January 1, 2016 thru December 31, 2016 Catherine Sbarra 847-668-9684 NPP(RhiaCross RhiaShiald NHHB106 RluaCross RluaShiald NPP43323 *All plans include Routine Eye Exam for **Pool Option HDHP Pool Option Pool Option Pool Option Pool Option HMO Option PPO Option** Children Plan Type PPO CHOICE FUND \$0 **PPO CHOICE FUND \$500** PPO \$1000 Deductible PPO \$1500 Deductible PPO \$2000 Deductible PPO Blue Ed Blue Advantage HMO PPO Network Out-of-Network **Benefit Highlights** In-Network **In-Network Out-of-Network Out-of-Network Out-of-Network** In-Network **In-Network** In-Network **In-Network** In-Network **In-Network** Lifetime Maximum Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlin Deductible \$0 \$3,000 \$500 \$3,000 \$1,000 \$3,000 \$1,500 \$3,000 \$2,000 \$6,000 N/A \$250 \$500 \$2,500 \$0 \$6,000 \$1,000 \$6,000 \$2,000 \$6,000 \$3,000 \$6,000 \$4,000 \$12,000 N/A \$750 \$1,500 \$7,500 Family 80% 80% 80% 100% 80% Coinsurance 60% 80% 60% 80% 60% 60% 60% 60% 90% **Maximum Out-of-Pocket** \$6,000 \$2,000 \$6,000 \$3,000 \$6,000 \$12,000 \$1,250 \$2,500 Individual \$1,500 \$2,500 \$6,000 \$5,000 \$1,500 Family \$3,000 \$12,000 \$4,000 \$12,000 \$5,000 \$12,000 \$6,000 \$12,000 \$10,000 \$24,000 \$3,000 \$3,750 \$7,500 **Office Visits** 60% after 60% after ded 60% after ded **Primary** \$25 \$25 60% after deduct. \$25 \$25 60% after deduct. \$40 \$20 \$20 60% after deduct. \$30 deduct 60% after 60% after ded Specialist \$45 \$45 60% after deduct. \$45 \$45 60% after deduct. \$60 60% after ded \$40 \$40 60% after deduct. \$50 deduct 60% after Preventative Care 100% 100% 60% after deduct. 100% 100% 100% 100% 100% 100% 60% after ded 60% after deduct. 60% after ded 60% after deduct. deduct 60% after \$300 90% after 60% after \$500 Copay/Ded 60% after ded 60% after ded Hospital Services 80% 80% after deduct. 60% after deduct. 80% after ded 80% after deduct. 60% after deduct. 100% 80% after deduct. inpatient & plan deduct deduct. deduct. 80% after ded 60% after deduct **Ambulance** 80% after ded 60% after ded 80% after ded 60% after ded 80% after ded 60% after deduct 80% after ded 60% after deduct **ER Same ER Same ER Same ER Same ER Same** \$200 ER Copay \$200 ER coapy \$300 ER Copay **Emergency Room /** \$200 ER Copay \$200 ER Copay 100% after Urgent care 60% **Urgent care** Urgent care 60% Urgent care 60% Jrgent care 60% \$150 copay \$150 copay \$150 copay **Urgent Care** \$60 UC Copay \$60 UC Copay \$60 UC Copay UC \$60 copay \$60 UC copay deduct. 60% after ded after ded after ded after ded after ded **Participating Pharmacies Participating Pharmacies Prescription Drugs Participating Pharmacies Participating Pharmacies Participating Pharmacies Participating Pharmacies Participating Pharmacies** Participating Generic \$10 copay \$10 copay \$10 copay \$10 copay \$10 copay \$10 copay \$15 copay \$10 c \$40 c **Preferred Brand** \$30 copay \$30 copay \$30 copay \$30 copay \$40 copay \$40 copay \$30 copay Non-Preferred Brand \$60 c \$60 copay \$60 copay \$60 copay \$60 copay \$70 copay \$60 copay \$50 copay Mail Order \$25/ \$75/ \$150 \$25/ \$75/ \$150 \$25/ \$75/ \$150 \$25/ \$75/ \$150 \$25/ \$100/ \$175 2 co 2 copays 2 copays **Specialty Drugs** \$100 \$100 \$100 \$100 25% up to \$300 per script Rates PPO PPO PPO PPO PPO НМО PPO HD Option Option Option Option Option Option Option Opt \$712.00 \$664.00 \$615.00 \$573.00 \$530.00 \$501.71 \$586.88 \$494 Employee Employee + Spouse \$1,392.00 \$1,296.00 \$1,199.00 \$1,114.00 \$1,023.00 \$1,048.57 \$1,194.76 \$1,00 Employee + Child(ren) \$1,169.00 \$1,072.00 \$977.00 \$890.00 \$799.00 \$996.11 \$1,206.93 \$1,01 Family \$1,465.00 \$1,369.00 \$1,273.00 \$1,181.00 \$1,090.00 \$1,542.95 \$1,814.84 \$1,52 **TOTALS** \$0.00 \$0.00 \$0. Combined Renewal Option \$0.00 \$0.00

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RlugShigld 2326	RluaCross RluaShiald NHHB10C	RIUACTOSS NPP	RlugShigld 43323	Rlug@ross NPS(RluaShiald C1807	RluaCross NPS(RhiaShiald C1807	CI	CNA	No HR	A Funding	CIC	SNV	No HRA	ENA Funding
Option ge H.S.A	HMO Option HMO		enewal PO		Renewal Ige H.S.A		and Alone ge H.S.A		Option PO		P Option IDHP		Option PO		Option OHP
0	Blue Advantage HMO	PI	PO	P	PO	Pi	PO	Open Ad	cess Plus	Open A	ccess plus	Open Ac	cess Plus	Open Ac	cess plus
Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Netwo
nited	Unlimited	Unli	mited		mited		mited	Unli	mited		limited	Unli	mited		mited
A5 000	N/A	0050	\$500		/Aggregate		/Aggregate	\$050	0500		MBINED	* 252	A500	COME	
\$5,000 \$15,000	N/A N/A	\$250 \$750	\$500 \$1,500	-	,500	•	500 000	\$250 \$750	\$500 \$1,500	\$2,500 \$5,000	\$2,500 \$5,000	\$250 \$500	\$500 \$1,500	\$2,500 \$5,000	\$2,500 \$5,000
70%	100%	80%	60%	100%	80%	100%	80%	90%	70%	100%	80%	80%	60%	100%	80%
	\$1,500	\$1,250	\$2,500		,000		000	\$1,250	\$2,500	\$5,000	\$5,000	\$1,250	\$2,500	\$5,000	\$5,000
	\$3,000	\$3,750	\$7,500	\$10	0,000	\$10	,000 I	\$3,750	\$7,500	\$10,000	\$10,000	\$2,500	\$5,000	\$10,000	\$10,000
70% after deduct.	\$20	\$20	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$20	70% after deduct.	100% after deduct.	80% after deduct.	\$20	60% after deduct.	100% after deduct.	80% after deduct.
70% after deduct.	\$40	\$40	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$40	70% after deduct.	100% after deduct.	80% after deduct.	\$40	60% after deduct.	100% after deduct.	80% after deduct.
80% after deduct.	100%	100%	60% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%	70% after deduct.	100%	80% after deduct.	100%	60% after deduct.	100%	80% after deduct.
60% after \$300 inpatient & plan deduct.	100%	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	100% after deduct.	80% after deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after deduct.
100% after deduct	\$150 copay	\$150 copay	\$150 copay	100% after deduct.	100% after deduct	100% after deduct.	100% after deduct	\$150/\$50 copay	70% after deduct.	100% after deduct.	100% after deduct	\$150/\$50 copay	\$150/\$50 copay	100% after deduct.	100% after deduct
Pharmacies	Participating Pharmacies	Participating	g Pharmacies	Participatino	g Pharmacies	Participating	g Pharmacies	Participatin	g Pharmacies	Participatir	ng Pharmacies	Participating	g Pharmacies	Participatino	g Pharmacies
орау	\$8 copay		copay		er deduct.	100% aft			сорау		fter deduct.		сорау		er deduct.
opay	\$35 copay		copay		er deduct.		er deduct.		copay		fter deduct.		copay		er deduct.
opay oays	\$75 copay/\$150 copay 2 copays		pays		er deduct. er deduct.		er deduct. er deduct.		copay copays		fter deduct. fter deduct.		copay opays		er deduct. er deduct.
lays	2 copays	2 00	pays	100 /0 a10	er deddct.	100 /0 a10	er deduct.	2.5 (Jopays	100 /0 a1	liter deddct.] 200	pays	100 /0 a10	er deddct.
I P	НМО	PF	20	HC	OHP	HC)HP	Optio	n PPO	Optio	on HDHP	Optio	n PPO	Optio	n HDHP
on	Option	Ren	ewal	Ren	newal			Assumes	HMO & PPO			Assumes I	HMO & PPO		
42	\$489.42		6.82		2.96		2.96		37.97		83.04		7.34		7.21
6.55	\$1,022.86	\$1,31			09.37	\$1,00			234.73		014.39		70.38		31.11
6.80 8.93	\$971.68 \$1,505.13	\$1,24 \$1,93	14.49 27.69		8.87 85.28	\$95 \$1,48			58.29 05.06		51.59 482.95		97.94 11.00		0.39 34.30
	ψ1,503.13	Ψ1,92		Ψ1, 4 0	33.20	Ψ1,40		Ψ1,0		Ψ1,		Ψ1,7		Ψ1,44	
00				\$0	.00	\$0	.00			\$	0.00			\$0	.00
00	\$0.00		.00	\$0	.00	\$0	.00	\$0	0.00		0.00	\$0	0.00		.00
			enewal Option						Combined				Combined		
		\$0	.00			\$0.	.00		\$0.0	00			\$0.0	00	
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PPO (Option	PPO	Option	PPO	Option	PPO	Option	HDHP	Option	HDHP	Option	HDHF	Option	HDHP	Option	HMO Option
PF			PO		PO	-	PO		HP		OHP		DHP		OHP	НМО
Open Acc	cess plus	Open Ac	cess plus	Open Ac	cess plus	Open Ac	cess plus	Open Ac	cess plus	Open Ac	cess plus	Open A	ccess plus	Open Ac	cess plus	Navigate
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Unlin			mited		mited		mited		mited		mited		imited		mited	Unlimited
COMBINED or			r Embedded ?		r Embedded ?		r Embedded ?		r Embedded ?		er Embedded ?		IBINED		BINED	NI/A
\$250 \$500	\$500 \$1,000	\$250 \$500	\$500 \$1,000	\$250 \$500	\$500 \$1,500	\$250 \$500	\$500 \$1,500	\$1,500 \$3,000	\$3,000 \$6,000	\$1,500 \$3,000	\$3,000 \$6,000	\$2,500 \$5,000	\$5,000 \$10,000	\$2,500 \$5,000	\$2,500 \$5,000	N/A N/A
80%	60%	80%	60%	90%	70%	90%	70%	80%	60%	80%	60%	100%	80%	100%	80%	100%
\$1,250	\$2,500	\$1,250	\$2,500	\$1,250	\$2,500	\$1,250	\$2,500	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$1,500
\$2,500 Need CIGN	\$5,000 A to Match	\$2,500	\$5,000	\$3,750	\$7,500	\$3,750	\$7,500	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	\$10,000	\$10,000	\$3,000
\$20	60% after deduct.	\$20	60% after deduct.	\$20	70% after deduct.	\$20	70% after deduct.	\$20	60% after deduct.	\$20	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$20
\$40	60% after	¢40	60% after	\$40	70% after	\$40	70% after	\$40	60% after	\$40	60% after	100% after	80% after	100% after	80% after	\$40
\$40	deduct.	\$40	deduct.	\$40	deduct.	\$40	deduct.	\$40	deduct.	\$40	deduct.	deduct.	deduct.	deduct.	deduct.	\$40
100%	60% after deduct.	100%	60% after deduct.	100%	70% after deduct.	100%	7\0% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%
80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100%
\$150/\$50	60% after deduct.	\$150/\$50	60% after deduct.	\$150/\$50	70% after deduct.	\$150/\$50	70% after deduct.	\$150/\$50	60% after deduct.	\$150/\$50	60% after deduct.	100% after deduct.	100% after deduct	100% after deduct.	100% after deduct	\$200 copay/\$50 copay
Participating	Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participatin	g Pharmacies	Participating	g Pharmacies	Participating Pharmacie
	opay		сорау		сорау		сорау		сорау		сорау		ter deduct.		er deduct.	\$10 copay
	copay		copay copay		copay copay		copay		copay copay		copay copay		ter deduct. ter deduct.		er deduct. er deduct.	\$35 copay \$60 copay
2 cor			pays		pays		pays		pays		pays		ter deduct.		er deduct.	2.5 copays
Optio	n PPO	Optio	on PPO	Optio	on PPO	Optio	n PPO	Optio	n HDHP	Optio	n HDHP	Optio	on HDHP	Optio	n HDHP	Option HMO
\$542	2.33	\$53	4.23	\$55	0.27	\$54	2.05	\$51	7.73	\$49	2.84	\$58	39.70	\$44	4.49	\$530.92
\$1,13			21.86		55.51		38.26	\$1,08			34.97		238.36		3.41	\$1,113.70
\$1,06			52.42	-	83.98	· · · · · · · · · · · · · · · · · · ·	67.80	\$1,0°			0.89		61.71		5.63	\$1,046.51
\$1,66	64.91	\$1,64	40.07	\$1,68	89.28	\$1,6	64.05	\$1,58	39.46	\$1,5	13.03	\$1,8	310.37	\$1,3	64.56	\$1,629.27
\$0 .	00	\$0	0.00	\$0	.00		.00	\$0	.00		0.00	<u>.\$</u>	0.00	\$0	.00	
	00		0.00		.00		.00		.00		0.00		0.00		.00	\$0.00
\$0.	00	\$0	.00	\$0.	.00	\$0	.00	\$0	.00	\$0	.00	\$0	0.00	\$0	.00	
\$0.	00	\$0	.00	\$0.	.00	\$0	.00	\$0.	.00	\$0	.00	\$0	0.00	\$0	.00	
Gate K	Keeper	Gate	Keeper	Gate I	Keeper	Gate	Keeper	Gate	Keeper	Gate	Keeper	Gate	Keeper	Gate	Keeper	T

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HealthCare Reform Benefit Solutions, Inc.

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	Option		Option	HDHP		HDHP	Option		Option		Option	HMO Option		Option	HDHF
PP		PF		HD		HD			P-H.S.A		PO	НМО		PPO	Н
Choice		Choice		Open Acc	•	Open Acc	•		e Plus		e Plus	HMO Select		CE POS	CHOI
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network
Unlin	nited	Unlin	nited	Unlin	nited	Unlin	nited		mited edded	Unlir	mited	Unlimited	Unl	imited	Unli Emb
\$250	\$500	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$2,500	\$2,500	\$250	\$500	N/A	\$250	\$500	\$2,500
\$750	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$5,000	\$750	\$1,500	N/A	\$750	\$1,500	\$5,000
80%	60%	80%	60%	80%	60%	80%	60%	100%	80%	80%	60%	100%	80%	60%	100%
\$1,250	\$2,500	\$5,000	\$11,000	\$2,500	\$5,000	\$3,000	\$6,000	\$2,500	\$5,000	\$1,250	\$2,500	\$1,500	\$1,250	\$2,500	\$2,500
\$3,750	\$7,500	\$10,000	\$22,000	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000	\$3,750	\$7,500	\$3,000	\$3,750	\$7,500	\$5,000
	CON/ - 54 - 11		C00/ -ft		COO/ - #4		COO/ -54- :-	4000/	000/ 2552		C00/ offers			000/ - 54- 11	4000/
\$20	60% after deduct.	\$30	60% after deduct.	\$20	60% after deduct.	\$20	60% after deduct.	100% after deduct.	80% after deduct.	\$20	60% after deduct.	\$20	\$20	60% after deduct.	100% after deduct.
\$40	60% after	\$50	60% after	\$40	60% after	\$40	60% after	100% after	80% after	\$40	60% after	\$30	\$35	60% after	100% after
4000/	deduct. 60% after	1000/	deduct. 60% after	4000/	deduct. 60% after	1000/	deduct. 60% after	deduct.	deduct. 80% after	4000/	deduct. 60% after	4000/	4000/	deduct. 60% after	deduct.
100%	deduct.	100%	deduct.	100%	deduct.	100%	deduct.	100%	deduct.	100%	deduct.	100%	100%	deduct.	100%
80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	80% after deduct.	60% after deduct.	100% after deduct.	80% after deduct.	80% after deduct.	60% after deduct.	100% after \$500 per day for the 1st 3 days inpat/\$300 copay outpatient	80% after deduct.	60% after deduct.	100% after deduct.
\$150/\$75 copay	\$150 copay/ 60% after deduct.	\$150/\$75 copay	\$150 copay/ 60% after deduct.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	100% after deduct. for ER & UC.	100% after deduct for ER & 80% after deduct. UC.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	\$100 copay	\$150) copay	100% after deduct.
Participating	Pharmacies	Participating	Pharmacies	Participating	Pharmacies	Participating	Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participating Pharmacies	Participatin	g Pharmacies	Participatin
\$15 c		\$15 c	· •	\$15 c	• •	\$15 c	• •		er deduct.	\$15 c	· •	\$15 copay		copay	100% af
\$30 c \$50 c		\$30 c \$50 c	copay	\$30 c \$50 c		\$30 c	opay		er deduct. er deduct.		copay copay	\$30 copay \$50 copay		copay	100% af 100% af
2.5 co		2.5 co		2.5 co		2.5 co			er deduct.		opays	2 copays		opays	100 % af
Option	i PPO	Option	HDHP	Option	HDHP	Option	HDHP	Optio	n HDHP	Option	n PPO	Option HMO	Optio	on PPO	Optio
\$591	.05	\$494	1.34	\$496	5.77	\$485	5.67	\$47	3.04	\$542	2.29	\$461.21	\$59	99.61	\$48
\$1,23		\$1,03		\$1,04		\$1,01			2.28	\$1,13		\$922.42		199.22	\$97
\$1,16		\$974		\$979		\$957			2.41	\$1,06		\$876.30		139.26	\$92
\$1,81	3.00	\$1,51	1.04	\$1,52	4.4 0	\$1,49	V.4 I	\$1,4 	51.64	\$1,66	o 4 .10	\$1,475.87	\$1,5	918.75	\$1,5
		\$0.		\$0.		\$0.			.00		.00				\$0
\$0.0		\$0.	00	\$0.	00	\$0.	00	\$0	.00	\$0.	.00	\$0.00		0.00	\$0
	ed Premium 0.00			\$0 .	00	\$0.	00	<u> </u>	.00	<u> </u>	.00			ed Premium 0.00	
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Gate	Keeper			Gate K	(eeper	Gate K	Keeper	Gate	Keeper	Gate I	Keeper			n/a	
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nana OINS 100/70	RhiaCross RhiaShiald NHHB19C	RluaCross NPP	RlugShigld C3536	RluaCross NPE	RlugShigld C3805	RluaCross RluaShiald NHVBV036	RluaCross NPP	RlugShigld C3536	RluaCross NPE	RlupShipId :C3805	RluaCross RluaShiald NHVBV02C	RluaCross NPP	RlugShigld C3536
Option	HMO Option	PPO	Option	HDHF	Option	HMO Option	PPO	Option	HDHI	P Option	HMO Option	PPO	Option
HP	НМО		PO		lge H.S.A	НМО		PO		dge H.S.A	НМО		PO
E POS	Blue Advantage HMO	Р	PPO	F	PO	Blue Advantage HMO	Р	PO	ı	PPO	Blue Advantage HMO	Р	PO
Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
nited	Unlimited	Unli	imited	Unl	mited	Unlimited	Unli	mited	Uni	imited	Unlimited	Unli	imited
edded					edded					pedded			
\$5,000	N/A	\$2,500	\$5,000	\$2,500	\$5,000	N/A	\$2,500	\$5,000	\$2,500	\$5,000	N/A	\$2,500	\$5,000
\$10,000 70%	N/A 100%	\$7,500 80%	\$15,000 60%	\$5,000 80%	\$10,000 60%	N/A 100%	\$7,500 80%	\$15,000 60%	\$5,000 80%	\$10,000 60%	N/A 100%	\$7,500 80%	\$15,000 60%
7078	100 /6	00 /6	00 /8	00 /6	00 /6	100 /6	00 /6	00 /8	00 /6	00 78	100 /6	00 /8	00 /8
\$15,000	\$1,500	\$5,500	\$11,000	\$5,000	\$10,000	\$3,000	\$5,500	\$11,000	\$5,000	\$10,000	\$3,000	\$5,500	\$11,000
\$30,000	\$3,000	\$16,500	\$33,000	\$10,000	\$20,000	\$6,000	\$16,500	\$33,000	\$10,000	\$20,000	\$6,000	\$16,500	\$33,000
70% after deduct.	\$30	\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$50	\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$40	\$30	60% after deduct.
70% after deduct.	\$50	\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$70	\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$60	\$50	60% after deduct.
70% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	100%	60% after deduct.
70% after deduct.	100% after \$250 per day up to 5 days	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$750 per day 1st 3 days- inpatient & \$300 for out-patient	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$500 per day 1st 3 days- inpatient & \$250 for out-patient	80% after deduct.	60% after \$300 inpatient & plan deduct.
70% after deduct	\$150 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$250 copay	\$150 copay	\$150 copay
g Pharmacies	Participating Pharmacies	Participating	g Pharmacies	Participatin	g Pharmacies	Participating Pharmacies	Participatin	g Pharmacies	Participatir	ng Pharmacies	Participating Pharmacies	Participatin	g Pharmacies
er deduct.	\$8 copay	\$10	copay	80% aft	er deduct.	\$10 copay	\$10	сорау	80% aft	er deduct.	\$8 copay		сорау
er deduct.	\$35 copay		copay		er deduct.	\$40 copay		copay		er deduct.	\$35 copay		сорау
er deduct. er deduct.	\$75/\$150 copay 2 copays		copay		er deduct. er deduct.	\$60 copay		copay		er deduct.	\$75/\$150 copay		copay
er deduct.	2 copays	200	opays	00% ait	er deduct.	2 copays	200	pays	00 % all	er deduct.	2 copays	2 00	opays
n HDHP	Option HMO	Optio	on PPO	Optio	n HDHP	Option HMO	Optio	n PPO	Optio	on HDHP	Option HMO	Optio	on PPO
	2121	4-0		•		4070 10					2010.00	<u> </u>	
7.94 5.88	\$461.21 \$922.42		99.61		37.94 75.99	\$652.43 \$1,353.42		6.23		05.36	\$649.30		06.23
7.09	\$922.42		99.22 39.26		75.88 27.09	\$1,353.42	\$1,4 \$1,2	43.74		255.78 066.10	\$1,346.91 \$1,143.48		65.01 43.74
61.41	\$1,475.87		18.75		61.41	\$1,849.99		02.52		716.52	\$1,841.10		02.52
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RluaCros NPI	ee Rhashiald EC3805	RluaCross RluaShiald NHHB19C	RlueCross NPP	RlugShigld C3536	RlueCros NP	es RhiaShiald EC3805	RhiaCross RhiaShiald NHVBV03C		e Rhiashiald PC3536	RlueCross NPF	e RhiaShiald EC3805			
HDH	HP Option	HMO Option	PPO	Option	HDH	IP Option	HMO Option	PPO	Option	HDH	P Option	Pool O	Option	Pool C
	Edge H.S.A	НМО		PPO	Blue Ed	Edge H.S.A	НМО		PPO		dge H.S.A	PPO \$3000) Deductible	PPO \$5000
	PPO	Blue Advantage HMO	PF	PPO	F	PPO	Blue Advantage HMO	P	PPO	P	PPO	www.cig	<u>gna.net</u>	www.cig
In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Net	work	In-Network
	nlimited	Unlimited	Unli	imited		nlimited	Unlimited	Unli	limited		limited	Unlim	nited	Unlim
\$2,500	nbedded \$5,000	NI/A	\$2,500	\$5,000	\$2,500	1bedded \$5,000	N/A	\$2,500	\$5,000		bedded \$5,000	\$3,000	\$6,000	\$5,000
\$2,500 \$5,000	\$5,000 \$10,000	N/A N/A	\$2,500 \$7,500	\$5,000 \$15,000	\$2,500 \$5,000	\$5,000 \$10,000	N/A N/A	\$2,500 \$7,500	\$5,000 \$15,000	\$2,500 \$5,000	\$5,000 \$10,000	\$3,000	\$6,000 \$12,000	\$5,000 \$10,000
80%	60%	100%	80%	60%	80%	60%	100%	80%	60%	80%	60%	80%	60%	70%
\$5,000 \$10,000	\$10,000 \$20,000	\$1,500 \$3,000	\$5,500 \$16,500	\$11,000 \$33,000	\$5,000 \$10,000	\$10,000 \$20,000	\$3,000 \$6,000	\$5,500 \$16,500	\$11,000 \$33,000	\$5,000 \$10,000	\$10,000 \$20,000	\$6,000 \$12,000	\$12,000 \$24,000	\$6,350 \$12,700
\$10,000	\$20,000	\$3,000 	\$10,500	\$33,000	\$10,000	\$20,000	\$6,000	\$10,500	\$33,000	\$10,000	\$20,000	\$12,000	\$24,000	\$12,700
80% after deduct.	60% after deduct.	\$30	\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$50	\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$40	60% after ded	\$50
80% after deduct.	60% after deduct.	\$50	\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$70	\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$60	60% after ded	\$75
100%	60% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	60% after ded	100%
80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$250 per day up to 5 days	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$750 per day 1st 3 days- inpatient & \$300 for out-patient	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	\$500 Copay/Ded then 80%	60% after ded	\$300 Copay/Ded then 70%
			1	1	ſ	'	1	ſ	.	1	1	80% after ded	60% after ded	70% after deduct
90% after deduct.	90% after deduct	\$150 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 ER Copay \$60 UC copay	ER Same Urgent care 60% after ded	\$400 ER coapy UC \$75 copay
Participati	ting Pharmacies	Participating Pharmacies	Participatine	g Pharmacies		ing Pharmacies	Participating Pharmacies	Participatin	ng Pharmacies		ng Pharmacies	Participating	Pharmacies	Participating
	after deduct.	\$8 copay	_	copay		fter deduct.	\$8 copay		Осорау		ter deduct.	\$10 cc		\$15 c
	after deduct. after deduct.	\$35 copay \$75/\$150 copay		copay copay		fter deduct. fter deduct.	\$35 copay \$75/\$150 copay		O copay O copay		ter deduct. ter deduct.	\$40 cc		\$35 cc \$90 cc
	after deduct.	2 copays		opays		fter deduct.	2 copays		copays		ter deduct.	\$25/ \$10		\$37.50/ \$1
												25% up to \$30	300 per script	25% up to \$3
Opti	tion HDHP	Option HMO	Option	on PPO	Option	ion HDHP	Option HMO	Optio	ion PPO	Optio	on HDHP	PPC		PP
\$(6605.36	\$660.94	\$7/	06.23	\$/	605.36	Last Choice HMO \$631.36	\$7	706.23	\$6	605.36	Opti \$450		Opti \$408
	1,255.78	\$1,371.08		165.01		,255.78	\$1,309.70		465.01		255.78	\$836		\$767
	I,066.10	\$1,163.99		243.74		,066.10	\$1,111.89		243.74		066.10	\$708		\$638
\$1,	1,716.52	\$1,874.12	\$2,00	002.52	\$1,7	,716.52	\$1,790.23	\$2,0	002.52	\$1,7	716.52	\$1,007	7.00	\$903
	\$0.00	\$0.00	\$	0.00		\$0.00					\$0.00			
	\$0.00	\$0.00		0.00		\$0.00 \$0.00	\$0.00	\$	\$0.00		\$0.00			
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	-	** Ran GAP MODELS \$1500 MONTHL	Y PREMIUM ON \$7	3500 DED; 20/40 OV	//10/40/60	·								
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				CON	/BO 2									Stan	d Alone
			RhiaCross RhiaShiald NHHB106	RluaCross	RlugShigld 43323	RlugCross NPP	RlugShigld C2326		RhioShiold B10C	RlueCross NPP	RlugShigld 43323	RlueCross NPS	RlugShipld C1807	RlugCross	RlugShipId C1807
ption	Pool (Option	HMO Option	PPO	Option	HDHP	Option	НМО	Option	PPO R	tenewal	HDHP	Renewal	HDHP St	tand Alone
Deductible		Fund Value	HMO		PO		ige H.S.A		MO		PO		dge H.S.A		dge H.S.A
g <u>na.net</u>		gna.net	Blue Advantage HMO		PO		PO		ntage HMO		PO		PO		PPO
Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		etwork	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Networ
nited	Unlir	mited	Unlimited	Unli	mited	Unli	mited	Unlir	mited	Unlii	mited		mited /Aggregate		imited d /Aggregate
\$10,000	\$6,350	\$12,700	N/A	\$250	\$500	\$2,500	\$5,000	N	/A	\$250	\$500	\$2	,500		2,500
\$20,000	\$12,700	\$25,400	N/A	\$750	\$1,500 60%	\$7,500	\$15,000		/A	\$750	\$1,500		,000		5,000
50%	100%	50%	100%	80%	60%	90%	70%	10	0%	80%	60%	100%	80%	100%	80%
\$20,000	\$6,350	\$12,000	\$1,500	\$1,250	\$2,500				500	\$1,250	\$2,500		,000		5,000
\$40,000	\$12,700	\$24,000	\$3,000	\$3,750	\$7,500			\$3 ,	000	\$3,750	\$7,500	\$10	0,000	\$1	0,000
50% after deduct.	100% after ded	50% after ded	\$20	\$20	60% after deduct.	\$30	70% after deduct.	\$2	20	\$20	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.
50% after deduct.	100% after ded	50% after ded	\$40	\$40	60% after deduct.	\$50	70% after deduct.	\$4	40	\$40	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.
50% after deduct.	100%	50% after ded	100%	100%	60% after deduct.	100%	80% after deduct.	10	0%	100%	60% after deduct.	100%	80% after deduct.	100%	80% after deduct.
50% after deduct.	100% after ded	50% after ded	100%	80% after deduct	60% after \$300 inpatient & plan deduct.	90% after deduct.	60% after \$300 inpatient & plan deduct.	10	0%	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$300 inpatient & plan deduct.	100% after deduct.	80% after \$30 inpatient & plan deduct.
50% after ded	100% after ded	50% after ded													
50% after ded	100% after ded	50% after ded	\$150 copay	\$150 copay	\$150 copay	100% after deduct.	100% after deduct	\$150	сорау	\$150 copay	\$150 copay	100% after deduct.	100% after deduct	100% after deduct.	100% after deduct
Pharmacies	Participating	g Pharmacies	Participating Pharmacies	Participatin	g Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participatin	g Pharmacies
орау	100% a		\$10 copay		сорау		сорау		орау		сорау		er deduct.		ter deduct.
opay opay	100% a		\$40 copay \$60 copay		copay copay		copay copay		copay /\$150 copay		copay copay		er deduct.		ter deduct. ter deduct.
25/ \$225		fter ded	2 copays		opays		ppays		pays		pays		er deduct.		ter deduct.
00 per script	LID	IID.	LIMO				OLID.			Di	20	115			DUD
on	HD Opt	tion	HMO Option		PO otion		OHP otion		MO tion		PO newal		DHP newal	п	DHP
.00	\$33	5.00	\$501.71	\$58	86.88	\$49	4.42	\$489	9.42	\$62		·	32.96		32.96
.00	\$690 \$617		\$1,048.57 \$996.11		94.76 206.93		06.55 16.80	\$1,02 \$97		\$1,3° \$1,2°			09.37 88.87		009.37 58.87
.00	\$889		\$1,542.95		14.84	•	28.93		05.13		27.69		85.28		185.28
			\$0.00	\$6	0.00		0.00 0.00	\$0.	00	\$0	.00		0.00 0.00		0.00 0.00
			ψο.σο		enewal Option	ΨΟ		Ψ0.			enewal Option	ΨΟ	2.00	Ψ	.00
				\$0	0.00					\$0	.00			\$0	0.00
				\$0	0.00					\$0	.00			\$0	0.00
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Dua	al Option Level F	Funded 75K	Spec.	Dual Opt	tion Level Funded	ed 75K Spec. V			LF \$75 Spec w 75% funding		SO LF \$75 Spec with SRA funding		D LF \$75 Spec w 75% funding		50 LF \$75 Spec with RA funding	Stand Alone \$156 75% HR	500 LF \$75 Spec w RA funding
	CNV	CIO	CIGNA RA Funding		IGNA	CIG	GNA A Funding	CIC	GNA	CI	ICNA	CIC	GNA	CI	ICNV	CI	ICNV
	Option	HDHF	HP Option		Option	HDHP	P Option		Option		O Option		Option		Option		P Option
	PO ccess Plus		HDHP Access plus		PPO Access Plus		DHP ccess plus		PPO ccess plus		PPO Access plus		PPO ccess plus		PPO Access plus		IDHP Access plus
In-Network	Out-of-Network	In-Network	Out-of-Network		Out-of-Network		Out-of-Network		Out-of-Network		Out-of-Network			-		•	Out-of-Network
	mited		nlimited		nlimited		imited		limited		limited		limited		limited	Unlii	limited
¢250	¢500		MBINED \$2,500	¢250	\$500		IBINED \$2,500	COMBINED or			or Embedded ?		or Embedded ?		or Embedded ?		or Embedded ?
\$250 \$750	\$500 \$1,500	\$2,500 \$5,000	\$2,500 \$5,000	\$250 \$500	\$500 \$1,500	\$2,500 \$5,000	\$2,500 \$5,000	\$250 \$500	\$500 \$1,000	\$250 \$500	\$500 \$1,000	\$250 \$500	\$500 \$1,500	\$250 \$500	\$500 \$1,500	\$1,500 \$3,000	\$3,000 \$6,000
90%	70%	100%	80%	80%	60%	100%	80%	80%	60%	80%	60%	90%	70%	90%	70%	80%	60%
#4 050	60 500	CE 000	\$5,000	¢4.250	\$2.500	¢5,000	65,000	64.250	62 500	¢4.250	£2 E00	£4.250	**2 500	£4.250	\$2.500	60 500	* 5.000
\$1,250 \$3,750	\$2,500 \$7,500	\$5,000 \$10,000	\$5,000 \$10,000	\$1,250 \$2,500	\$2,500 \$5,000	\$5,000 \$10,000	\$5,000 \$10,000	\$1,250 \$2,500	\$2,500 \$5,000	\$1,250 \$2,500	\$2,500 \$5,000	\$1,250 \$3,750	\$2,500 \$7,500	\$1,250 \$3,750	\$2,500 \$7,500	\$2,500 \$5,000	\$5,000 \$10,000
,								Need CIGN/	NA to Match			127					
\$20	70% after deduct.	100% after deduct.	80% after deduct.	t. \$20	60% after deduct.	100% after deduct.	80% after deduct.	\$20	60% after deduct.	\$20	60% after deduct.	\$20	70% after deduct.	\$20	70% after deduct.	\$20	60% after deduct.
\$40	70% after deduct.	100% after	80% after deduct.	t. \$40	60% after	100% after	80% after	\$40	60% after	\$40	60% after	\$40	70% after	\$40	70% after	\$40	60% after
		deduct.			deduct. 60% after	deduct.	deduct. 80% after		deduct. 60% after		deduct. 60% after		deduct. 70% after		deduct. 7\0% after		deduct. 80% after
100%	70% after deduct.	100%	80% after deduct.	t. 100%	deduct.	100%	deduct.	100%	deduct.	100%	deduct.	100%	deduct.	100%	deduct.	100%	deduct.
90% after deduct.	70% after \$300 inpatient & plan deduct.	100% after deduct.	80% after deduct.	t. 80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after deduct.	80% after deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	90% after deduct.	70% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.
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\$150/\$50 copay	70% after deduct.	100% after deduct.	100% after deduct	\$150/\$50 copay	y \$150/\$50 copay	100% after deduct.	100% after deduct	\$150/\$50	60% after deduct.	\$150/\$50	60% after deduct.	\$150/\$50	70% after deduct.	\$150/\$50	70% after deduct.	\$150/\$50	60% after deduct.
	g Pharmacies		ing Pharmacies		ing Pharmacies		ng Pharmacies		ng Pharmacies		ng Pharmacies		ng Pharmacies		ng Pharmacies		ng Pharmacies
	copay copay		after deduct. after deduct.	_	5 copay 0 copay		ter deduct.		copay		5 copay O copay		copay copay	_	5 copay O copay		5 copay) copay
	copay		after deduct.		o copay		ter deduct.		сорау		D copay		Сорау) copay		copay copay
	copays	100% af	after deduct.		copays		ter deduct.		opays	-	copays		opays		copays		copays
Ontion	on PPO	Onti	tion HDHP	Onti	ion PPO	Ontie	on HDHP	Onti	ion PPO	Opt	tion PPO	Onti	ion PPO	Ont	ion PPO	Ontid	on HDHP
	HMO & PPO	Optio	ON HUHP		s HMO & PPO	Option	HDHP	Option	ЛРРО	Optio	on PPO	Орпо	IN PPU	Optio	on PPO	Option	1 HURP
\$587	37.97		483.04	\$557	557.34		67.21	\$542			534.23	· ·	50.27		542.05		17.73
\$1,23 \$1,15			1,014.39 951.59		,170.38 ,097.94	\$981 \$920	81.11 20.39	\$1,138 \$1,068			121.86 052.42		155.51 083.98		138.26 067.80		087.25 019.94
\$1,15 \$1,80			951.59 1,482.95		,097.94 ,711.00		434.30	\$1,068 \$1,664			640.07		083.98 689.28	<u> </u>	664.05		019.94 589.46
\$0	0.00		\$0.00 \$0.00		\$0.00		0.00	P	0.00		\$0.00		0.00		\$0.00		60.00 60.00
φυ.	0.00 Combined I		0.00	\$0.	\$0.00 Combined F		0.00			ΨO.	\$0.00		00	Ψ0.	\$0.00		.00
	\$0.0				\$0.0			\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
	\$0.0	0			\$0.0	00		\$0 .	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00
	\$0.00	10			\$0.00	00		\$0	0.00	\$1	\$0.00	\$0	0.00	\$(\$0.00	\$0	80.00
	Gate Ke	eeper			Gate Ke	Keeper		Gate '	Keeper	Gate	e Keeper	Gate	Keeper	Gate	e Keeper	Gate	e Keeper
				+ '		<u> </u>		<u></u>			+				'	-	
			+'	 		<u>'</u>			$\qquad \qquad +$		+		1	_			
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	0 LF \$75 Spec with		00 LF \$75 Spec w/ A funding		0 LF \$75 Spec with											
	, and the second second				· ·		Co	ombo 2			2 Stand	l Alone	3 Stand	d Alone	4 Stan	d Alone
CIC	2NA	CIC	SNV	כונ	2NA	United HealthCare IUX-w/2V		loalthCaro (-w/l1		ealthcare w/l1	United He J48 Modi		United H J48 Mod	ified-w/l1		fied-w/MM
HDHP	Option	HDHP	Option	HDHP	Option	HMO Option	PPO	Option	PPO (Option	HDHP (Option	НДНР	Option	PPO	Option
НС	OHP	НС	OHP		HP	НМО	Р	РО	P	PO	HDI	HP	HD	HP	HDHF	P-H.S.A
Open Ac	cess plus	Open Ac	cess plus	Open Ac	cess plus	Navigate	Choic	ce Plus		e Plus	Open Acc	ess plus	Open Ac	cess plus	Choic	e Plus
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	mited or Embedded ?		mited BINED		mited BINED	Unlimited	Unli	mited	Unli	mited	Unlim	nited	Unlin	mited		mited edded
\$1,500	\$3,000	\$2,500	\$5,000	\$2,500	\$2,500	N/A	\$250	\$500	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000	\$2,500	\$2,500
\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$5,000	N/A	\$750	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$5,000	\$5,000
80%	60%	100%	80%	100%	80%	100%	80%	60%	80%	60%	80%	60%	80%	60%	100%	80%
\$2,500	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000	\$1,500	\$1,250	\$2,500	\$5,000	\$11,000	\$2,500	\$5,000	\$3,000	\$6,000	\$2,500	\$5,000
\$5,000	\$10,000	\$10,000	\$20,000	\$10,000	\$10,000	\$3,000	\$3,750	\$7,500	\$10,000	\$22,000	\$5,000	\$10,000	\$6,000	\$12,000	\$5,000	\$10,000
\$20	60% after	100% after	80% after	100% after	80% after	\$20	\$20	60% after	\$30	60% after	\$20	60% after	\$20	60% after	100% after	80% after
⊅∠U	deduct.	deduct.	deduct.	deduct.	deduct.	₽∠U	\$20	deduct.	\$30	deduct.	⊅∠ U	deduct.	\$20	deduct.	deduct.	deduct.
\$40	60% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	80% after deduct.	\$40	\$40	60% after deduct.	\$50	60% after deduct.	\$40	60% after deduct.	\$40	60% after deduct.	100% after deduct.	80% after deduct.
100%	80% after deduct.	100%	80% after deduct.	100%	80% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	60% after deduct.	100%	60% after deduct.	100%	80% after deduct.
80% after	60% after \$300	100% after	80% after \$300	100% after	80% after \$300		80% after	60% after	80% after	60% after	80% after	60% after	80% after	60% after	100% after	80% after
deduct.	inpatient & plan deduct.	deduct.	inpatient & plan deduct.	deduct.	inpatient & plan deduct.	100%	deduct.	deduct.	deduct.	deduct.	deduct.	deduct.	deduct.	deduct.	deduct.	deduct.
								4.50								
\$150/\$50	60% after deduct.	100% after deduct.	100% after deduct	100% after deduct.	100% after deduct	\$200 copay/\$50 copay	\$150/\$75 copay	\$150 copay/ 60% after deduct.	\$150/\$75 copay	\$150 copay/ 60% after deduct.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	\$150/\$50 copay	\$150 copay/ 60% after deduct.	100% after deduct. for ER & UC.	100% after deduct for ER & 80% after deduct. UC.
Participating	g Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participating Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies	Participating	Pharmacies	Participating	g Pharmacies	Participating	g Pharmacies
	сорау		er deduct.		er deduct.	\$10 copay		сорау		сорау	\$15 c			сорау		er deduct.
	copay copay		er deduct. er deduct.		er deduct. er deduct.	\$35 copay \$60 copay		copay copay		copay copay	\$30 c			copay copay		er deduct. er deduct.
	pays		er deduct.		er deduct.	2.5 copays		opays		opays	2.5 co		2.5 cc			er deduct.
Ontio	· HDHD	Ontio	· HDHD	Ontion	LIDIID	Ontion LIMO	Ontio	n DDO	Ontio	- LIDLID	Ontion	HDHD	Ontin	· HDHD	Ontio	· LIDUD
Optio	n HDHP	Optio	n HDHP	Option	n HDHP	Option HMO	Optio	n PPO	Option	n HDHP	Option	חטחף	Option	n HDHP	Optio	n HDHP
	2.84		9.70	\$44		\$530.92		1.05	\$49		\$496		\$48		\$47	
\$1,03 \$97	34.97 0.89	\$1,23 \$1,10	38.36 61 71	\$93 \$87		\$1,113.70 \$1,046.51	· · · · · · · · · · · · · · · · · · ·	39.83 65.03	\$1,03 \$97		\$1,042 \$979		\$1,01 \$95		\$99 \$93	2.28 2.41
\$1,5°		\$1,8°		\$1,36		\$1,629.27		13.00		17.02	\$1,52		\$1,49			51.64
												^^				
	.00		1.00		.00 .00	\$0.00	\$0	0.00		.00 .00	\$0.0 \$0.0			.00		.00 .00
Ψ0		Ģ0		Ψ0.				ned Premium	Ψ0		Ψ0.0		40		Ψ	
\$0.	.00	\$0	.00	\$0.	.00		,	\$0.00			\$0.0	00	\$0.	.00	\$0	.00
\$0	.00	\$0	.00	\$0.	.00		,	\$0.00			\$0.0	00	\$0.	.00	\$0	.00
\$0	.00	\$0	.00	\$0	.00			\$0.00			\$0.0	00	\$0.	.00	\$0	.00
Gate	Keeper	Gate	Keeper	Gate	Keeper		Gat	te Keeper			Gate K	Seeper .	Gate I		Gate	Keeper
- Jule 1		Jule		Jule							Jule N		Jule 1		Jule	
			_			-					_					

5 Stand	Alone		Option 1	IA Combo				Option	1A Combo				Option
United He J4X-v		Humana 075/03		nana opay 80/60		mana COINS 100/70	RluaCross RluaShiald NHHB19C	RlugCross NPP	RlugShigld C3536	RlugCros NPE	e Rlugshigld EC3805	RluaCross RluaShiald NHVBV036	RluaCros NP
PPO C		HMO Option	PPO	Option		P Option	HMO Option		Option		P Option	HMO Option	PPC
PP(Choice		HMO HMO Select		PO CE POS		DHP ICE POS	HMO Blue Advantage HMO		PPO PPO		dge H.S.A PPO	HMO Blue Advantage HMO	
In-Network			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Unlim		Unlimited		mited		limited	Unlimited		imited		limited	Unlimited	Ur
	iteu	Similited	Ollin			pedded	Ommitted	GIII			bedded	Cililinica	O.
\$250	\$500	N/A	\$250	\$500	\$2,500	\$5,000	N/A	\$2,500	\$5,000	\$2,500	\$5,000	N/A	\$2,500
\$750 80%	\$1,500 60%	N/A 100%	\$750 80%	\$1,500 60%	\$5,000 100%	\$10,000 70%	N/A 100%	\$7,500 80%	\$15,000 60%	\$5,000 80%	\$10,000 60%	N/A 100%	\$7,500 80%
	0070		30,0										
\$1,250	\$2,500	\$1,500	\$1,250	\$2,500	\$2,500	\$15,000	\$1,500	\$5,500	\$11,000	\$5,000	\$10,000	\$3,000	\$5,500
\$3,750	\$7,500	\$3,000	\$3,750	\$7,500	\$5,000	\$30,000	\$3,000	\$16,500	\$33,000	\$10,000	\$20,000	\$6,000	\$16,500
\$20	60% after deduct.	\$20	\$20	60% after deduct.	100% after deduct.	70% after deduct.	\$30	\$30	60% after deduct.	80% after deduct.	60% after deduct.	\$50	\$30
\$40	60% after deduct.	\$30	\$35	60% after deduct.	100% after deduct.	70% after deduct.	\$50	\$50	60% after deduct.	80% after deduct.	60% after deduct.	\$70	\$50
100%	60% after deduct.	100%	100%	60% after deduct.	100%	70% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	100%
80% after deduct.	60% after deduct.	100% after \$500 per day for the 1st 3 days inpat/\$300 copay outpatient	80% after deduct.	60% after deduct.	100% after deduct.	70% after deduct.	100% after \$250 per day up to 5 days	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$750 per day 1st 3 days- inpatient & \$300 for out-patient	80% after deduct.
\$150/\$50 copay	\$150 copay/ 60% after deduct.	\$100 copay	\$150	сорау	100% after deduct.	70% after deduct	\$150 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 copay	\$150 copay
Participating	Pharmacies	Participating Pharmacies	Participating	g Pharmacies	Participatir	ng Pharmacies	Participating Pharmacies	Participatin	ig Pharmacies	Participati	ng Pharmacies	Participating Pharmacies	Participat
\$15 cc		\$15 copay		сорау	d .	ter deduct.	\$8 copay		сорау		ter deduct.	\$10 copay	\$1
\$30 cc \$50 cc		\$30 copay \$50 copay		copay copay		fter deduct. fter deduct.	\$35 copay \$75/\$150 copay		copay		ter deduct. ter deduct.	\$40 copay \$60 copay	\$4 \$6
2.5 cop		2 copays		ppays	Į.	fter deduct.	2 copays		opays		ter deduct.	2 copays	2
Option	PPO	Option HMO	Optio	n PPO	Optio	on HDHP	Option HMO	Optio	on PPO	Opti	on HDHP	Option HMO	Opt
\$542. \$1,137		\$461.21 \$922.42		9.61 99.22		87.94 75.88	\$461.21 \$922.42		99.61 199.22		87.94 75.88	\$652.43 \$1,353.42	\$ \$1
\$1,068		\$876.30		39.26	·	27.09	\$876.30		139.26		27.09	\$1,149.00	\$1
\$1,664	l.18	\$1,475.87	\$1,9 ²	18.75	\$1,	561.41	\$1,475.87	\$1,9	018.75	\$1,	561.41	\$1,849.99	\$2
\$0.0	00				\$	0.00				\$	0.00		
\$0.0	00	\$0.00		0.00	\$	0.00	\$0.00		0.00	\$	0.00	\$0.00	,
\$0.0	00			ed Premium 0.00					ed Premium 0.00				Combi
\$0.0	00		\$(0.00				\$	0.00				
\$0.0	00		\$0	0.00				\$	\$0.00				
				n/o					m/a				
Cata V		1		n/a					n/a				
Gate Ke	ССРСІ								1				
Gate Ko													
Gate Ke													
Gate Ke													

Combo				Option 3	SA Combo				Option 1	A Combo			
BluaShiald B536	RluaCross NPE	C3805	RluaCross RluaShiald NHVBV02C	RlueCross NPP(Rhashiald C3536	RIUACTOS NPE	RlugShigld C3805	RhiaCross RhiaShiald NHHB19C	RlueCross NPP(RhiaShiald C3536	RlueCross NPE	e RhaShiald EC3805	RhiaCross RhiaShiald NHVBV03C
ption		P Option	HMO Option		Option		Option	HMO Option		Option		P Option	HMO Option
0		dge H.S.A PPO	HMO Blue Advantage HMO		PO PO		dge H.S.A PPO	HMO Blue Advantage HMO		PO PO		dge H.S.A PPO	HMO Blue Advantage HMO
Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
ited		limited	Unlimited		mited		imited	Unlimited		mited		limited	Unlimited
	Emb	pedded	On Million			Emb	edded	Gillinited			Emt	pedded	
\$5,000	\$2,500	\$5,000	N/A	\$2,500	\$5,000	\$2,500	\$5,000	N/A	\$2,500	\$5,000	\$2,500	\$5,000	N/A
\$15,000 60%	\$5,000 80%	\$10,000 60%	N/A 100%	\$7,500 80%	\$15,000 60%	\$5,000 80%	\$10,000 60%	N/A 100%	\$7,500 80%	\$15,000 60%	\$5,000 80%	\$10,000 60%	N/A 100%
\$11,000	\$5,000	\$10,000	\$3,000	\$5,500	\$11,000	\$5,000	\$10,000	\$1,500 \$2,000	\$5,500	\$11,000	\$5,000	\$10,000	\$3,000
\$33,000	\$10,000	\$20,000	\$6,000	\$16,500	\$33,000	\$10,000	\$20,000	\$3,000	\$16,500	\$33,000	\$10,000	\$20,000	\$6,000
60% after	80% after	60% after deduct.	\$40	\$30	60% after	80% after	60% after deduct.	\$30	\$30	60% after	80% after	60% after deduct.	\$50
deduct. 60% after	deduct. 80% after				deduct. 60% after	deduct. 80% after				deduct. 60% after	deduct. 80% after		
deduct.	deduct.	60% after deduct.	\$60	\$50	deduct.	deduct.	60% after deduct.	\$50	\$50	deduct.	deduct.	60% after deduct.	\$70
60% after deduct.	100%	60% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%	100%	60% after deduct.	100%	60% after deduct.	100%
60% after \$300 npatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$500 per day 1st 3 days- inpatient & \$250 for out-patient	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$250 per day up to 5 days	80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.	100% after \$750 per day 1st 3 da inpatient & \$300 for out-patien
deddet.		deddet.			deddet.		ucuuci.			deddet.		deddet.	
\$150 copay	90% after deduct.	90% after deduct	\$250 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$150 copay	\$150 copay	\$150 copay	90% after deduct.	90% after deduct	\$300 copay
Pharmacies	Participatin	ng Pharmacies	Participating Pharmacies	Participatin	g Pharmacies	Participatin	ng Pharmacies	Participating Pharmacies	Participatin	g Pharmacies	Participatir	ng Pharmacies	Participating Pharmacies
pay	80% aft	ter deduct.	\$8 copay	\$10	сорау	80% aft	er deduct.	\$8 copay	\$10	сорау	80% aft	ter deduct.	\$8 copay
pay		er deduct.	\$35 copay		copay		er deduct.	\$35 copay		copay		ter deduct.	\$35 copay
pay ays		ter deduct. ter deduct.	\$75/\$150 copay 2 copays		copay pays		er deduct. er deduct.	\$75/\$150 copay 2 copays		copay pays		ter deduct. ter deduct.	\$75/\$150 copay 2 copays
PPO	Optio	on HDHP	Option HMO	Optio	n PPO	Optio	on HDHP	Option HMO	Optio	n PPO	Optio	on HDHP	Option HMO Last Choice HMO
23	\$60	05.36	\$649.30	\$70	6.23	\$60	05.36	\$660.94	\$70	6.23	\$6	05.36	\$631.36
.01	\$1,2	255.78	\$1,346.91	\$1,40	65.01	\$1,2	255.78	\$1,371.08	\$1,40	55.01	\$1,2	255.78	\$1,309.70
.74		716.52	\$1,143.48 \$1,841.10	\$1,24 \$2,00			066.10 716.52	\$1,163.99 \$1,874.12	\$1,24 \$2,00			066.10 716.52	\$1,111.89 \$1,790.23
52	\$1,1	7 10.52	\$1,041.10	\$2,00	J2.52	Φ1, 7	10.52	\$1,074.12	\$2,00	J2.52	Ψ1,	7 10.52	Ψ1,790.23
		0.00					0.00	\$0.00		.00		0.00	
	\$(0.00	\$0.00		.00	\$(0.00	\$0.00		.00	\$	0.00	\$0.00
0										d Premium			
				Combine \$1						0.00			
).00				\$(0.00 300.00			
00				\$(\$0 \$20,	0.00 <mark>300.00</mark> 0.00			
00				\$(0.00				\$0 \$20,	300.00			
00				\$(\$(0.00				\$0 <mark>\$20,</mark> \$0	300.00			
00				\$(\$().00).00			** Pan CAP MODEL & \$4500 MONTH	\$0 \$20, \$0 \$0	0.00 0.00 0.00			
00				\$(\$(0.00 0.00			** Ran GAP MODELS \$1500 MONTHI	\$0 \$20, \$0 \$0	0.00 0.00 0.00	//10/40/60		
0 Premium				\$(\$(0.00 0.00			** Ran GAP MODELS \$1500 MONTHI	\$0 \$20, \$0 \$0	0.00 0.00 0.00	J /10/40/60		
00				\$(\$(0.00 0.00			** Ran GAP MODELS \$1500 MONTHI	\$0 \$20, \$0 \$0	0.00 0.00 0.00	/ /10/40/60		
00				\$(\$(0.00 0.00			** Ran GAP MODELS \$1500 MONTHI	\$0 \$20, \$0 \$0	0.00 0.00 0.00	//10/40/60		
00				\$(\$(0.00 0.00			** Ran GAP MODELS \$1500 MONTHI	\$0 \$20, \$0 \$0	0.00 0.00 0.00	//10/40/60		

Ontion	A Combo		
-	RlugShipld	Plus Cross	s RhaShiald
NPP	C3536	NPE	C3805
	Option		Option dge H.S.A
	PO		PPO
In-Network	Out-of-Network	In-Network	Out-of-Network
Unli	mited		imited
40.500	A5 000		pedded
\$2,500	\$5,000	\$2,500	\$5,000
\$7,500 80%	\$15,000 60%	\$5,000 80%	\$10,000 60%
80%	60%	80%	60%
\$5,500	\$11,000	\$5,000	\$10,000
\$16,500	\$33,000	\$10,000	\$20,000
,	+,	+,	+-3,555
¢20	60% after	80% after	60% offer deduct
\$30	deduct.	deduct.	60% after deduct.
\$50	60% after deduct.	80% after deduct.	60% after deduct.
100%	60% after deduct.	100%	60% after deduct.
80% after deduct.	60% after \$300 inpatient & plan deduct.	80% after deduct.	60% after \$300 inpatient & plan deduct.
\$150 copay	\$150 copay	90% after deduct.	90% after deduct
Participating	g Pharmacies	Participatir	ng Pharmacies
\$10	сорау		er deduct.
	copay		er deduct.
	copay		er deduct.
2 co	pays	80% aft	er deduct.
Optio	n PPO	Optio	on HDHP
670	0.00	*	05.00
· ·	6.23		05.36
	65.01 43.74		255.78 066.10
	02.52		716.52
Ψ2,00	JZ.JZ	Ψ1,1	10.32
		\$	0.00
\$0	.00		0.00
	ed Premium	<u>_</u>	0.00
	0.00		
\$(0.00		
	2.00		
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	n/a		
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