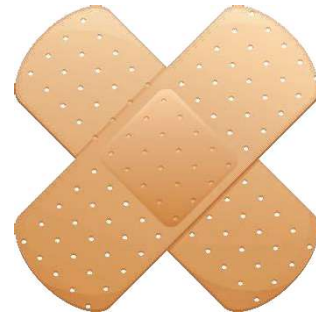


LOW OPTION

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$3,000	\$3,000
-Family	\$6,000	\$6,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$5,000
-Family	\$10,000	\$10,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

LOW OPTION – Blue Saver HSA RATES

Coverage Level	Monthly
Employee Only	\$180.08
Employee + Spouse	\$404.89
Employee + Child(ren)	\$292.86
Family	\$517.70

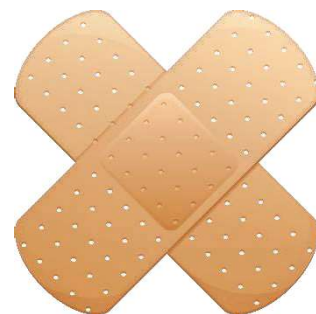


PPACA OPTION

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

PPACA OPTION – Blue Saver HSA RATES

Coverage Level	Monthly
Employee Only	\$103.11
Family	\$471.63



**Aggregate Out of Pocket – The medical and prescription deductible as well as the co-pays apply towards your out-of-pocket limit.