

	PLAN 5		PLAN 6		PLAN 3		PLAN 4		PLAN 2		PLAN 1	
	Option 1		Option 2		Option 3		Option 4		Option 5		Option 6	
	100A \$10 5/20		100G \$30 7/25		90C \$30 9/35		90G \$20 7/25		90C \$30 \$200 10/35		90E \$20 \$200 10/35	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	\$0		\$500	\$ 1,000.00	\$200	\$ 500.00	\$500	\$ 1,000.00	\$200	\$ 500.00	\$300	\$ 600.00
Medical Out-of-Pocket Maximum (OOP)	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000
Coverage (Once deductible is met)	100%		100%		90%		90%		90%		90%	
Office Visit	\$10		\$30		\$30		\$20		\$30		\$30	
RX	Deductible		Deductible		Deductible		Deductible		Deductible		Deductible	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200	\$500	\$200	\$500
	Generic	Non-Generic	Generic	Non-Generic	Generic	Non-Generic	Generic	Non-Generic	Generic	Non-Generic	Generic	Non-Generic
	\$5	\$20	\$7	\$25	\$9	\$35	\$7	\$25	\$10	\$35	\$10	\$35
Dental	\$1500/year 2 Cleanings/Year		\$1500/year 2 Cleanings/Year		\$1500/year 2 Cleanings/Year		\$1500/year 2 Cleanings/Year		\$1500/year 2 Cleanings/Year		\$1500/year 2 Cleanings/Year	
Vision	\$0 Office Visit Exam/Lenses = 12 mo. Frames=24 mo.		\$0 Office Visit Exam/Lenses = 12 mo. Frames=24 mo.		\$0 Office Visit Exam/Lenses = 12 mo. Frames=24 mo.		\$0 Office Visit Exam/Lenses = 12 mo. Frames=24 mo.		\$0 Office Visit Exam/Lenses = 12 mo. Frames=24 mo.		\$0 Office Visit Exam/Lenses = 12 mo. Frames=24 mo.	
Cost												
Rate	\$	1,363.00	\$	1,213.00	\$	1,182.00	\$	1,156.00	\$	1,148.00	\$	1,122.00
Dental	\$	108.00	\$	108.00	\$	108.00	\$	108.00	\$	108.00	\$	108.00
Vision	\$	22.10	\$	22.10	\$	22.10	\$	22.10	\$	22.10	\$	22.10
Life	\$	0.95	\$	0.95	\$	0.95	\$	0.95	\$	0.95	\$	0.95
Per Month	\$	1,494.05	\$	1,344.05	\$	1,313.05	\$	1,287.05	\$	1,279.05	\$	1,253.05
Yearly Premium	\$	17,928.60	\$	16,128.60	\$	15,756.60	\$	15,444.60	\$	15,348.60	\$	15,036.60
Deductible												
RX Deductible	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$	17,928.60	\$	16,128.60	\$	15,756.60	\$	15,444.60	\$	15,348.60	\$	15,036.60
New Cap (Total - New Cap)	\$	2,892.00	\$	1,092.00	\$	720.00	\$	408.00	\$	312.00	\$	(0.00)
New Cap Premium Only (Premium - New Cap)	\$	2,892.00	\$	1,092.00	\$	720.00	\$	408.00	\$	312.00	\$	(0.00)
New Cap Monthly Prem.	\$	289.20	\$	109.20	\$	72.00	\$	40.80	\$	31.20	\$	(0.00)