

## 2008 Health Plan Design

Plan Design	Premium Plan		Standard Plan		Deductible Plan		Opt-Out
	Contribution Required Pre-tax <ul style="list-style-type: none"> <li>• \$30/Month Single</li> <li>• \$50/Month 2 Person</li> <li>• \$70/Month 3 Person</li> <li>• \$80/Month 4-6 Person</li> <li>• \$90/Month 7 + Person</li> <li>• F-Rider \$65/Month</li> </ul>		No Contribution Required <ul style="list-style-type: none"> <li>• F-Rider \$65/Month</li> </ul>		No Contribution Required Family Family Riders Included Refunds taxed <ul style="list-style-type: none"> <li>• \$30/Month Single</li> <li>• \$50/Month 2 Person</li> <li>• \$70/Month 3 Person</li> <li>• \$80/Month 4-6 Person</li> <li>• \$90/Month 7 + Person</li> </ul>		\$150 monthly payment taxed to employee
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible	\$0	\$300/\$500	\$0	\$300/\$500	\$300/\$500	\$500/\$1,000	
Office Visit Co-pay	25%	35% <sup>2</sup>	35%	35% <sup>2</sup>	35% <sup>1</sup>	35% <sup>2</sup>	
Coinsurance	\$0	10% <sup>2</sup>	\$0	30% <sup>2</sup>	10% <sup>2</sup>	30% <sup>2</sup>	
Out-of-Pocket Max (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$750/\$1,500	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$3,000	
Lifetime Max (Per Person)	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	
Emergency Room Visit	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	\$50 <sup>3</sup>	
In-Patient Hospitalization	\$0	10% <sup>2</sup>	\$0	30% <sup>2</sup>	10% <sup>2</sup>	30% <sup>2</sup>	
Lab & X-Ray	\$0	30% <sup>2</sup>	\$0	30% <sup>2</sup>	10% <sup>2</sup>	30% <sup>2</sup>	
Mental Health	25%	20% <sup>2</sup>	35% <sup>1</sup>	30% <sup>2</sup>	35% <sup>1</sup>	30% <sup>2</sup>	
Physical Therapy	25%	30% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	
Chiropractic	25%	30% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	
Massage Therapy	25%	30% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	
Durable Medical Equipment	25%	30% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	
Acupuncture	25%	30% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	35% <sup>1</sup>	40% <sup>2</sup>	
Retail Rx	Generic 15% <sup>3</sup> (Min/Max) \$5/\$15 Brand 20% (Min/Max) \$10/\$30	25% <sup>3</sup>	Generic 25% <sup>3</sup> (Min/Max) \$10/\$30 Brand 30% (Min/Max) \$20/\$60	25% <sup>3</sup>	Generic 25% <sup>3</sup> (Min/Max) \$10/\$30 Brand 30% (Min/Max) \$20/\$60	25% <sup>3</sup>	
Mail Order Rx/3 months	Generic – 15% - \$15/\$45 <sup>3</sup> Brand – 20% - \$30/\$90 <sup>3</sup>		Generic – 25% \$20/\$60 <sup>3</sup> Brand – 30% \$40/\$120 <sup>3</sup>		Generic – 25% \$20/\$60 <sup>3</sup> Brand – 30% \$40/\$120 <sup>3</sup>		
Dental	Enhanced Dental <sup>3</sup>		Preventative Dental 100% <sup>3</sup>		Preventative Dental 100% <sup>3</sup>		
Vision	Vision Benefit <sup>3</sup>		No Vision <sup>3</sup>		No Vision <sup>3</sup>		

1 Not subject to the deductible or coinsurance.

2 Subject to the deductible.

3 Not subject to out of pocket max.

**Note:** "Out of Network" means the provider is not in the Blue Cross and Blue Shield PPO Network.