10/1/2010

Benefit	COAB Base Plan F In Network Only	COAB Buy-Up Plan J In Network Only	COAB POS Plan L In & Out of Network	CONB New Base HM-OA-5231 In Network Only	CONB New Buy-Up HM-OA-5076 In Network Only	CONB New Premium Plan HM-OA-3402 In & Out of Network	COJB Base In & Out of Network	COJB Buy-Up In & Out of Network
Deductible	$3,500/$10,500	$2,000/$6,000	$1,000/$3,000	$2,500/$5,000	$2,500/$5,000	$500/$1,500	$4,000/$8,000	$3,000/$9,000
Out of Pocket Max	$9,000/$18,000	$5,000/$10,000	$5,000/$10,000	$4,000/$8,000	$2,500/$5,000	$3,000/$6,000	$2,000/$4,000	$5,000/$15,000
PCP Office Visit	$30	$40	$40	$25	$25	$25	30% After Deductible	$30
Specialist Office Visit	$50	$60	$60	$50	$50	$50	30% After Deductible	$50
OP Diagnostics	30% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	no charge after deductible	20% After Deductible	30% After Deductible	30%
IP Hospital	30% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	no charge after deductible	20% After Deductible	30% After Deductible	30% After Deductible
OP Surgery	30% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible	no charge after deductible	20% After Deductible	30% After Deductible	30% After Deductible
Emergency Room	$200	$200	$200	$100 par Hospitals $100 Non-par Hospitals	no charge after deductible	$100 par Hospitals $100 Non-par Hospitals	30% After Deductible	$200
Urgent Care	$75	$75	$75	$40 copay innetwork $60 copay out of network	$50 copay innetwork $75 copay out of network	$40 copay innetwork $60 copay out of network	30% After Deductible	$50
Rx Plan	$15/$40/$60/20%	$15/$40/$60/20%	$15/$40/$60/20%	$20/$40/$60/$75 Retail $40/$80/$120 Mail	$20/$40/$60/$75 Retail $40/$80/$120 Mail	$20/$40/$60/$75 Retail $40/$80/$120 Mail	$15/$30/$60	$15/$30/$60/25%
HRA Contribution							$500 Ind/$1,000 Family	

**Refer to Benefit Summaries for Complete Description of Benefits

***The same Rx plan must be selected for all medical plans offered

Total Monthly Premium									
	EE	$420.34	$486.49	$503.86	$386.34	$430.10	$504.59	$393.28	$500.83
	ES	$950.93	$1,080.02	$1,118.59	$772.87	$860.19	$1,009.18	$781.65	$998.51
	EC	$801.01	$909.75	$942.23	$734.04	$817.10	$958.72	$742.81	$948.74
	FF	$1,250.77	$1,420.57	$1,471.29	$1,298.93	$1,443.84	$1,693.91	$1,247.97	$1,598.09

Employee Copay Per Pay Period									
	EE	10.72	39.79	40.47	$0	$20.20	$54.58	0.00	49.64
	ES	149.61	214.15	233.43	$89.16	$129.65	$198.31	126.37	228.46
	EC	108.38	162.75	176.86	$80.24	$118.62	$183.93	103.88	188.81
	FF	232.06	316.96	342.32	$210.14	$277.94	$393.36	267.74	428.41

06-29-2010