

Proposal Summary for CORTECH LLC
Comprehensive Medical Insurance

JC-001		
Comprehensive Medical with a PPO - 10008 - PRIVATE HEALTHCARE SYSTEMS INC		
Option 739	PPO Providers	Non-PPO Providers
Calendar Year Deductible		
Individual	\$1,000	
Family	\$3,000	
Coinsurance		
Paid by Insurance	80%	60%
Paid by Individual	20%	40%
Coinsurance applies after any required copays and deductibles are paid.		
Out-of-Pocket Expense Limit		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
The amount insureds pay annually in calendar year deductibles and coinsurance count toward the out-of-pocket expense limit.		
Copays		
Physician Visits	\$20, then insurance pays 100% of covered charges.	Not applicable. Calendar year deductible and 30% coinsurance apply.
Hospital Admissions	Not applicable. Calendar year deductible and coinsurance apply.	\$500, followed by calendar year deductible and coinsurance.
Maximums		
Lifetime Maximum Benefit	\$5,000,000	
Other Benefit Maximums	Some treatments and services have benefit maximums.	
Pregnancy Coverage	Full Maternity applies	
Prevailing Charge Percentile	Principal Life screens covered charges for non-PPO providers at 75% of comparable charges, including non-PPO anesthesiologist, radiologist and pathologist services when performed at a PPO facility.	
Optional Mental Health and Behavioral Treatment Services Coverage	Not Included	

Note: Additional benefit design options are available. Please contact your marketing sales representative for more information. This is a preliminary proposal but not an invitation to contract. Do not make your final buying decision until the full proposal (Part B) is received.



Proposal Summary for CORTECH LLC
Prescription Drugs Expense Insurance

JC-001	
Option #91	
Prescription Drugs Copay	For each prescription or refill filled at a pharmacy (up to a 30-day supply), the insured pays: <ul style="list-style-type: none"> • \$10 for generic drugs • \$25 for preferred brand name drugs • \$40 for non-preferred brand name drugs For certain maintenance drugs, the insured pays three copays for a 90-day supply for each prescription and refill.
Mail Order Maintenance Drug Copay	The insured pays two prescription drug copays for a 90-day supply for each maintenance drug prescription or refill filled through AdvancePCS by mail.

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