

Sierra Health & Life Insurance Company, Inc.

SHL - PPO

Co-insurance Grid

	CALENDAR YEAR MAXIMUM	CALENDAR YEAR DEDUCTIBLES <i>Waived for Type I Services</i>	TYPE I SERVICES <i>Deductible Waived for Diagnostic & Preventative</i>	TYPE II SERVICES <i>Deductible Applied for all Basic</i>	TYPE III SERVICES <i>Deductible Applied for all Major (12 month wait)</i>
DLV P0900	\$1000	In-plan & Non-plan - \$25 Per Insured / \$75 Per Family	0% of PPO allowable	20% of PPO allowable	50% of PPO allowable
DLV P1300	\$2000	In-plan & Non-plan - \$50 Per Insured / \$150 Per Family	0% of PPO allowable	20% of PPO allowable	50% of PPO allowable
DLV P130L	\$2000	In-plan & Non-plan - \$50 Per Insured / \$150 Per Family	0% of PPO allowable	20% of PPO allowable	50% of PPO allowable
DLV P1400	\$1000	In-plan & Non-plan - \$50 Per Insured / \$150 Per Family	0% of PPO allowable	20% of PPO allowable	50% of PPO allowable
DLV P2200	\$2000	In-plan & Non-plan - \$50 Per Insured / \$150 Per Family	0% of PPO allowable	20% of PPO allowable	50% of PPO allowable
DLV PP100	\$1500	In-Plan & Non-Plan - \$50 Per Insured / \$150 Per Family	0% of PPO allowable	20% of PPO allowable	50% of PPO allowable
DLV PP300 DLV PP303	\$1500	In-plan & Non-plan - \$50 per insured, \$150 per family	0% of PPO allowable	20% of PPO allowable	50% of PPO allowable
DLV PP400	\$1500	In-plan & Non-plan \$50 per insured, \$150 per family	20% of PPO allowable	20% of PPO allowable	50% of PPO allowable
DLV PP500	\$1500	In-plan & Non-plan \$100 per insured, \$300 per family	40% of PPO allowable	40% of PPO allowable	50% of PPO allowable
DLV PP270 D5INSADO	\$1500	In-Plan & Non-plan \$50 per insured, max of 3 per family	0% of PPO allowable	20% of PPO allowable	50% of PPO allowable