

Group Medical Bridge for REEP Riverside Employer/Employee Program for Benefits

Monthly Rates

Plan 1 - Fits ALL Plans				Plan 2 (NO H S A)				
	P1L2	P1L6	P1L6wSD	P2L1O1	P2L2O1	P2L6O1	P2L6O3	P2L6O3wSD
CY Hospital Confinement	\$1,000.00	\$3,000.00	\$3,000.00	\$500.00	\$1,000.00	\$3,000.00	\$3,000.00	\$3,000.00
<i>Health Screening Benefit</i>	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
Cervical Cancer Screening	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00
Mammography	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
Outpatient Surgery Tier1	n/a	n/a	n/a	\$500.00	\$500.00	\$500.00	\$1,000.00	\$1,000.00
Outpatient Surgery Tier2	n/a	n/a	n/a	\$1,000.00	\$1,000.00	\$1,000.00	\$2,000.00	\$2,000.00
Outpatient Surgery CY Max	n/a	n/a	n/a	\$1,500.00	\$1,500.00	\$1,500.00	\$3,000.00	\$3,000.00
Subsequent Day Hosp	n/a	n/a	\$500.00	n/a	n/a	n/a	n/a	\$500.00
Subsequent Day CY Max	n/a	n/a	\$5,000.00	n/a	n/a	n/a	n/a	\$5,000.00
Named Insured	\$17.53	\$43.00	\$70.71	\$18.84	\$24.98	\$50.34	\$57.68	\$85.39
Insured + Spouse	\$32.78	\$83.71	\$138.57	\$35.35	\$47.68	\$98.39	\$113.07	\$167.93
Insured + Dependants	\$22.15	\$56.84	\$93.40	\$26.02	\$34.38	\$68.92	\$81.01	\$117.57
Family	\$37.39	\$97.56	\$161.28	\$42.54	\$57.07	\$116.98	\$136.39	\$200.11

Hospital Confinement is per person on plan once per calendar year.

Wellness benefits are per person on plan once per calendar year.

Outpatient Surgery benefits are per person on plan with calendar year max.

Subsequent Day Hospital Confinement is per person 2nd Day to a calendar year max of 10 Days