



Effective 11-1-07

<u>Monthly Premiums</u>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
Ages 6 weeks - 4	\$158.75	\$149.50	\$135.75
Ages 5-18	\$124.75	\$117.50	\$106.75
Ages 19-24	\$136.00	\$128.25	\$116.50

<u>Quarterly Premiums</u>	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
Ages 6 weeks - 4	\$476.25	\$448.50	\$407.25
Ages 5-18	\$374.25	\$352.50	\$320.25
Ages 19-24	\$408.00	\$384.75	\$349.50

The Benefit Period is 12 consecutive months from the effective date of coverage.



Benefit	Plan 1	Plan 2	Plan 3
Primary Care Physician Services	\$10 copayment per visit	\$15 copayment per visit	\$15 copayment per visit
Well-child Visits & Immunizations	\$10 copayment per visit	\$15 copayment per visit	\$15 copayment per visit
Specialist Visit	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible
Coinsurance Maximum	\$1,500 per Member per Benefit Period	\$2,000 per Member per Benefit Period	\$2,500 per Member per Benefit Period
Inpatient Hospital Services	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible
Outpatient Hospital Services	80% - Subject to deductible	80% - Subject to deductible	80% - Subject to deductible
Deductible	\$250 per Member per Benefit Period	\$500 per Member per Benefit Period	\$750 per Member per Benefit Period
Urgent Care	\$35 per visit, then 100% coverage	\$35 per visit, then 100% coverage	\$35 per visit, then 100% coverage
Mental Health (office services only)	100% after \$25 copayment per visit; up to 20 visits per Benefit Period	100% after \$25 copayment per visit; up to 20 visits per Benefit Period	100% after \$25 copayment per visit; up to 20 visits per Benefit Period
Lifetime Benefit Maximum	\$1 Million per Member	\$1 Million per Member	\$1 Million per Member
Prescription Drugs	\$7/\$15/\$30 copayment, then 100%	\$7/\$30/\$50 copayment, then 100%	\$7/\$30/\$50 copayment, then 100%
Maximum for Prescription Drugs	\$1000 per Benefit Period	No Maximum per Benefit Period	\$3000 per Benefit Period
Vision Care	Free annual eye exam	Free annual eye exam	Free annual eye exam
Dental Care	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period	Up to \$20 for one exam and \$30 for one cleaning per Benefit Period
Durable Medical Equipment	80% - Subject to deductible \$5,000 Max per Benefit Period	80% - Subject to deductible \$5,000 Max per Benefit Period	80% - Subject to deductible \$5,000 Max per Benefit Period

Coverage is now extended up to 25 years of age.