

Provision	Active — Co-Pay 1	Active — Co-Pay 2	Active — Hybrid 1 (Co-Pay + Deductible)	Active — Hybrid 2 (Co-Pay + Deductible)	Active — Hybrid 3 (Co-Pay + Deductible)	Active — HSA 1 (Lower Deductible)	Active — HSA 2 (Moderate Deductible)	Active — HSA 3 (Higher Deductible)
Preventive Care (Physical, Well-Child Visit, Mammogram, Pap Smear, Colonoscopy)	Free	Free	Free	Free	Free	Free	Free	Free
Physician Visit	\$25 (\$0 for Kids)	\$30 (\$0 for Kids)	\$25 (\$0 for Kids)	\$30 (\$0 for Kids)	\$30 (\$0 for Kids)	Deductible then 20%	Deductible then 0%	Deductible then 0%
Specialist Visit	\$40	\$50	\$40	\$50	\$50	Deductible then 20%	Deductible then 0%	Deductible then 0%
Hospital Stay	\$500	\$500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Outpatient Surgery	\$250	\$250	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Maternity	Covered in Full*	Covered in Full*	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20%	All Services Deductible then 0%	All Services Deductible then 0%
Emergency Room	\$250	\$250	\$150	\$250	\$250	Deductible then 20%	Deductible then 0%	Deductible then 0%
Ambulance	\$250	\$250	\$150	\$250	\$250	Deductible then 20%	Deductible then 0%	Deductible then 0%
Prescriptions (Generic Advantage Program applies**)	\$5/\$25/\$50 \$0 Generics for Kids	\$5/\$25/\$50 \$0 Generics for Kids Brand Deductible: \$250 per person/ \$750 family maximum	\$5/\$35/\$70 \$0 Generics for Kids Brand Deductible: \$250 per person/ \$750 family maximum	\$5/\$35/\$70 \$0 Generics for Kids Brand Deductible: \$250 per person/ \$750 family maximum	\$5/\$35/\$70 \$0 Generics for Kids Brand Deductible: \$250 per person/ \$750 family maximum	Deductible then \$5/\$35/\$70 \$0 Generics for Kids	Deductible then \$5/\$35/\$70 \$0 Generics for Kids	Deductible then 0%
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.							
Deductible	In-Network: None Out-of-Network: \$500 Single \$1,500 Family	In-Network: None Out-of-Network: \$500 Single \$1,500 Family	In-Network: \$500 Single \$1,500 Family Out-of-Network: \$500 Single \$1,500 Family (Combined In/Out)	In-Network: \$1,000 Single \$3,000 Family Out-of-Network: \$1,000 Single \$3,000 Family (Combined in/Out)	In-Network: \$2,000 Single \$6,000 Family Out-of-Network: \$2,000 Single \$6,000 Family (Combined in/Out)	In-Network: \$1,300 Single \$2,600 Family Out-of-Network: \$1,300 Single \$2,600 Family (Combined In/Out)	In-Network: \$2,600 Single \$5,200 Family Out-of-Network: \$2,600 Single \$5,200 Family (Combined In/Out)	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family (Combined in/Out)
Coinsurance	In-Network: None Out-of-Network: 20%	In-Network: None Out-of-Network: 20%	In-Network: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: 0% Out-of-Network: 0%	In-Network: 0% Out-of-Network: 0%
Out-of-Pocket Maximum	In-Network: None Out-of-Network: \$1,500 Single \$4,500 Family (Applies only to deductible)	In-Network: None Out-of-Network: \$1,500 Single \$4,500 Family (Applies only to deductible)	In-Network: \$1,500 Single \$4,500 Family Out-of-Network: \$1,500 Single \$4,500 Family	In-Network: \$3,000 Single \$9,000 Family Out-of-Network: \$3,000 Single \$9,000 Family	In-Network: \$6,000 Single \$18,000 Family Out-of-Network: \$6,000 Single \$18,000 Family	In-Network: \$3,000 Single \$6,000 Family Out-of-Network: \$3,000 Single \$6,000 Family	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family
Premium Quarterly - \$20 Admin Fee not included	Small Group \$1342.68 Single \$3529.20 Family Sole Proprietor \$1544.07 Single \$4058.58 Family	Small Group \$1270.92 Single \$3344.01 Family Sole Proprietor \$1461.54 Single \$3845.58 Family	Small Group \$1191.42 Single \$3136.20 Family Sole Proprietor \$1370.13 Single \$3606.63 Family	Small Group \$1079.91 Single \$2840.49 Family Sole Proprietor \$1241.88 Single \$3266.55 Family	Small Group \$984.57 Single \$2587.62 Family Sole Proprietor \$1132.26 Single \$2975.73 Family	Small Group \$747.69 Single \$1980.06 Family Sole Proprietor \$859.83 Single \$2277.06 Family	Small Group \$674.49 Single \$1785.90 Family Sole Proprietor \$775.65 Single \$2053.77 Family	Small Group \$463.95 Single \$1227.48 Family Sole Proprietor \$533.55 Single \$1411.59 Family
Cash Back	Cash Back program applies for all plans (up to \$525/year for Single and \$1,050 for Family).							

*Covered in Full beginning 1/1/2010. Through 2009, a \$500 co-pay applies per hospital admission and delivery.

**Under the Generic Advantage Program, if you purchase a brand name prescription drug that has a generic *equivalent*, then you must pay (\$5 dollar copay for generic drug) + (actual cost of brand name drug) – (actual cost of generic drug). This program does not apply to drugs that only have generic *alternatives*. Doctor's orders cannot override this policy.