

Carriers:	BLUE CROSS	BLUE CROSS	UNITED HC - PSB1	CIGNA	PACIFICARE	HEALTH NET
Plans:	Plan 20 / Blue Select	Plan 500-\$15 copayment	Choice Plus - 10/90%/70%	HMO 10/100	HMO - \$10:100%	10/25-100 POS PLUS #1
Medical	HMO	PPO : NON-PPO	HMO : NON HMO	HMO	HMO	POS : NON POS
A.M. Best Rating	N/A	N/A	A-		A-	N/A
Lifetime Max	Unlimited	\$2,000,000	UNLMTD : \$1,000,000	UNLIMITED	UNLIMITED	\$2,000,000
<b>Deductible Employee</b>	<b>N/A</b>	<b>\$500</b>	<b>N/A : \$500</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A : \$250</b>
- Family	N/A	\$1,000	N/A : \$1000	N/A	N/A	N/A : \$500
<b>Hosp Ded (Copay)</b>	<b>\$500 Ind / \$1000 Family</b>	<b>80%* : 60%*</b>	<b>N/A</b>	<b>\$100 1ST 5 DAYS</b>	<b>N/A</b>	<b>\$100 admission</b>
<b>Inpat Hosp Chg (Fac)</b>	<b>100%</b>	<b>80%* : 60%*</b>	<b>90% : 70%*</b>	<b>100%</b>	<b>100%</b>	<b>\$100 day/5 day max : 60%</b>
OutPatient X-Ray/Lab	100%	80%* : 60%*	\$10 : 70%*	100%	\$10	\$10/\$25 : 60%
OutPatient Surgery (Fac)	100%	80%* : 60%*	90% : 70%*	\$75 COPAY	100%	\$50 copay : 60%
<b>ER Copay / Urgent Care</b>	<b>\$75 ER/\$25 Urgent Care</b>	<b>\$50 ER/\$25 Urgent Care</b>	<b>\$100 / \$35</b>	<b>\$75 Waived w/ admit</b>	<b>\$25 THEN 100%</b>	<b>\$100/\$50 : \$100/60%</b>
<b>Physicians Copay (Off)</b>	<b>\$20</b>	<b>\$15 : 60%</b>	<b>\$10 : 70%*</b>	<b>\$10</b>	<b>\$10</b>	<b>\$10/\$25</b>
Physicians Co-ins (Off)	100%	80%* : 60%*	100% : 70%*	100%	N/A	\$10/\$25 : 60%
Misc Services	100%	80%* : 60%*	90% : 70%*	100%	N/A	
Supp Accident	N/A	N/A	N/A		N/A	N/A
Out of Pocket Max	N/A	\$2500 : \$5000	\$1500 : \$4000	\$2,000	\$1,000	n/a : \$4000max
Family	N/A	N/A	\$3000 : \$8000	\$4,000	\$3,000	n/a : \$8000max
<b>Prescriptions</b>	<b>\$7/ \$20 / \$40</b>	<b>\$7 / \$20 / \$40</b>	<b>\$10 / \$25 / \$50</b>	<b>\$10/\$20/\$40</b>	<b>\$10/\$20</b>	<b>\$10 / \$20 / \$40</b>
Oral Contraceptives	COVERED	COVERED	INCLUDED	INCLUDED	YES	
Mail Order	3x's copay/90 day supply	3x's copay/90 day supply	\$20 / \$50 / \$100	90 Days/2 copays	YES	\$30 / \$60 / \$120
Maternity	INCLUDED	Complications Only	INCLUDED	INCLUDED	INCLUDED	INCLUDED
Vision	\$20 Exam/per year	\$15 Exam/peryear	TRUVISION			
Mental / Nervous (Out)	\$10 copay / \$100max/yr	\$10 copay / \$100max/yr	\$25/VST-20 : 50%	\$30 / 25 VISITS	\$10 VISIT 20 VISITS	\$15/Visit : 60%
Mental / Nervous (In)	\$500/30 days/24 mos.	80%* : 50%* (30 DAY)	90% 30 DAYS : N/A	\$100 DAY - 8 TOTAL	100% 7 DAYS/CAL YR	\$100 per day/5 day max : 60%
Lifetime Maximum	N/A	\$2,000,000				
Well Child & Well Woman	\$20	\$15 : N/A	\$10 : N/A	\$10	\$10	\$10/\$25 : 60%
Annual Physical Exams	\$20 1/YR	\$15 : N/A	\$10 : N/A	\$10	\$10	\$10/\$25 : 60%
Pre-existing Limits						
Takeover	N/A	WAIVED	WAIVED	Waived	WAIVED	
New Employee	N/A	11 MONTHS	WAIVED	6\12	WAIVED	
Provider Network	BLUE SELECT	BLUE PREFERRED	UNITED HC	Med Grp/Care Ntwk	PACIFICARE	HEALTHNET

These are only brief summaries.

\*Calendar year deductible applicable.

Refer to carriers proposal for actual benefits.