

# Plan Code and Coverage Level Descriptions

## Plan Code Descriptions

The first three characters in the code represent the type of plan. PPO is Standard PPO, PRP is Premier PPO, PPL is PPO Limited, HSA is Health Savings for State, Higher Ed, and Offline entities, HSI is Health Savings for Local Ed and Local Gov entities. The next two characters represent the carrier. These are listed in alphabetical order so V1 is BlueCross BlueShield, V2 is Cigna Open Access, and V3 is Cigna LocalPlus. The final character represents the region. E is East, M is Middle, W is West, and S is Statewide.

Plan Code	Description	Groups
PPLV1E	Limited PPO BCBS East	Local Ed and Local Gov
PPLV1M	Limited PPO BCBS Middle	Local Ed and Local Gov
PPLV1W	Limited PPO BCBS West	Local Ed and Local Gov
PPLV3E	Limited PPO Cigna LP East	Local Ed and Local Gov
PPLV3M	Limited PPO Cigna LP Middle	Local Ed and Local Gov
PPLV3W	Limited PPO Cigna LP West	Local Ed and Local Gov
PPLV2S	Limited PPO Cigna OAP	Local Ed and Local Gov
PPOV1E	Standard PPO BCBS East	All
PPOV1M	Standard PPO BCBS Middle	All
PPOV1W	Standard PPO BCBS West	All
PPOV3E	Standard PPO Cigna LP East	All
PPOV3M	Standard PPO Cigna LP Middle	All
PPOV3W	Standard PPO Cigna LP West	All
PPOV2S	Standard PPO Cigna OAP	All
HSAV1E	CDHP/HSA BCBS East	State, Higher Ed, and Offlines
HSAV1M	CDHP/HSA BCBS Middle	State, Higher Ed, and Offlines
HSAV1W	CDHP/HSA BCBS West	State, Higher Ed, and Offlines
HSAV3E	CDHP/HSA Cigna LP East	State, Higher Ed, and Offlines
HSAV3M	CDHP/HSA Cigna LP Middle	State, Higher Ed, and Offlines
HSAV3W	CDHP/HSA Cigna LP West	State, Higher Ed, and Offlines
HSAV2S	CDHP/HSA Cigna OAP	State, Higher Ed, and Offlines
HSIV1E	Local CDHP BCBS East	Local Ed and Local Gov
HSIV1M	Local CDHP BCBS Middle	Local Ed and Local Gov
HSIV1W	Local CDHP BCBS West	Local Ed and Local Gov
HSIV3E	Local CDHP Cigna LP East	Local Ed and Local Gov
HSIV3M	Local CDHP Cigna LP Middle	Local Ed and Local Gov
HSIV3W	Local CDHP Cigna LP West	Local Ed and Local Gov
HSIV2S	Local CDHP Cigna OAP	Local Ed and Local Gov
PRPV1E	Premier PPO BCBS East	All
PRPV1M	Premier PPO BCBS Middle	All

PRPV1W	Premier PPO BCBS West	All
PRPV3E	Premier PPO Cigna LP East	All
PRPV3M	Premier PPO Cigna LP Middle	All
PRPV3W	Premier PPO Cigna LP West	All
PRPV2S	Premier Cigna OAP	All

## Dental

PPDN	Cigna Prepaid Dental	All
PDON	MetLife DPPO	All

## Vision

VISBAS	Vision Basic Plan	All
VISEXP	Vision Expanded Plan	All

### Coverage Level Descriptions

A is Single coverage

B is Family (Employee + Spouse + Child(ren))

C is Employee + Spouse

D is Employee + Child(ren)

### Additional Coverage Levels for Retirement Coverage

E is Spouse-only coverage

F is Two or more children only

I is One child only

K is Spouse + Child(ren) only