 Visits	\$3.23	\$6.25	\$4.71	\$9.06	\$2.77	\$5.34	\$4.01	\$7.73
\$15 Copay/12 Visits	\$2.88	\$5.58	\$4.20	\$8.13	\$2.47	\$4.80	\$3.60	\$6.98
\$15 Copay/20 Visits	\$2.96	\$5.73	\$4.31	\$8.34	\$2.53	\$4.92	\$3.69	\$7.16
\$15 Copay/24 Visits	\$3.12	\$6.03	\$4.53	\$8.77	\$2.68	\$5.18	\$3.87	\$7.51
\$15 Copay/30 Visits	\$3.36	\$6.49	\$4.86	\$9.40	\$2.86	\$5.55	\$4.15	\$8.04
\$15 Copay/36 Visits	\$3.64	\$7.01	\$5.23	\$10.15	\$3.10	\$5.98	\$4.46	\$8.66
\$15 Copay/40 Visits	\$3.81	\$7.37	\$5.49	\$10.64	\$3.24	\$6.27	\$4.67	\$9.07
\$10 Copay/12 Visits	\$4.38	\$8.51	\$6.39	\$12.35	\$3.73	\$7.24	\$5.43	\$10.51
\$10 Copay/20 Visits	\$4.50	\$8.76	\$6.57	\$12.70	\$3.82	\$7.45	\$5.57	\$10.81
\$10 Copay/24 Visits	\$4.76	\$9.22	\$6.92	\$13.38	\$4.04	\$7.83	\$5.87	\$11.37
\$10 Copay/30 Visits	\$5.12	\$9.94	\$7.44	\$14.40	\$4.35	\$8.42	\$6.30	\$12.22
\$10 Copay/36 Visits	\$5.55	\$10.75	\$8.04	\$15.59	\$4.71	\$9.11	\$6.80	\$13.21
\$10 Copay/40 Visits	\$5.84	\$11.32	\$8.44	\$16.38	\$4.93	\$9.58	\$7.13	\$13.86
\$7 Copay/12 Visits	\$5.45	\$10.58	\$7.94	\$15.37	\$4.88	\$9.47	\$7.10	\$13.75
\$7 Copay/20 Visits	\$5.61	\$10.89	\$8.16	\$15.81	\$5.03	\$9.73	\$7.30	\$14.14
\$7 Copay/24 Visits	\$5.91	\$11.49	\$8.59	\$16.67	\$5.29	\$10.28	\$7.69	\$14.91
\$7 Copay/30 Visits	\$6.39	\$12.40	\$9.25	\$17.98	\$5.71	\$11.08	\$8.27	\$16.07
\$7 Copay/36 Visits	\$6.92	\$13.45	\$9.99	\$19.48	\$6.18	\$12.00	\$8.93	\$17.40
\$7 Copay/40 Visits	\$7.27	\$14.14	\$10.49	\$20.49	\$6.49	\$12.63	\$9.37	\$18.29
\$5 Copay/12 Visits	\$6.27	\$12.15	\$9.10	\$17.65	\$5.60	\$10.86	\$8.15	\$15.78
\$5 Copay/20 Visits	\$6.46	\$12.51	\$9.36	\$18.16	\$5.77	\$11.18	\$8.37	\$16.23
\$5 Copay/24 Visits	\$6.81	\$13.21	\$9.87	\$19.18	\$6.09	\$11.79	\$8.82	\$17.13
\$5 Copay/30 Visits	\$7.34	\$14.27	\$10.62	\$20.70	\$6.55	\$12.73	\$9.50	\$18.48
\$5 Copay/36 Visits	\$7.96	\$15.48	\$11.49	\$22.45	\$7.11	\$13.81	\$10.24	\$20.02
\$5 Copay/40 Visits	\$8.37	\$16.30	\$12.06	\$23.62	\$7.48	\$14.53	\$10.75	\$21.05

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$2.30	\$4.46	\$3.34	\$6.47	\$2.06	\$4.02	\$3.01	\$5.83
\$20 Copay/20 Visits	\$2.35	\$4.56	\$3.42	\$6.62	\$2.10	\$4.10	\$3.08	\$5.96
\$20 Copay/24 Visits	\$2.46	\$4.78	\$3.59	\$6.95	\$2.21	\$4.30	\$3.22	\$6.23
\$20 Copay/30 Visits	\$2.54	\$4.92	\$3.71	\$7.16	\$2.21	\$4.30	\$3.23	\$6.23
\$20 Copay/36 Visits	\$2.73	\$5.30	\$4.01	\$7.67	\$2.37	\$4.59	\$3.46	\$6.67
\$20 Copay/40 Visits	\$2.86	\$5.52	\$4.19	\$8.03	\$2.48	\$4.79	\$3.62	\$6.96
\$15 Copay/12 Visits	\$2.66	\$5.15	\$3.86	\$7.48	\$2.39	\$4.63	\$3.47	\$6.72
\$15 Copay/20 Visits	\$2.72	\$5.28	\$3.96	\$7.67	\$2.44	\$4.74	\$3.55	\$6.87
\$15 Copay/24 Visits	\$2.86	\$5.56	\$4.17	\$8.06	\$2.58	\$4.98	\$3.73	\$7.22
\$15 Copay/30 Visits	\$2.96	\$5.74	\$4.29	\$8.32	\$2.56	\$5.00	\$3.73	\$7.23
\$15 Copay/36 Visits	\$3.18	\$6.21	\$4.63	\$8.98	\$2.75	\$5.37	\$4.00	\$7.79
\$15 Copay/40 Visits	\$3.34	\$6.51	\$4.85	\$9.41	\$2.88	\$5.63	\$4.20	\$8.16
\$10 Copay/12 Visits	\$4.02	\$7.78	\$5.86	\$11.30	\$3.58	\$6.94	\$5.22	\$10.09
\$10 Copay/20 Visits	\$4.12	\$7.99	\$6.02	\$11.60	\$3.67	\$7.12	\$5.35	\$10.34
\$10 Copay/24 Visits	\$4.36	\$8.42	\$6.31	\$12.23	\$3.86	\$7.49	\$5.63	\$10.89
\$10 Copay/30 Visits	\$4.49	\$8.73	\$6.53	\$12.65	\$3.88	\$7.52	\$5.61	\$10.91
\$10 Copay/36 Visits	\$4.87	\$9.44	\$7.04	\$13.67	\$4.19	\$8.13	\$6.06	\$11.78
\$10 Copay/40 Visits	\$5.11	\$9.93	\$7.39	\$14.37	\$4.40	\$8.55	\$6.34	\$12.37
\$7 Copay/12 Visits	\$4.91	\$9.49	\$7.15	\$13.79	\$4.64	\$8.93	\$6.73	\$12.99
\$7 Copay/20 Visits	\$5.05	\$9.75	\$7.34	\$14.17	\$4.76	\$9.17	\$6.91	\$13.34
\$7 Copay/24 Visits	\$5.31	\$10.30	\$7.71	\$14.96	\$5.01	\$9.70	\$7.25	\$14.07
\$7 Copay/30 Visits	\$5.62	\$10.92	\$8.12	\$15.82	\$5.22	\$10.13	\$7.54	\$14.70
\$7 Copay/36 Visits	\$6.09	\$11.86	\$8.74	\$17.13	\$5.64	\$11.00	\$8.12	\$15.90
\$7 Copay/40 Visits	\$6.40	\$12.47	\$9.16	\$18.02	\$5.93	\$11.58	\$8.50	\$16.72
\$5 Copay/12 Visits	\$5.63	\$10.88	\$8.20	\$15.81	\$5.30	\$10.24	\$7.71	\$14.89
\$5 Copay/20 Visits	\$5.79	\$11.19	\$8.42	\$16.26	\$5.45	\$10.52	\$7.91	\$15.29
\$5 Copay/24 Visits	\$6.12	\$11.82	\$8.85	\$17.17	\$5.75	\$11.12	\$8.32	\$16.15
\$5 Copay/30 Visits	\$6.46	\$12.56	\$9.31	\$18.17	\$6.00	\$11.64	\$8.64	\$16.87
\$5 Copay/36 Visits	\$6.98	\$13.63	\$10.03	\$19.71	\$6.48	\$12.65	\$9.29	\$18.27
\$5 Copay/40 Visits	\$7.36	\$14.37	\$10.50	\$20.73	\$6.82	\$13.32	\$9.73	\$19.22

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Large Group Rates (51–199 Employees) STANDARD Plan—Combined Chiropractic/Acupuncture

Visits based on medical necessity

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/20 Visits	\$3.87	\$7.54	\$5.74	\$10.93	\$3.43	\$6.68	\$5.09	\$9.68
\$20 Copay/24 Visits	\$4.12	\$8.01	\$6.09	\$11.61	\$3.66	\$7.09	\$5.40	\$10.28
\$20 Copay/30 Visits	\$4.50	\$8.72	\$6.62	\$12.62	\$3.98	\$7.72	\$5.87	\$11.17
\$20 Copay/36 Visits	\$4.92	\$9.54	\$7.25	\$13.79	\$4.36	\$8.44	\$6.42	\$12.21
\$20 Copay/40 Visits	\$5.20	\$10.08	\$7.65	\$14.57	\$4.61	\$8.92	\$6.78	\$12.90
\$15 Copay/20 Visits	\$4.60	\$8.94	\$6.81	\$12.99	\$4.08	\$7.92	\$6.03	\$11.50
\$15 Copay/24 Visits	\$4.89	\$9.50	\$7.22	\$13.78	\$4.34	\$8.41	\$6.39	\$12.20
\$15 Copay/30 Visits	\$5.33	\$10.33	\$7.82	\$14.96	\$4.72	\$9.14	\$6.93	\$13.24
\$15 Copay/36 Visits	\$5.83	\$11.27	\$8.51	\$16.32	\$5.16	\$9.98	\$7.54	\$14.45
\$15 Copay/40 Visits	\$6.16	\$11.92	\$8.98	\$17.22	\$5.45	\$10.55	\$7.95	\$15.25
\$10 Copay/20 Visits	\$7.37	\$14.33	\$10.83	\$20.78	\$6.52	\$12.69	\$9.58	\$18.40
\$10 Copay/24 Visits	\$7.82	\$15.19	\$11.47	\$22.03	\$6.93	\$13.45	\$10.15	\$19.50
\$10 Copay/30 Visits	\$8.50	\$16.48	\$12.44	\$23.89	\$7.52	\$14.59	\$11.01	\$21.15
\$10 Copay/36 Visits	\$9.27	\$17.97	\$13.55	\$26.04	\$8.21	\$15.91	\$12.00	\$23.06
\$10 Copay/40 Visits	\$9.80	\$18.97	\$14.30	\$27.48	\$8.66	\$16.80	\$12.66	\$24.33
\$7 Copay/20 Visits	\$9.09	\$17.66	\$13.26	\$25.60	\$8.04	\$15.63	\$11.74	\$22.67
\$7 Copay/24 Visits	\$9.62	\$18.69	\$14.03	\$27.10	\$8.52	\$16.55	\$12.42	\$23.99
\$7 Copay/30 Visits	\$10.42	\$20.24	\$15.18	\$29.36	\$9.23	\$17.92	\$13.45	\$25.99
\$7 Copay/36 Visits	\$11.34	\$22.02	\$16.52	\$31.94	\$10.05	\$19.49	\$14.62	\$28.28
\$7 Copay/40 Visits	\$11.96	\$23.20	\$17.40	\$33.66	\$10.59	\$20.54	\$15.40	\$29.81
\$5 Copay/20 Visits	\$10.52	\$20.43	\$15.30	\$29.61	\$9.31	\$18.09	\$13.55	\$26.22
\$5 Copay/24 Visits	\$11.13	\$21.60	\$16.18	\$31.34	\$9.86	\$19.13	\$14.33	\$27.75
\$5 Copay/30 Visits	\$12.04	\$23.38	\$17.50	\$33.92	\$10.66	\$20.70	\$15.51	\$30.04
\$5 Copay/36 Visits	\$13.09	\$25.41	\$19.02	\$36.89	\$11.59	\$22.50	\$16.84	\$32.66
\$5 Copay/40 Visits	\$13.78	\$26.77	\$20.03	\$38.86	\$12.22	\$23.70	\$17.73	\$34.40

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/20 Visits	\$3.38	\$6.54	\$4.99	\$9.50	\$3.02	\$5.88	\$4.48	\$8.53
\$20 Copay/24 Visits	\$3.58	\$6.96	\$5.30	\$10.09	\$3.21	\$6.25	\$4.76	\$9.06
\$20 Copay/30 Visits	\$3.82	\$7.42	\$5.66	\$10.75	\$3.39	\$6.57	\$5.01	\$9.52
\$20 Copay/36 Visits	\$4.19	\$8.12	\$6.20	\$11.75	\$3.71	\$7.19	\$5.48	\$10.41
\$20 Copay/40 Visits	\$4.44	\$8.58	\$6.55	\$12.43	\$3.92	\$7.60	\$5.80	\$11.00
\$15 Copay/20 Visits	\$4.00	\$7.77	\$5.92	\$11.26	\$3.58	\$6.98	\$5.31	\$10.11
\$15 Copay/24 Visits	\$4.24	\$8.25	\$6.27	\$11.95	\$3.81	\$7.40	\$5.64	\$10.73
\$15 Copay/30 Visits	\$4.51	\$8.78	\$6.66	\$12.71	\$4.00	\$7.77	\$5.90	\$11.25
\$15 Copay/36 Visits	\$4.92	\$9.59	\$7.25	\$13.87	\$4.36	\$8.49	\$6.42	\$12.28
\$15 Copay/40 Visits	\$5.20	\$10.12	\$7.64	\$14.64	\$4.60	\$8.96	\$6.77	\$12.97
\$10 Copay/20 Visits	\$6.39	\$12.39	\$9.38	\$17.97	\$5.73	\$11.12	\$8.42	\$16.13
\$10 Copay/24 Visits	\$6.77	\$13.14	\$9.93	\$19.05	\$6.08	\$11.79	\$8.92	\$17.11
\$10 Copay/30 Visits	\$7.20	\$13.97	\$10.56	\$20.25	\$6.38	\$12.37	\$9.34	\$17.93
\$10 Copay/36 Visits	\$7.85	\$15.24	\$11.49	\$22.07	\$6.95	\$13.49	\$10.18	\$19.54
\$10 Copay/40 Visits	\$8.29	\$16.08	\$12.13	\$23.30	\$7.33	\$14.24	\$10.73	\$20.62
\$7 Copay/20 Visits	\$7.84	\$15.22	\$11.45	\$22.07	\$7.05	\$13.66	\$10.29	\$19.81
\$7 Copay/24 Visits	\$8.30	\$16.11	\$12.11	\$23.36	\$7.46	\$14.47	\$10.87	\$20.98
\$7 Copay/30 Visits	\$8.81	\$17.10	\$12.82	\$24.78	\$7.80	\$15.13	\$11.35	\$21.94
\$7 Copay/36 Visits	\$9.58	\$18.61	\$13.92	\$26.96	\$8.48	\$16.47	\$12.32	\$23.87
\$7 Copay/40 Visits	\$10.09	\$19.60	\$14.65	\$28.41	\$8.93	\$17.36	\$12.97	\$25.16
\$5 Copay/20 Visits	\$9.06	\$17.58	\$13.21	\$25.49	\$8.14	\$15.79	\$11.86	\$22.89
\$5 Copay/24 Visits	\$9.59	\$18.60	\$13.95	\$26.97	\$8.61	\$16.70	\$12.52	\$24.22
\$5 Copay/30 Visits	\$10.16	\$19.73	\$14.76	\$28.59	\$9.00	\$17.46	\$13.06	\$25.31
\$5 Copay/36 Visits	\$11.03	\$21.44	\$16.01	\$31.09	\$9.76	\$18.99	\$14.16	\$27.52
\$5 Copay/40 Visits	\$11.62	\$22.60	\$16.83	\$32.74	\$10.28	\$20.01	\$14.90	\$29.00

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Large Group Rates (51–199 Employees) STANDARD Plan—Combined Chiropractic/ Acupuncture with \$5 Copay/\$500 Annual Max. Herbal Benefit Rider

Visits based on medical necessity

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/20 Visits	\$4.35	\$8.46	\$6.43	\$12.26	\$3.90	\$7.59	\$5.77	\$11.01
\$20 Copay/24 Visits	\$4.59	\$8.92	\$6.78	\$12.94	\$4.12	\$8.01	\$6.08	\$11.61
\$20 Copay/30 Visits	\$4.97	\$9.63	\$7.31	\$13.95	\$4.45	\$8.63	\$6.55	\$12.50
\$20 Copay/36 Visits	\$5.40	\$10.45	\$7.94	\$15.12	\$4.83	\$9.36	\$7.10	\$13.54
\$20 Copay/40 Visits	\$5.68	\$10.99	\$8.34	\$15.90	\$5.09	\$9.84	\$7.47	\$14.23
\$15 Copay/20 Visits	\$5.08	\$9.86	\$7.50	\$14.32	\$4.55	\$8.84	\$6.72	\$12.83
\$15 Copay/24 Visits	\$5.37	\$10.41	\$7.90	\$15.11	\$4.81	\$9.33	\$7.07	\$13.53
\$15 Copay/30 Visits	\$5.80	\$11.24	\$8.51	\$16.29	\$5.18	\$10.06	\$7.61	\$14.57
\$15 Copay/36 Visits	\$6.30	\$12.19	\$9.19	\$17.65	\$5.63	\$10.90	\$8.23	\$15.78
\$15 Copay/40 Visits	\$6.63	\$12.83	\$9.66	\$18.55	\$5.92	\$11.46	\$8.63	\$16.58
\$10 Copay/20 Visits	\$7.84	\$15.25	\$11.51	\$22.11	\$6.99	\$13.60	\$10.26	\$19.73
\$10 Copay/24 Visits	\$8.29	\$16.11	\$12.16	\$23.36	\$7.41	\$14.36	\$10.84	\$20.83
\$10 Copay/30 Visits	\$8.96	\$17.40	\$13.12	\$25.22	\$7.99	\$15.51	\$11.70	\$22.48
\$10 Copay/36 Visits	\$9.73	\$18.89	\$14.24	\$27.37	\$8.67	\$16.83	\$12.69	\$24.39
\$10 Copay/40 Visits	\$10.26	\$19.88	\$14.99	\$28.81	\$9.14	\$17.71	\$13.34	\$25.66
\$7 Copay/20 Visits	\$9.57	\$18.57	\$13.95	\$26.94	\$8.52	\$16.55	\$12.43	\$24.00
\$7 Copay/24 Visits	\$10.09	\$19.60	\$14.72	\$28.43	\$8.99	\$17.46	\$13.10	\$25.32
\$7 Copay/30 Visits	\$10.90	\$21.15	\$15.87	\$30.69	\$9.70	\$18.83	\$14.13	\$27.32
\$7 Copay/36 Visits	\$11.81	\$22.93	\$17.20	\$33.27	\$10.52	\$20.40	\$15.31	\$29.61
\$7 Copay/40 Visits	\$12.42	\$24.12	\$18.09	\$35.00	\$11.05	\$21.46	\$16.09	\$31.14
\$5 Copay/20 Visits	\$10.99	\$21.34	\$15.98	\$30.94	\$9.79	\$19.00	\$14.24	\$27.55
\$5 Copay/24 Visits	\$11.60	\$22.52	\$16.87	\$32.67	\$10.33	\$20.04	\$15.02	\$29.08
\$5 Copay/30 Visits	\$12.51	\$24.29	\$18.19	\$35.26	\$11.13	\$21.61	\$16.19	\$31.37
\$5 Copay/36 Visits	\$13.57	\$26.32	\$19.71	\$38.22	\$12.06	\$23.41	\$17.52	\$33.99
\$5 Copay/40 Visits	\$14.26	\$27.68	\$20.72	\$40.20	\$12.68	\$24.62	\$18.42	\$35.73

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/20 Visits	\$3.84	\$7.46	\$5.68	\$10.83	\$3.49	\$6.79	\$5.17	\$9.86
\$20 Copay/24 Visits	\$4.06	\$7.87	\$5.99	\$11.42	\$3.69	\$7.17	\$5.45	\$10.39
\$20 Copay/30 Visits	\$4.30	\$8.33	\$6.34	\$12.08	\$3.85	\$7.49	\$5.70	\$10.85
\$20 Copay/36 Visits	\$4.66	\$9.04	\$6.88	\$13.08	\$4.18	\$8.10	\$6.17	\$11.74
\$20 Copay/40 Visits	\$4.90	\$9.50	\$7.24	\$13.76	\$4.39	\$8.52	\$6.49	\$12.33
\$15 Copay/20 Visits	\$4.47	\$8.68	\$6.60	\$12.59	\$4.06	\$7.89	\$6.00	\$11.44
\$15 Copay/24 Visits	\$4.72	\$9.16	\$6.96	\$13.28	\$4.28	\$8.32	\$6.32	\$12.06
\$15 Copay/30 Visits	\$4.99	\$9.69	\$7.34	\$14.04	\$4.47	\$8.68	\$6.58	\$12.58
\$15 Copay/36 Visits	\$5.40	\$10.50	\$7.94	\$15.20	\$4.83	\$9.40	\$7.10	\$13.61
\$15 Copay/40 Visits	\$5.68	\$11.03	\$8.33	\$15.97	\$5.08	\$9.88	\$7.46	\$14.30
\$10 Copay/20 Visits	\$6.86	\$13.30	\$10.07	\$19.30	\$6.20	\$12.03	\$9.11	\$17.46
\$10 Copay/24 Visits	\$7.24	\$14.05	\$10.62	\$20.38	\$6.54	\$12.71	\$9.61	\$18.44
\$10 Copay/30 Visits	\$7.67	\$14.88	\$11.24	\$21.58	\$6.85	\$13.28	\$10.03	\$19.26
\$10 Copay/36 Visits	\$8.32	\$16.15	\$12.18	\$23.40	\$7.43	\$14.40	\$10.87	\$20.87
\$10 Copay/40 Visits	\$8.77	\$16.99	\$12.81	\$24.63	\$7.81	\$15.15	\$11.42	\$21.95
\$7 Copay/20 Visits	\$8.31	\$16.13	\$12.14	\$23.40	\$7.52	\$14.57	\$10.97	\$21.14
\$7 Copay/24 Visits	\$8.78	\$17.02	\$12.79	\$24.69	\$7.93	\$15.38	\$11.55	\$22.31
\$7 Copay/30 Visits	\$9.28	\$18.01	\$13.51	\$26.11	\$8.27	\$16.05	\$12.03	\$23.28
\$7 Copay/36 Visits	\$10.05	\$19.52	\$14.60	\$28.29	\$8.94	\$17.39	\$13.01	\$25.20
\$7 Copay/40 Visits	\$10.56	\$20.52	\$15.34	\$29.74	\$9.40	\$18.27	\$13.66	\$26.49
\$5 Copay/20 Visits	\$9.54	\$18.49	\$13.89	\$26.82	\$8.61	\$16.70	\$12.54	\$24.22
\$5 Copay/24 Visits	\$10.06	\$19.51	\$14.63	\$28.30	\$9.08	\$17.62	\$13.21	\$25.55
\$5 Copay/30 Visits	\$10.63	\$20.64	\$15.44	\$29.92	\$9.47	\$18.38	\$13.75	\$26.64
\$5 Copay/36 Visits	\$11.51	\$22.36	\$16.69	\$32.42	\$10.24	\$19.91	\$14.85	\$28.85
\$5 Copay/40 Visits	\$12.09	\$23.51	\$17.51	\$34.07	\$10.75	\$20.92	\$15.59	\$30.33

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Large Group Rates (51–199 Employees) EXPANDED Plan—Chiropractic Only Unrestricted visits

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$4.65	\$9.04	\$6.90	\$13.14	\$4.41	\$8.58	\$6.54	\$12.46
\$20 Copay/20 Visits	\$4.94	\$9.62	\$7.31	\$13.96	\$4.70	\$9.13	\$6.94	\$13.24
\$20 Copay/24 Visits	\$5.24	\$10.21	\$7.74	\$14.79	\$4.97	\$9.68	\$7.34	\$14.03
\$20 Copay/30 Visits	\$5.69	\$11.09	\$8.38	\$16.05	\$5.40	\$10.52	\$7.95	\$15.23
\$20 Copay/36 Visits	\$6.20	\$12.11	\$9.11	\$17.48	\$5.89	\$11.48	\$8.65	\$16.59
\$20 Copay/40 Visits	\$6.54	\$12.78	\$9.61	\$18.45	\$6.21	\$12.13	\$9.11	\$17.50
\$15 Copay/12 Visits	\$5.57	\$10.81	\$8.27	\$15.70	\$5.28	\$10.25	\$7.84	\$14.90
\$15 Copay/20 Visits	\$5.89	\$11.42	\$8.69	\$16.57	\$5.59	\$10.84	\$8.25	\$15.72
\$15 Copay/24 Visits	\$6.22	\$12.06	\$9.16	\$17.50	\$5.90	\$11.45	\$8.69	\$16.61
\$15 Copay/30 Visits	\$6.73	\$13.03	\$9.87	\$18.90	\$6.39	\$12.37	\$9.36	\$17.93
\$15 Copay/36 Visits	\$7.30	\$14.14	\$10.66	\$20.49	\$6.93	\$13.43	\$10.12	\$19.44
\$15 Copay/40 Visits	\$7.69	\$14.88	\$11.20	\$21.55	\$7.29	\$14.12	\$10.63	\$20.45
\$10 Copay/12 Visits	\$8.92	\$17.37	\$13.12	\$25.22	\$8.48	\$16.47	\$12.46	\$23.94
\$10 Copay/20 Visits	\$9.42	\$18.31	\$13.83	\$26.56	\$8.94	\$17.38	\$13.12	\$25.21
\$10 Copay/24 Visits	\$9.96	\$19.33	\$14.59	\$28.01	\$9.45	\$18.35	\$13.85	\$26.58
\$10 Copay/30 Visits	\$10.76	\$20.86	\$15.74	\$30.19	\$10.21	\$19.80	\$14.93	\$28.65
\$10 Copay/36 Visits	\$11.68	\$22.61	\$17.04	\$32.67	\$11.07	\$21.46	\$16.17	\$30.99
\$10 Copay/40 Visits	\$12.29	\$23.76	\$17.91	\$34.31	\$11.66	\$22.56	\$16.99	\$32.56
\$7 Copay/12 Visits	\$10.98	\$21.37	\$16.05	\$31.04	\$9.71	\$18.93	\$14.21	\$27.49
\$7 Copay/20 Visits	\$11.41	\$22.13	\$16.64	\$32.09	\$10.10	\$19.59	\$14.74	\$28.42
\$7 Copay/24 Visits	\$12.02	\$23.28	\$17.51	\$33.73	\$10.65	\$20.61	\$15.51	\$29.87
\$7 Copay/30 Visits	\$12.94	\$25.00	\$18.83	\$36.17	\$11.46	\$22.13	\$16.67	\$32.03
\$7 Copay/36 Visits	\$13.99	\$26.94	\$20.32	\$38.94	\$12.38	\$23.85	\$17.99	\$34.48
\$7 Copay/40 Visits	\$14.69	\$28.23	\$21.31	\$40.77	\$13.01	\$24.99	\$18.87	\$36.10
\$5 Copay/12 Visits	\$12.78	\$24.89	\$18.65	\$36.15	\$11.31	\$22.04	\$16.50	\$32.01
\$5 Copay/20 Visits	\$13.20	\$25.62	\$19.23	\$37.15	\$11.69	\$22.68	\$17.02	\$32.88
\$5 Copay/24 Visits	\$13.91	\$26.90	\$20.23	\$38.98	\$12.31	\$23.82	\$17.91	\$34.52
\$5 Copay/30 Visits	\$14.96	\$28.84	\$21.72	\$41.74	\$13.24	\$25.53	\$19.23	\$36.95
\$5 Copay/36 Visits	\$16.13	\$31.01	\$23.40	\$44.83	\$14.29	\$27.47	\$20.72	\$39.70
\$5 Copay/40 Visits	\$16.92	\$32.47	\$24.52	\$46.89	\$14.99	\$28.75	\$21.72	\$41.53

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$4.65	\$9.04	\$6.90	\$13.14	\$4.41	\$8.58	\$6.54	\$12.46
\$20 Copay/20 Visits	\$4.94	\$9.62	\$7.31	\$13.96	\$4.70	\$9.13	\$6.94	\$13.24
\$20 Copay/24 Visits	\$5.24	\$10.21	\$7.74	\$14.79	\$4.97	\$9.68	\$7.34	\$14.03
\$20 Copay/30 Visits	\$5.69	\$11.09	\$8.38	\$16.05	\$5.40	\$10.52	\$7.95	\$15.23
\$20 Copay/36 Visits	\$6.20	\$12.11	\$9.11	\$17.48	\$5.89	\$11.48	\$8.65	\$16.59
\$20 Copay/40 Visits	\$6.54	\$12.78	\$9.61	\$18.45	\$6.21	\$12.13	\$9.11	\$17.50
\$15 Copay/12 Visits	\$5.57	\$10.81	\$8.27	\$15.70	\$5.28	\$10.25	\$7.84	\$14.90
\$15 Copay/20 Visits	\$5.89	\$11.42	\$8.69	\$16.57	\$5.59	\$10.84	\$8.25	\$15.72
\$15 Copay/24 Visits	\$6.22	\$12.06	\$9.16	\$17.50	\$5.90	\$11.45	\$8.69	\$16.61
\$15 Copay/30 Visits	\$6.73	\$13.03	\$9.87	\$18.90	\$6.39	\$12.37	\$9.36	\$17.93
\$15 Copay/36 Visits	\$7.30	\$14.14	\$10.66	\$20.49	\$6.93	\$13.43	\$10.12	\$19.44
\$15 Copay/40 Visits	\$7.69	\$14.88	\$11.20	\$21.55	\$7.29	\$14.12	\$10.63	\$20.45
\$10 Copay/12 Visits	\$8.92	\$17.37	\$13.12	\$25.22	\$8.48	\$16.47	\$12.46	\$23.94
\$10 Copay/20 Visits	\$9.42	\$18.31	\$13.83	\$26.56	\$8.94	\$17.38	\$13.12	\$25.21
\$10 Copay/24 Visits	\$9.96	\$19.33	\$14.59	\$28.01	\$9.45	\$18.35	\$13.85	\$26.58
\$10 Copay/30 Visits	\$10.76	\$20.86	\$15.74	\$30.19	\$10.21	\$19.80	\$14.93	\$28.65
\$10 Copay/36 Visits	\$11.68	\$22.61	\$17.04	\$32.67	\$11.07	\$21.46	\$16.17	\$30.99
\$10 Copay/40 Visits	\$12.29	\$23.76	\$17.91	\$34.31	\$11.66	\$22.56	\$16.99	\$32.56
\$7 Copay/12 Visits	\$11.21	\$21.82	\$16.38	\$31.70	\$10.06	\$19.59	\$14.72	\$28.46
\$7 Copay/20 Visits	\$11.64	\$22.60	\$16.99	\$32.77	\$10.45	\$20.29	\$15.26	\$29.42
\$7 Copay/24 Visits	\$12.27	\$23.76	\$17.89	\$34.43	\$11.02	\$21.34	\$16.06	\$30.92
\$7 Copay/30 Visits	\$12.94	\$25.00	\$18.83	\$36.17	\$11.46	\$22.13	\$16.67	\$32.03
\$7 Copay/36 Visits	\$13.99	\$26.94	\$20.32	\$38.94	\$12.38	\$23.85	\$17.99	\$34.48
\$7 Copay/40 Visits	\$14.69	\$28.23	\$21.31	\$40.77	\$13.01	\$24.99	\$18.87	\$36.10
\$5 Copay/12 Visits	\$13.05	\$25.41	\$19.03	\$36.91	\$11.71	\$22.82	\$17.09	\$33.14
\$5 Copay/20 Visits	\$13.47	\$26.15	\$19.64	\$37.92	\$12.10	\$23.48	\$17.63	\$34.05
\$5 Copay/24 Visits	\$14.19	\$27.47	\$20.64	\$39.79	\$12.75	\$24.66	\$18.54	\$35.73
\$5 Copay/30 Visits	\$14.96	\$28.84	\$21.72	\$41.74	\$13.24	\$25.53	\$19.23	\$36.95
\$5 Copay/36 Visits	\$16.13	\$31.01	\$23.40	\$44.83	\$14.29	\$27.47	\$20.72	\$39.70
\$5 Copay/40 Visits	\$16.92	\$32.47	\$24.52	\$46.89	\$14.99	\$28.75	\$21.72	\$41.53

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Large Group Rates (51–199 Employees) EXPANDED Plan—Acupuncture Only Unrestricted visits

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$5.84	\$11.34	\$8.50	\$16.45	\$4.88	\$9.45	\$7.07	\$13.71
\$20 Copay/20 Visits	\$6.02	\$11.69	\$8.76	\$16.94	\$5.03	\$9.73	\$7.29	\$14.12
\$20 Copay/24 Visits	\$6.39	\$12.32	\$9.25	\$17.89	\$5.33	\$10.28	\$7.70	\$14.90
\$20 Copay/30 Visits	\$6.91	\$13.30	\$9.98	\$19.29	\$5.75	\$11.08	\$8.32	\$16.07
\$20 Copay/36 Visits	\$7.51	\$14.40	\$10.85	\$20.91	\$6.25	\$11.99	\$9.02	\$17.41
\$20 Copay/40 Visits	\$7.92	\$15.14	\$11.40	\$21.98	\$6.59	\$12.59	\$9.50	\$18.29
\$15 Copay/12 Visits	\$6.97	\$13.54	\$10.20	\$19.67	\$5.81	\$11.29	\$8.50	\$16.40
\$15 Copay/20 Visits	\$7.19	\$13.96	\$10.50	\$20.27	\$5.98	\$11.64	\$8.76	\$16.90
\$15 Copay/24 Visits	\$7.60	\$14.78	\$11.09	\$21.42	\$6.34	\$12.31	\$9.24	\$17.86
\$15 Copay/30 Visits	\$8.24	\$16.01	\$11.97	\$23.16	\$6.87	\$13.34	\$9.97	\$19.30
\$15 Copay/36 Visits	\$8.94	\$17.40	\$12.97	\$25.14	\$7.47	\$14.50	\$10.81	\$20.96
\$15 Copay/40 Visits	\$9.42	\$18.34	\$13.63	\$26.46	\$7.86	\$15.29	\$11.36	\$22.06
\$10 Copay/12 Visits	\$11.33	\$21.98	\$16.48	\$31.92	\$9.46	\$18.33	\$13.74	\$26.61
\$10 Copay/20 Visits	\$11.68	\$22.64	\$16.98	\$32.88	\$9.73	\$18.89	\$14.15	\$27.42
\$10 Copay/24 Visits	\$12.34	\$23.92	\$17.94	\$34.76	\$10.29	\$19.95	\$14.94	\$28.98
\$10 Copay/30 Visits	\$13.33	\$25.83	\$19.36	\$37.55	\$11.13	\$21.54	\$16.15	\$31.32
\$10 Copay/36 Visits	\$14.47	\$28.02	\$21.01	\$40.75	\$12.07	\$23.37	\$17.50	\$34.01
\$10 Copay/40 Visits	\$15.22	\$29.47	\$22.09	\$42.89	\$12.70	\$24.59	\$18.42	\$35.79
\$7 Copay/12 Visits	\$14.39	\$27.91	\$20.95	\$40.58	\$12.74	\$24.71	\$18.55	\$35.92
\$7 Copay/20 Visits	\$14.82	\$28.77	\$21.58	\$41.82	\$13.12	\$25.47	\$19.10	\$37.02
\$7 Copay/24 Visits	\$15.65	\$30.40	\$22.80	\$44.22	\$13.85	\$26.92	\$20.19	\$39.15
\$7 Copay/30 Visits	\$16.89	\$32.85	\$24.60	\$47.83	\$14.96	\$29.09	\$21.79	\$42.34
\$7 Copay/36 Visits	\$18.29	\$35.66	\$26.66	\$51.94	\$16.21	\$31.57	\$23.61	\$45.99
\$7 Copay/40 Visits	\$19.24	\$37.53	\$28.04	\$54.69	\$17.04	\$33.24	\$24.82	\$48.42
\$5 Copay/12 Visits	\$16.73	\$32.44	\$24.36	\$47.17	\$14.81	\$28.72	\$21.56	\$41.77
\$5 Copay/20 Visits	\$17.22	\$33.43	\$25.10	\$48.62	\$15.26	\$29.60	\$22.21	\$43.06
\$5 Copay/24 Visits	\$18.18	\$35.34	\$26.49	\$51.43	\$16.10	\$31.29	\$23.45	\$45.53
\$5 Copay/30 Visits	\$19.61	\$38.21	\$28.59	\$55.64	\$17.37	\$33.83	\$25.31	\$49.26
\$5 Copay/36 Visits	\$21.24	\$41.49	\$30.99	\$60.46	\$18.80	\$36.72	\$27.44	\$53.53
\$5 Copay/40 Visits	\$22.32	\$43.67	\$32.58	\$63.67	\$19.77	\$38.67	\$28.85	\$56.37

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$5.28	\$10.25	\$7.68	\$14.88	\$4.66	\$9.00	\$6.73	\$13.07
\$20 Copay/20 Visits	\$5.44	\$10.55	\$7.90	\$15.31	\$4.78	\$9.24	\$6.92	\$13.43
\$20 Copay/24 Visits	\$5.76	\$11.13	\$8.36	\$16.17	\$5.05	\$9.78	\$7.32	\$14.20
\$20 Copay/30 Visits	\$5.96	\$11.51	\$8.66	\$16.71	\$5.05	\$9.72	\$7.33	\$14.14
\$20 Copay/36 Visits	\$6.47	\$12.47	\$9.42	\$18.12	\$5.46	\$10.54	\$7.96	\$15.33
\$20 Copay/40 Visits	\$6.81	\$13.12	\$9.91	\$19.06	\$5.76	\$11.09	\$8.40	\$16.12
\$15 Copay/12 Visits	\$6.30	\$12.25	\$9.21	\$17.80	\$5.53	\$10.76	\$8.09	\$15.63
\$15 Copay/20 Visits	\$6.48	\$12.60	\$9.47	\$18.32	\$5.68	\$11.06	\$8.32	\$16.07
\$15 Copay/24 Visits	\$6.84	\$13.34	\$10.00	\$19.34	\$6.02	\$11.70	\$8.76	\$16.98
\$15 Copay/30 Visits	\$7.07	\$13.83	\$10.31	\$20.02	\$5.98	\$11.71	\$8.74	\$16.97
\$15 Copay/36 Visits	\$7.66	\$15.01	\$11.17	\$21.73	\$6.48	\$12.73	\$9.45	\$18.42
\$15 Copay/40 Visits	\$8.04	\$15.82	\$11.72	\$22.88	\$6.82	\$13.40	\$9.92	\$19.38
\$10 Copay/12 Visits	\$10.25	\$19.86	\$14.89	\$28.84	\$9.01	\$17.47	\$13.09	\$25.36
\$10 Copay/20 Visits	\$10.54	\$20.44	\$15.33	\$29.68	\$9.27	\$17.95	\$13.46	\$26.07
\$10 Copay/24 Visits	\$11.13	\$21.60	\$16.19	\$31.39	\$9.79	\$18.98	\$14.21	\$27.56
\$10 Copay/30 Visits	\$11.52	\$22.36	\$16.75	\$32.49	\$9.77	\$18.97	\$14.20	\$27.56
\$10 Copay/36 Visits	\$12.49	\$24.26	\$18.17	\$35.26	\$10.61	\$20.59	\$15.39	\$29.94
\$10 Copay/40 Visits	\$13.13	\$25.55	\$19.11	\$37.13	\$11.15	\$21.67	\$16.20	\$31.51
\$7 Copay/12 Visits	\$12.80	\$24.80	\$18.61	\$36.04	\$11.98	\$23.22	\$17.42	\$33.73
\$7 Copay/20 Visits	\$13.17	\$25.55	\$19.16	\$37.12	\$12.33	\$23.91	\$17.93	\$34.72
\$7 Copay/24 Visits	\$13.93	\$27.02	\$20.22	\$39.25	\$13.00	\$25.27	\$18.92	\$36.71
\$7 Copay/30 Visits	\$14.71	\$28.62	\$21.37	\$41.58	\$13.57	\$26.40	\$19.71	\$38.35
\$7 Copay/36 Visits	\$15.92	\$31.10	\$23.13	\$45.17	\$14.69	\$28.68	\$21.33	\$41.65
\$7 Copay/40 Visits	\$16.75	\$32.75	\$24.31	\$47.56	\$15.44	\$30.20	\$22.43	\$43.86
\$5 Copay/12 Visits	\$14.88	\$28.85	\$21.65	\$41.90	\$13.93	\$26.99	\$20.26	\$39.21
\$5 Copay/20 Visits	\$15.33	\$29.71	\$22.28	\$43.16	\$14.33	\$27.78	\$20.85	\$40.37
\$5 Copay/24 Visits	\$16.17	\$31.41	\$23.51	\$45.64	\$15.12	\$29.39	\$21.98	\$42.69
\$5 Copay/30 Visits	\$17.09	\$33.30	\$24.82	\$48.36	\$15.75	\$30.71	\$22.89	\$44.62
\$5 Copay/36 Visits	\$18.51	\$36.18	\$26.86	\$52.54	\$17.06	\$33.36	\$24.78	\$48.45
\$5 Copay/40 Visits	\$19.45	\$38.09	\$28.22	\$55.32	\$17.93	\$35.13	\$26.03	\$51.03

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Large Group Rates (51–199 Employees) EXPANDED Plan—Acupuncture Only with \$5 Copay/\$500 Annual Max. Herbal Benefit Rider Unrestricted visits

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$6.31	\$12.26	\$9.18	\$17.78	\$5.35	\$10.37	\$7.76	\$15.04
\$20 Copay/20 Visits	\$6.49	\$12.60	\$9.44	\$18.27	\$5.50	\$10.65	\$7.98	\$15.45
\$20 Copay/24 Visits	\$6.86	\$13.24	\$9.93	\$19.22	\$5.80	\$11.19	\$8.38	\$16.23
\$20 Copay/30 Visits	\$7.39	\$14.22	\$10.67	\$20.62	\$6.22	\$11.99	\$9.01	\$17.40
\$20 Copay/36 Visits	\$7.98	\$15.32	\$11.53	\$22.25	\$6.73	\$12.91	\$9.70	\$18.74
\$20 Copay/40 Visits	\$8.38	\$16.06	\$12.08	\$23.31	\$7.06	\$13.51	\$10.18	\$19.62
\$15 Copay/12 Visits	\$7.45	\$14.46	\$10.88	\$21.00	\$6.28	\$12.20	\$9.18	\$17.73
\$15 Copay/20 Visits	\$7.66	\$14.87	\$11.19	\$21.60	\$6.46	\$12.55	\$9.44	\$18.23
\$15 Copay/24 Visits	\$8.08	\$15.69	\$11.77	\$22.76	\$6.81	\$13.23	\$9.92	\$19.19
\$15 Copay/30 Visits	\$8.71	\$16.92	\$12.66	\$24.49	\$7.33	\$14.26	\$10.66	\$20.63
\$15 Copay/36 Visits	\$9.41	\$18.31	\$13.66	\$26.47	\$7.94	\$15.41	\$11.49	\$22.29
\$15 Copay/40 Visits	\$9.90	\$19.25	\$14.32	\$27.79	\$8.33	\$16.20	\$12.04	\$23.39
\$10 Copay/12 Visits	\$11.80	\$22.89	\$17.17	\$33.25	\$9.92	\$19.24	\$14.42	\$27.94
\$10 Copay/20 Visits	\$12.14	\$23.56	\$17.67	\$34.22	\$10.21	\$19.80	\$14.84	\$28.76
\$10 Copay/24 Visits	\$12.81	\$24.84	\$18.63	\$36.09	\$10.76	\$20.86	\$15.63	\$30.32
\$10 Copay/30 Visits	\$13.80	\$26.75	\$20.05	\$38.89	\$11.60	\$22.45	\$16.84	\$32.66
\$10 Copay/36 Visits	\$14.95	\$28.93	\$21.69	\$42.08	\$12.55	\$24.28	\$18.19	\$35.34
\$10 Copay/40 Visits	\$15.70	\$30.39	\$22.78	\$44.22	\$13.17	\$25.50	\$19.10	\$37.12
\$7 Copay/12 Visits	\$14.86	\$28.83	\$21.64	\$41.91	\$13.20	\$25.63	\$19.24	\$37.25
\$7 Copay/20 Visits	\$15.30	\$29.68	\$22.27	\$43.15	\$13.60	\$26.38	\$19.79	\$38.36
\$7 Copay/24 Visits	\$16.12	\$31.31	\$23.48	\$45.55	\$14.32	\$27.83	\$20.87	\$40.48
\$7 Copay/30 Visits	\$17.37	\$33.77	\$25.28	\$49.16	\$15.43	\$30.00	\$22.47	\$43.67
\$7 Copay/36 Visits	\$18.77	\$36.58	\$27.34	\$53.27	\$16.68	\$32.49	\$24.29	\$47.32
\$7 Copay/40 Visits	\$19.71	\$38.45	\$28.72	\$56.02	\$17.50	\$34.15	\$25.51	\$49.75
\$5 Copay/12 Visits	\$17.19	\$33.35	\$25.04	\$48.51	\$15.29	\$29.64	\$22.25	\$43.10
\$5 Copay/20 Visits	\$17.70	\$34.34	\$25.78	\$49.95	\$15.74	\$30.51	\$22.90	\$44.39
\$5 Copay/24 Visits	\$18.65	\$36.25	\$27.18	\$52.76	\$16.57	\$32.21	\$24.14	\$46.86
\$5 Copay/30 Visits	\$20.09	\$39.12	\$29.28	\$56.97	\$17.84	\$34.75	\$26.00	\$50.60
\$5 Copay/36 Visits	\$21.71	\$42.40	\$31.68	\$61.79	\$19.27	\$37.64	\$28.12	\$54.86
\$5 Copay/40 Visits	\$22.79	\$44.58	\$33.27	\$65.00	\$20.24	\$39.58	\$29.54	\$57.70

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/12 Visits	\$5.76	\$11.16	\$8.36	\$16.22	\$5.12	\$9.91	\$7.41	\$14.40
\$20 Copay/20 Visits	\$5.91	\$11.46	\$8.59	\$16.64	\$5.25	\$10.16	\$7.60	\$14.76
\$20 Copay/24 Visits	\$6.23	\$12.05	\$9.05	\$17.51	\$5.52	\$10.69	\$8.01	\$15.53
\$20 Copay/30 Visits	\$6.44	\$12.42	\$9.35	\$18.04	\$5.52	\$10.64	\$8.02	\$15.48
\$20 Copay/36 Visits	\$6.94	\$13.38	\$10.11	\$19.45	\$5.93	\$11.46	\$8.64	\$16.66
\$20 Copay/40 Visits	\$7.28	\$14.03	\$10.60	\$20.39	\$6.23	\$12.00	\$9.08	\$17.45
\$15 Copay/12 Visits	\$6.77	\$13.17	\$9.90	\$19.13	\$6.00	\$11.68	\$8.78	\$16.96
\$15 Copay/20 Visits	\$6.95	\$13.52	\$10.16	\$19.65	\$6.15	\$11.98	\$9.01	\$17.40
\$15 Copay/24 Visits	\$7.31	\$14.26	\$10.68	\$20.68	\$6.48	\$12.62	\$9.45	\$18.31
\$15 Copay/30 Visits	\$7.54	\$14.74	\$10.99	\$21.35	\$6.46	\$12.63	\$9.42	\$18.30
\$15 Copay/36 Visits	\$8.14	\$15.93	\$11.86	\$23.06	\$6.95	\$13.64	\$10.14	\$19.75
\$15 Copay/40 Visits	\$8.52	\$16.74	\$12.41	\$24.21	\$7.28	\$14.32	\$10.61	\$20.71
\$10 Copay/12 Visits	\$10.71	\$20.78	\$15.58	\$30.18	\$9.49	\$18.38	\$13.78	\$26.69
\$10 Copay/20 Visits	\$11.01	\$21.36	\$16.01	\$31.01	\$9.73	\$18.87	\$14.14	\$27.40
\$10 Copay/24 Visits	\$11.61	\$22.52	\$16.87	\$32.72	\$10.26	\$19.90	\$14.90	\$28.89
\$10 Copay/30 Visits	\$11.99	\$23.28	\$17.43	\$33.82	\$10.25	\$19.88	\$14.88	\$28.89
\$10 Copay/36 Visits	\$12.97	\$25.18	\$18.86	\$36.59	\$11.07	\$21.51	\$16.08	\$31.27
\$10 Copay/40 Visits	\$13.61	\$26.46	\$19.79	\$38.46	\$11.63	\$22.59	\$16.88	\$32.84
\$7 Copay/12 Visits	\$13.28	\$25.72	\$19.30	\$37.37	\$12.45	\$24.14	\$18.11	\$35.06
\$7 Copay/20 Visits	\$13.65	\$26.46	\$19.84	\$38.45	\$12.80	\$24.82	\$18.61	\$36.05
\$7 Copay/24 Visits	\$14.39	\$27.93	\$20.90	\$40.58	\$13.47	\$26.19	\$19.60	\$38.04
\$7 Copay/30 Visits	\$15.17	\$29.53	\$22.05	\$42.91	\$14.04	\$27.32	\$20.39	\$39.68
\$7 Copay/36 Visits	\$16.40	\$32.02	\$23.81	\$46.50	\$15.16	\$29.59	\$22.02	\$42.98
\$7 Copay/40 Visits	\$17.22	\$33.66	\$25.00	\$48.89	\$15.91	\$31.11	\$23.11	\$45.19
\$5 Copay/12 Visits	\$15.36	\$29.76	\$22.34	\$43.23	\$14.39	\$27.91	\$20.95	\$40.54
\$5 Copay/20 Visits	\$15.79	\$30.63	\$22.96	\$44.49	\$14.80	\$28.70	\$21.54	\$41.70
\$5 Copay/24 Visits	\$16.64	\$32.33	\$24.20	\$46.97	\$15.58	\$30.31	\$22.67	\$44.02
\$5 Copay/30 Visits	\$17.55	\$34.21	\$25.51	\$49.69	\$16.22	\$31.62	\$23.58	\$45.95
\$5 Copay/36 Visits	\$18.98	\$37.09	\$27.54	\$53.87	\$17.53	\$34.27	\$25.46	\$49.78
\$5 Copay/40 Visits	\$19.92	\$39.00	\$28.90	\$56.66	\$18.40	\$36.04	\$26.71	\$52.36

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Large Group Rates (51–199 Employees) EXPANDED Plan—Combined Chiropractic/Acupuncture Unrestricted visits

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/20 Visits	\$10.97	\$21.31	\$16.07	\$30.90	\$9.71	\$18.87	\$14.23	\$27.36
\$20 Copay/24 Visits	\$11.62	\$22.54	\$16.98	\$32.68	\$10.29	\$19.96	\$15.04	\$28.93
\$20 Copay/30 Visits	\$12.60	\$24.39	\$18.37	\$35.34	\$11.15	\$21.60	\$16.27	\$31.29
\$20 Copay/36 Visits	\$13.71	\$26.51	\$19.96	\$38.40	\$12.14	\$23.47	\$17.67	\$34.00
\$20 Copay/40 Visits	\$14.46	\$27.92	\$21.01	\$40.42	\$12.80	\$24.72	\$18.61	\$35.80
\$15 Copay/20 Visits	\$13.08	\$25.38	\$19.20	\$36.84	\$11.58	\$22.47	\$17.00	\$32.62
\$15 Copay/24 Visits	\$13.83	\$26.84	\$20.25	\$38.93	\$12.25	\$23.76	\$17.93	\$34.47
\$15 Copay/30 Visits	\$14.97	\$29.04	\$21.84	\$42.06	\$13.25	\$25.71	\$19.33	\$37.23
\$15 Copay/36 Visits	\$16.25	\$31.54	\$23.63	\$45.62	\$14.40	\$27.92	\$20.92	\$40.39
\$15 Copay/40 Visits	\$17.12	\$33.22	\$24.84	\$48.01	\$15.16	\$29.41	\$21.99	\$42.50
\$10 Copay/20 Visits	\$21.10	\$40.96	\$30.82	\$59.45	\$18.68	\$36.26	\$27.28	\$52.63
\$10 Copay/24 Visits	\$22.30	\$43.25	\$32.53	\$62.76	\$19.75	\$38.29	\$28.80	\$55.57
\$10 Copay/30 Visits	\$24.09	\$46.70	\$35.10	\$67.75	\$21.34	\$41.34	\$31.09	\$59.98
\$10 Copay/36 Visits	\$26.15	\$50.63	\$38.04	\$73.41	\$23.14	\$44.82	\$33.68	\$65.00
\$10 Copay/40 Visits	\$27.51	\$53.24	\$40.00	\$77.20	\$24.36	\$47.14	\$35.41	\$68.35
\$7 Copay/20 Visits	\$26.23	\$50.90	\$38.22	\$73.91	\$23.23	\$45.06	\$33.84	\$65.45
\$7 Copay/24 Visits	\$27.67	\$53.67	\$40.31	\$77.95	\$24.49	\$47.53	\$35.69	\$69.01
\$7 Copay/30 Visits	\$29.83	\$57.86	\$43.43	\$84.00	\$26.42	\$51.22	\$38.46	\$74.37
\$7 Copay/36 Visits	\$32.29	\$62.60	\$46.98	\$90.88	\$28.59	\$55.42	\$41.60	\$80.46
\$7 Copay/40 Visits	\$33.93	\$65.76	\$49.35	\$95.46	\$30.03	\$58.23	\$43.69	\$84.52
\$5 Copay/20 Visits	\$30.44	\$59.04	\$44.32	\$85.77	\$26.96	\$52.28	\$39.24	\$75.94
\$5 Copay/24 Visits	\$32.08	\$62.24	\$46.72	\$90.41	\$28.41	\$55.11	\$41.36	\$80.05
\$5 Copay/30 Visits	\$34.57	\$67.05	\$50.30	\$97.38	\$30.60	\$59.36	\$44.54	\$86.22
\$5 Copay/36 Visits	\$37.38	\$72.50	\$54.39	\$105.29	\$33.09	\$64.19	\$48.15	\$93.23
\$5 Copay/40 Visits	\$39.25	\$76.14	\$57.11	\$110.56	\$34.75	\$67.41	\$50.56	\$97.90

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51–100 EEs)				MID-LARGE GROUP (101–199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/20 Visits	\$9.48	\$18.41	\$13.89	\$26.72	\$8.52	\$16.53	\$12.47	\$23.98
\$20 Copay/24 Visits	\$10.03	\$19.49	\$14.71	\$28.27	\$9.01	\$17.50	\$13.20	\$25.39
\$20 Copay/30 Visits	\$10.66	\$20.68	\$15.60	\$29.97	\$9.43	\$18.30	\$13.81	\$26.54
\$20 Copay/36 Visits	\$11.59	\$22.50	\$16.96	\$32.58	\$10.26	\$19.92	\$15.02	\$28.85
\$20 Copay/40 Visits	\$12.23	\$23.71	\$17.87	\$34.33	\$10.82	\$21.00	\$15.83	\$30.40
\$15 Copay/20 Visits	\$11.29	\$21.92	\$16.59	\$31.83	\$10.14	\$19.69	\$14.90	\$28.58
\$15 Copay/24 Visits	\$11.93	\$23.18	\$17.49	\$33.62	\$10.71	\$20.81	\$15.70	\$30.19
\$15 Copay/30 Visits	\$12.62	\$24.55	\$18.46	\$35.58	\$11.18	\$21.74	\$16.35	\$31.50
\$15 Copay/36 Visits	\$13.69	\$26.66	\$19.97	\$38.59	\$12.11	\$23.61	\$17.68	\$34.17
\$15 Copay/40 Visits	\$14.40	\$28.07	\$20.97	\$40.61	\$12.75	\$24.85	\$18.56	\$35.95
\$10 Copay/20 Visits	\$18.21	\$35.35	\$26.60	\$51.29	\$16.36	\$31.74	\$23.89	\$46.06
\$10 Copay/24 Visits	\$19.24	\$37.34	\$28.08	\$54.16	\$17.28	\$33.53	\$25.22	\$48.63
\$10 Copay/30 Visits	\$20.36	\$39.50	\$29.69	\$57.26	\$18.03	\$34.98	\$26.29	\$50.70
\$10 Copay/36 Visits	\$22.08	\$42.83	\$32.18	\$62.05	\$19.56	\$37.93	\$28.49	\$54.94
\$10 Copay/40 Visits	\$23.24	\$45.05	\$33.83	\$65.25	\$20.58	\$39.89	\$29.95	\$57.77
\$7 Copay/20 Visits	\$22.62	\$43.89	\$32.96	\$63.70	\$20.32	\$39.42	\$29.60	\$57.20
\$7 Copay/24 Visits	\$23.87	\$46.28	\$34.74	\$67.14	\$21.42	\$41.56	\$31.19	\$60.29
\$7 Copay/30 Visits	\$25.19	\$48.85	\$36.64	\$70.82	\$22.31	\$43.25	\$32.44	\$62.71
\$7 Copay/36 Visits	\$27.26	\$52.85	\$39.59	\$76.58	\$24.13	\$46.79	\$35.06	\$67.80
\$7 Copay/40 Visits	\$28.64	\$55.52	\$41.57	\$80.40	\$25.36	\$49.15	\$36.81	\$71.19
\$5 Copay/20 Visits	\$26.24	\$50.91	\$38.20	\$73.88	\$23.57	\$45.71	\$34.31	\$66.34
\$5 Copay/24 Visits	\$27.67	\$53.64	\$40.24	\$77.82	\$24.84	\$48.17	\$36.13	\$69.89
\$5 Copay/30 Visits	\$29.19	\$56.59	\$42.40	\$82.04	\$25.83	\$50.10	\$37.54	\$72.64
\$5 Copay/36 Visits	\$31.56	\$61.16	\$45.78	\$88.62	\$27.93	\$54.15	\$40.54	\$78.46
\$5 Copay/40 Visits	\$33.14	\$64.21	\$48.04	\$93.00	\$29.33	\$56.85	\$42.54	\$82.35

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Large Group Rates (51 – 199 Employees) EXPANDED Plan—Combined Chiropractic/Acupuncture with \$5 Copay/\$500 Annual Max. Herbal Benefit Rider Unrestricted visits

BAY AREA RATE REGION

(Alameda, Contra Costa, Marin, San Francisco, San Mateo and Santa Clara Counties)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51-100 EEs)				MID-LARGE GROUP (101-199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/20 Visits	\$11.44	\$22.22	\$16.75	\$32.23	\$10.19	\$19.78	\$14.91	\$28.69
\$20 Copay/24 Visits	\$12.09	\$23.45	\$17.67	\$34.01	\$10.76	\$20.87	\$15.72	\$30.26
\$20 Copay/30 Visits	\$13.07	\$25.30	\$19.05	\$36.67	\$11.62	\$22.52	\$16.95	\$32.62
\$20 Copay/36 Visits	\$14.18	\$27.42	\$20.64	\$39.73	\$12.62	\$24.39	\$18.36	\$35.33
\$20 Copay/40 Visits	\$14.94	\$28.84	\$21.69	\$41.76	\$13.28	\$25.64	\$19.29	\$37.13
\$15 Copay/20 Visits	\$13.55	\$26.29	\$19.88	\$38.17	\$12.05	\$23.39	\$17.69	\$33.96
\$15 Copay/24 Visits	\$14.30	\$27.76	\$20.94	\$40.26	\$12.71	\$24.68	\$18.62	\$35.80
\$15 Copay/30 Visits	\$15.44	\$29.95	\$22.53	\$43.39	\$13.72	\$26.62	\$20.02	\$38.56
\$15 Copay/36 Visits	\$16.72	\$32.46	\$24.32	\$46.96	\$14.87	\$28.84	\$21.61	\$41.72
\$15 Copay/40 Visits	\$17.59	\$34.13	\$25.52	\$49.34	\$15.63	\$30.33	\$22.67	\$43.84
\$10 Copay/20 Visits	\$21.58	\$41.87	\$31.50	\$60.78	\$19.16	\$37.18	\$27.97	\$53.97
\$10 Copay/24 Visits	\$22.77	\$44.17	\$33.22	\$64.10	\$20.21	\$39.21	\$29.48	\$56.90
\$10 Copay/30 Visits	\$24.57	\$47.61	\$35.79	\$69.08	\$21.81	\$42.26	\$31.77	\$61.31
\$10 Copay/36 Visits	\$26.62	\$51.54	\$38.73	\$74.74	\$23.62	\$45.74	\$34.36	\$66.33
\$10 Copay/40 Visits	\$27.97	\$54.15	\$40.68	\$78.53	\$24.83	\$48.06	\$36.10	\$69.68
\$7 Copay/20 Visits	\$26.71	\$51.81	\$38.91	\$75.24	\$23.69	\$45.98	\$34.53	\$66.78
\$7 Copay/24 Visits	\$28.14	\$54.59	\$41.00	\$79.28	\$24.97	\$48.44	\$36.38	\$70.35
\$7 Copay/30 Visits	\$30.30	\$58.77	\$44.12	\$85.33	\$26.88	\$52.14	\$39.15	\$75.70
\$7 Copay/36 Visits	\$32.75	\$63.51	\$47.66	\$92.21	\$29.07	\$56.34	\$42.29	\$81.80
\$7 Copay/40 Visits	\$34.39	\$66.67	\$50.03	\$96.79	\$30.51	\$59.14	\$44.38	\$85.85
\$5 Copay/20 Visits	\$30.90	\$59.96	\$45.01	\$87.10	\$27.42	\$53.20	\$39.93	\$77.27
\$5 Copay/24 Visits	\$32.56	\$63.16	\$47.40	\$91.74	\$28.88	\$56.02	\$42.05	\$81.38
\$5 Copay/30 Visits	\$35.04	\$67.96	\$50.99	\$98.71	\$31.08	\$60.28	\$45.23	\$87.55
\$5 Copay/36 Visits	\$37.84	\$73.41	\$55.08	\$106.62	\$33.56	\$65.10	\$48.84	\$94.56
\$5 Copay/40 Visits	\$39.72	\$77.05	\$57.79	\$111.89	\$35.23	\$68.33	\$51.25	\$99.23

CALIFORNIA RATE REGION

(All California Counties except Bay Area Region)

BENEFIT PLANS (Single-Option Rates Effective 7/1/2018)	SMALL-LARGE GROUP (51-100 EEs)				MID-LARGE GROUP (101-199 EEs)			
	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee (EE)	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$20 Copay/20 Visits	\$9.95	\$19.32	\$14.58	\$28.05	\$8.99	\$17.44	\$13.16	\$25.31
\$20 Copay/24 Visits	\$10.51	\$20.40	\$15.39	\$29.60	\$9.48	\$18.42	\$13.88	\$26.72
\$20 Copay/30 Visits	\$11.13	\$21.59	\$16.29	\$31.30	\$9.91	\$19.22	\$14.50	\$27.87
\$20 Copay/36 Visits	\$12.06	\$23.41	\$17.65	\$33.91	\$10.73	\$20.83	\$15.70	\$30.18
\$20 Copay/40 Visits	\$12.69	\$24.63	\$18.55	\$35.66	\$11.29	\$21.91	\$16.52	\$31.73
\$15 Copay/20 Visits	\$11.76	\$22.84	\$17.27	\$33.17	\$10.61	\$20.60	\$15.59	\$29.91
\$15 Copay/24 Visits	\$12.39	\$24.10	\$18.18	\$34.95	\$11.19	\$21.73	\$16.39	\$31.52
\$15 Copay/30 Visits	\$13.09	\$25.47	\$19.15	\$36.91	\$11.64	\$22.65	\$17.04	\$32.83
\$15 Copay/36 Visits	\$14.16	\$27.57	\$20.65	\$39.93	\$12.59	\$24.52	\$18.37	\$35.51
\$15 Copay/40 Visits	\$14.87	\$28.98	\$21.65	\$41.94	\$13.21	\$25.76	\$19.25	\$37.28
\$10 Copay/20 Visits	\$18.68	\$36.26	\$27.29	\$52.62	\$16.83	\$32.66	\$24.58	\$47.39
\$10 Copay/24 Visits	\$19.71	\$38.25	\$28.77	\$55.49	\$17.75	\$34.44	\$25.91	\$49.96
\$10 Copay/30 Visits	\$20.84	\$40.41	\$30.38	\$58.59	\$18.50	\$35.89	\$26.98	\$52.03
\$10 Copay/36 Visits	\$22.56	\$43.74	\$32.86	\$63.38	\$20.03	\$38.84	\$29.17	\$56.27
\$10 Copay/40 Visits	\$23.71	\$45.97	\$34.52	\$66.58	\$21.05	\$40.81	\$30.64	\$59.10
\$7 Copay/20 Visits	\$23.09	\$44.80	\$33.64	\$65.03	\$20.80	\$40.33	\$30.28	\$58.53
\$7 Copay/24 Visits	\$24.34	\$47.20	\$35.42	\$68.47	\$21.90	\$42.47	\$31.88	\$61.62
\$7 Copay/30 Visits	\$25.67	\$49.76	\$37.33	\$72.16	\$22.78	\$44.17	\$33.12	\$64.04
\$7 Copay/36 Visits	\$27.74	\$53.77	\$40.28	\$77.91	\$24.61	\$47.70	\$35.74	\$69.13
\$7 Copay/40 Visits	\$29.12	\$56.43	\$42.26	\$81.73	\$25.82	\$50.07	\$37.49	\$72.52
\$5 Copay/20 Visits	\$26.72	\$51.82	\$38.89	\$75.21	\$24.04	\$46.62	\$35.00	\$67.67
\$5 Copay/24 Visits	\$28.14	\$54.56	\$40.92	\$79.15	\$25.32	\$49.09	\$36.82	\$71.22
\$5 Copay/30 Visits	\$29.66	\$57.50	\$43.09	\$83.37	\$26.31	\$51.01	\$38.23	\$73.98
\$5 Copay/36 Visits	\$32.03	\$62.08	\$46.47	\$89.95	\$28.41	\$55.07	\$41.23	\$79.79
\$5 Copay/40 Visits	\$33.60	\$65.12	\$48.72	\$94.33	\$29.80	\$57.76	\$43.22	\$83.68

Note: Rates show are for a Single-Option plan, for a Dual-Option plan multiply the above rates by 1.1; all underwriting guidelines must be met for either a Single-Option offer or a Dual-Option offer.

Contact Us

Through employers like you, Landmark Healthplan makes high quality, fully credentialed chiropractors and acupuncturists available to Californians at affordable rates.

We're looking forward to helping you offer your employees the best and largest network of alternative healthcare coverage available in the State of California. For questions, quotes, guidance, and consultation, please call us at (800) 298-4875.

Select one of the options below for the assistance you need:

⇒ **Option 1: If You Know Your Party's Extension**

If you know the extension of the person you are trying to reach

⇒ **Option 2: Member Services**

Member Services, Claims Inquiries, Benefits and Eligibility, Website Assistance

⇒ **Option 3: Provider Services**

Provider Services, Locate a Provider, Nominate a Provider to our Network

⇒ **Option 4: Billing & Enrollment (Group Services)**

Enrollment, Billing and Broker Commissions, Premium Billing Processing, Account Updates and Inquiries, Electronic Eligibility Updates, Eligibility Verification, Enrollment Status Changes, COBRA and HIPAA Inquiries, Schedule A Requests (Form 5500), Tax ID Request

⇒ **Option 5: Sales**

Sales/Broker Services, Large and Small Group Quotes/Rates, General Agent Support, New Sales and Products, Strategic Planning and Development, New Accounts and Benefit Designs, New Broker Agreements

⇒ **Option 6: Renewals**

Renewals/Employer Group Services, Group Renewals and Amendments, Benefit Changes, SOBs/Custom Benefit Summaries, EOC/Disclosure Forms, Broker of Record Changes, Enrollment Packets and Materials, Open Enrollment Participation

Phone: **(800) 298-4875**

Fax: **(916) 307-5250**

Mailing Address: **P. O. Box 130028, Sacramento, CA 95853**

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