

Principal: Qualified Health Plans

Health Plan Name	Principal Classic PPO with RX – Option #1201
O-EPIC Health Plan ID	H01064
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1202
O-EPIC Health Plan ID	H01065
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1203
O-EPIC Health Plan ID	H01066
Individual Annual Deductible (in-network)	\$250

Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1204
O-EPIC Health Plan ID	H01067
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1206
O-EPIC Health Plan ID	H01069
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100

	Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic PPO with RX – Option #1209
O-EPIC Health Plan ID	H01072
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1210
O-EPIC Health Plan ID	H01073
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1211
O-EPIC Health Plan ID	H01074
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1212
O-EPIC Health Plan ID	H01075
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1214
O-EPIC Health Plan ID	H01077
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000

Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1216
O-EPIC Health Plan ID	H01079
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1218
O-EPIC Health Plan ID	H01081
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	N/A
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100

	Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic PPO with RX – Option #1221
O-EPIC Health Plan ID	H01084
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1222
O-EPIC Health Plan ID	H01085
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option
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	#1224
O-EPIC Health Plan ID	H01086
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1225
O-EPIC Health Plan ID	H01087
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1226
O-EPIC Health Plan ID	H01088
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100

	Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic PPO with RX – Option #1227
O-EPIC Health Plan ID	H01089
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1230
O-EPIC Health Plan ID	H01090
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

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Health Plan Name	Principal Classic PPO with RX – Option #1231
O-EPIC Health Plan ID	H01091
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1232
O-EPIC Health Plan ID	H01092
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1233
O-EPIC Health Plan ID	H01093
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket	\$3,000

Maximum (in-network)	
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1239
O-EPIC Health Plan ID	H01097
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	N/A
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1242
O-EPIC Health Plan ID	H01098
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100

	Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic PPO with RX – Option #1245
O-EPIC Health Plan ID	H01099
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$40
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1248
O-EPIC Health Plan ID	H01100
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	N/A
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1269
O-EPIC Health Plan ID	H01103
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	N/A
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1270
O-EPIC Health Plan ID	H01104
Individual Annual Deductible (in-network)	\$2,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	N/A
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1271
O-EPIC Health Plan ID	H01105
Individual Annual Deductible (in-network)	\$3,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	N/A
Pharmacy	Option 171 \$10/25/40/100

	Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic Plus PPO with RX – Option #1701
O-EPIC Health Plan ID	H01106
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,000
Office Visit Copay	\$10
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1703
O-EPIC Health Plan ID	H01107
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$10
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100

	Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic Plus PPO with RX – Option #1707
O-EPIC Health Plan ID	H01108
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,000
Office Visit Copay	\$10
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1709
O-EPIC Health Plan ID	H01109
Individual Annual Deductible (in-network)	\$250
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,0 00
Office Visit Copay	\$10
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1715
O-EPIC Health Plan ID	H01110
Individual Annual Deductible (in-network)	\$500

Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$15
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1717
O-EPIC Health Plan ID	H01111
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	\$15
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1721
O-EPIC Health Plan ID	H01112
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$15
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100

	Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic Plus PPO with RX – Option #1723
O-EPIC Health Plan ID	H01113
Individual Annual Deductible (in-network)	\$500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	\$15
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1729
O-EPIC Health Plan ID	H01114
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$15
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX –
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	Option #1731
O-EPIC Health Plan ID	H01115
Individual Annual Deductible (in-network)	\$750
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	\$15
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1737
O-EPIC Health Plan ID	H01116
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1739
O-EPIC Health Plan ID	H01117
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	\$20
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100

	Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic Plus PPO with RX – Option #1745
O-EPIC Health Plan ID	H01118
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	\$25
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1274
O-EPIC Health Plan ID	H01168
Individual Annual Deductible (in-network)	\$1,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,000
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

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Health Plan Name	Principal Classic PPO with RX – Option #1284
O-EPIC Health Plan ID	H01169
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #1290
O-EPIC Health Plan ID	H01170
Individual Annual Deductible (in-network)	\$2,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,500
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1752
O-EPIC Health Plan ID	H01174
Individual Annual Deductible (in-network)	\$2,500
Individual Annual Out-of-Pocket	\$2,500

Maximum (in-network)	
Office Visit Copay	\$25
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic Plus PPO with RX – Option #1748
O-EPIC Health Plan ID	H01477
Individual Annual Deductible (in-network)	\$1,500
Individual Annual Out-of-Pocket Maximum (in-network)	\$1,500
Office Visit Copay	\$25
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #2260
O-EPIC Health Plan ID	H01478
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100

	Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100
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Health Plan Name	Principal Classic PPO with RX – Option #2257
O-EPIC Health Plan ID	H01479
Individual Annual Deductible (in-network)	\$2,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$2,000
Office Visit Copay	\$N/A
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

Health Plan Name	Principal Classic PPO with RX – Option #2278
O-EPIC Health Plan ID	H01480
Individual Annual Deductible (in-network)	\$3,000
Individual Annual Out-of-Pocket Maximum (in-network)	\$3,000
Office Visit Copay	\$30
Pharmacy	Option 171 \$10/25/40/100 Option 201 \$5/40/80/100 Option 204 \$10/30/50/100 Option 205 \$10/30/60/100 Option 206 \$10/35/60/100 Option 207 \$10/35/65/100 Option 208 \$10/35/75/100 Option 209 \$15/35/50/100 Option 210 \$15/35/60/100 Option 211 \$15/35/70/100 Option 212 \$15/45/80/100

