


Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
1) HMO \$30/\$40 (1.10)								
HMO	None	\$30/\$40	\$1,000/admit	\$3,000	\$15GF \$35BF \$50NF	\$8,042.00	\$5,236.00	\$13,278.00
2) HMO \$20/\$40 (1.10)								
HMO	None	\$20/\$40	\$750/admit	\$2,000	\$15GF \$35BF \$50NF	\$8,738.00	\$5,687.00	\$14,425.00
3) HMO \$10/\$30 (1.10)								
HMO	None	\$10/\$30	\$300/admit	\$2,000	\$15GF \$35BF \$50NF	\$9,282.00	\$6,045.00	\$15,327.00
4) HMO \$10/\$20 (1.10)								
HMO	None	\$10/\$20	No Charge	\$1,500	\$10GF \$25BF \$50NF	\$10,426.00	\$6,781.00	\$17,207.00
5) MC Basic (1.10)								
PPO	\$1,500	\$20(3 visit max)	20%	\$3,000*	Discount Card	\$5,983.00	\$2,879.00	\$8,862.00
OON	\$1,500	Not Covered	50%*	\$6,000*	Not Covered			
6) MC \$2,000 80/50 (1.10)								
PPO	\$2,000	\$25	20%/50%	\$4,000*	\$15G \$35BF \$50BNF	\$9,040.00	\$4,346.00	\$13,386.00
OON	\$2,000	50%	50%*	\$8,000*	Not Covered			
7) MC \$1,000 80/50 (1.10)								
PPO	\$1,000	\$20	20%/50%	\$4,000*	\$15G \$35BF \$50BNF	\$9,733.00	\$4,681.00	\$14,414.00
OON	\$1,000	50%	50%*	\$8,000*	Not Covered			
8) EPO 80 (1.10)								
EPO	None	\$20/\$40	20%	\$3,500	\$15GF \$35BF \$50NF	\$10,930.00	\$5,684.00	\$16,614.00
9) MC \$500 80/50 (1.10)								
PPO	\$500	\$30	20%/50%	\$4,000*	\$15G \$35BF \$50BNF	\$11,533.00	\$5,546.00	\$17,079.00
OON	\$500	50%	50% plus \$250/admit*	\$8,000*	Not Covered			
10) EPO 90 (1.10)								
EPO	None	\$15/\$30	10%	\$2,500	\$15GF \$35BF \$50NF	\$11,761.00	\$6,116.00	\$17,877.00

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Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
11) MC \$500 80/60 (1.10)								
PPO	\$500	\$25	20%	\$3,500*	\$15G \$35BF \$50BNF	\$13,585.00	\$6,534.00	\$20,119.00
OON	\$500	40%	40% plus \$250/admit*	\$7,000*	Not Covered			
12) MC \$250 80/60 (1.10)								
PPO	\$250	\$20	20%	\$3,000*	\$15G \$35BF \$50BNF	\$15,590.00	\$7,500.00	\$23,090.00
OON	\$500	40%	40% plus \$250/admit	\$6,000*	Not Covered			
13) MC \$0 90/60 (1.10)								
PPO	None	\$10	10%	\$2,000	\$10G \$25BF \$50BNF	\$17,764.00	\$8,545.00	\$26,309.00
OON	\$250	40%	40% plus \$250/admit*	\$5,000*	Not Covered			
14) MC \$250 90/70 (1.10)								
PPO	\$250	\$15	10%	\$2,500*	\$10G \$25BF \$50BNF	\$18,396.00	\$8,846.00	\$27,242.00
OON	\$500	30%	30% plus \$250/admit	\$5,000*	Not Covered			
15) PPO \$500 90/70 (1.10)								
PPO	\$500	\$15/\$25	10% plus \$250/admit	\$3,000*	\$15G \$35BF \$50BNF	\$33,634.00	\$17,860.00	\$51,494.00
OON	\$500	30%	30% plus \$250/admit*	\$6,000*	Not Covered			
16) MC HSA HDHP \$3,000 80/50 (1.10)								
PPO	\$3,000/\$6,000	20%	20%	\$5,000/\$10,000	\$15G \$35BF \$50BNF*	\$7,335.00	\$3,524.00	\$10,859.00
OON	\$3,000/\$6,000	50%	50%*	\$5,000/\$10,000	Not Covered			
17) MC HSA HDHP \$2,200 80/50 (1.10)								
PPO	\$2,200/\$4,400	20%	20%	\$3,000/\$6,000	\$15G \$35BF \$50BNF*	\$8,205.00	\$3,947.00	\$12,152.00
OON	\$2,200/\$4,400	50%	50%*	\$5,000/\$10,000	Not Covered			

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Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
18) Power Select HMO * (0.90)								
HMO	\$500/member	\$25/\$35	10%	\$2,250	\$15G (50% up to \$25BF + \$150 Ded.)*	\$5,521.00	\$2,685.00	\$8,206.00
						Annual Savings: \$18,960.00		
19) Saver HMO (0.90)								
HMO	\$1,500/member	\$20	\$0 After Ded.	\$2,250	\$10G (\$25BF + \$150 Ded.) 50% (Limited*)	\$7,474.00	\$4,348.00	\$11,822.00
20) Classic HMO (0.90)								
HMO	None	\$20	\$250/admit	\$1,750	\$10G (\$25BF + \$150 Ded.) 50% Limited*	\$7,630.00	\$4,528.00	\$12,158.00
21) HMO 100% (0.90)								
HMO	None	\$10	No Charge	\$1,750	\$10G (\$20BF + \$150 Ded.) 50% (Limited*)	\$8,800.00	\$5,178.00	\$13,978.00
22) Basic PPO (0.90)								
PPO	\$1,250	Not Covered	20%	\$2,000	\$10G \$25BF \$500 Max	\$4,006.00	\$1,796.00	\$5,802.00
OON	\$1,250	Not Covered	> \$650/day	\$2,000	50% (Limited*)			
23) Saver PPO (0.90)								
PPO	\$500/\$5,000	\$20 2-AD/4-CH	20%	\$5,000	\$10G \$25BF \$500 Max	\$6,241.00	\$2,806.00	\$9,047.00
OON	\$500/\$5,000	50%	> \$650/day	\$5,000	50% (Limited*)			
24) \$35 Copay GenRx Plan (0.90)								
PPO	\$500	\$35*(x12)	35%	\$4,000	\$15G	\$6,736.00	\$3,046.00	\$9,782.00
OON	\$500	50%	> \$650/day	\$10,000(BCL)	50% (Limited*)			
25) Power HealthFund 500 Plan (0.90)								
PPO	\$1,000	\$40	40%	\$5,000	\$10G (\$35BF + \$350 Ded.)	\$7,525.00	\$2,944.00	\$10,469.00
OON	\$1,000	50%	> \$650/day	\$10,000(BCL)	50% (Limited*)			
26) PPO \$40 Copay (0.90)								
PPO	\$500	\$40*(x12)	40%	\$4,500	\$15G (\$25BF + \$150 Ded.)	\$8,444.00	\$3,824.00	\$12,268.00
OON	\$500	50%	> \$650/day	\$10,000(BCL)	50% (Limited*)			
27) Power HealthFund 750 Plan (0.90)								
PPO	\$500	\$35	25%	\$5,000	\$10G (\$30BF + \$250 Ded.)	\$8,985.00	\$3,893.00	\$12,878.00
OON	\$500	50%	> \$650/day	\$10,000(BCL)	50% (Limited*)			

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Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
28) PPO \$30 Copay (0.90)								
PPO	\$500	\$30*(x12)	30%	\$4,000	\$15G (\$25BF + \$150 Ded.)	\$9,641.00	\$4,384.00	\$14,025.00
OON	\$500	50%	> \$650/day	\$10,000(BCL)	50% (Limited*)			
29) Advantage PPO \$25 Copay (0.90)								
PPO	\$250	\$25*(x12)	30%* then 10%*	\$3,600	\$15G \$25BF	\$11,386.00	\$5,185.00	\$16,571.00
OON	\$250	50%	> \$650/day	\$10,000(BCL)	50% (Limited*)			
30) Premier \$20 Copay (0.90)								
PPO	\$250	\$20*(x12)	20%	\$3,000	\$15G \$25BF	\$12,750.00	\$5,792.00	\$18,542.00
OON	\$250	40%	40%	\$5,000	40% (Limited*)			
31) Premier \$10 Copay (0.90)								
PPO	\$250	\$10*(x12)	10%	\$2,500	\$10G \$20BF	\$15,044.00	\$6,749.00	\$21,793.00
OON	\$250	30%	30%	\$5,000	30% (Limited*)			
32) PPO 3500 (0.90)								
PPO	\$3,500/\$7,000	\$35 after ded.	No Charge after Ded.	\$4,000/\$7,500	\$10G \$25BF after deductible	\$5,155.00	\$2,127.00	\$7,282.00
OON	\$3,500/\$7,000	50%	50%	\$4,000/\$7,500	50% (Limited*)			
33) PPO 2400 (0.90)								
PPO	\$2,400/\$4,800	\$35 after ded.	20%	\$3,600/\$5,500	\$10G \$25BF after deductible	\$5,841.00	\$2,419.00	\$8,260.00
OON	\$2,400/\$4,800	50%	50%	\$3,600/\$5,500	50% (Limited*)			
34) High Deductible EPO (0.90)								
EPO	\$2,000/\$4,000	20%	20%	\$3,100/\$5,700	\$10G \$25BF + Ded.	\$6,514.00	\$2,119.00	\$8,633.00

Premium/Benefit Summary (by Carrier)

Sample Group


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Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
35) Power Select BeneFits * (0.90)				Annual Savings: \$11,832.00		\$5,764.00	\$3,036.00	\$8,800.00
HMO	\$500/member	\$25/\$35	10%	\$2,250	\$15G (50% up to \$25BF + \$150 Ded.)*			
36) Hospital BeneFits (0.90)				Annual Savings: \$57,132.00		\$3,470.00	\$1,555.00	\$5,025.00
PPO	\$1,250	Not Covered	30%	\$3,750	\$15G			
OON	\$1,250	Not Covered	> \$650/day	\$3,750	50%*			
37) Hospital BeneFits Plus (0.90)				Annual Savings: \$45,888.00		\$4,115.00	\$1,847.00	\$5,962.00
PPO	\$1,000	50%(\$500 Max)*	30%	\$3,500	\$15G			
OON	\$1,000	50%(\$500 Max)*	> \$650/day	\$3,500	50%*			
38) Hospital BeneFits Preferred (0.90)				Annual Savings: \$32,736.00		\$4,797.00	\$2,261.00	\$7,058.00
PPO	\$750	50%(\$750 Max)*	30%	\$3,250	\$15G			
OON	\$750	50%(\$750 Max)*	> \$650/day	\$3,250	50%*			
39) \$35 Copay GenRx BeneFits (0.90)				Annual Savings: \$48.00		\$6,736.00	\$3,046.00	\$9,782.00
PPO	\$500	\$35*(x12)	35%	\$4,000	\$15G			
OON	\$500	50%	> \$650/day	\$10,000(BCL)	50%*			

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Sample Group

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Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
blue  of california								
40) Access+ HMO Plan 40 * (1.10)						\$7,487.00	\$4,315.00	\$11,802.00
HMO	None	\$40/\$45	40%	\$3,500	\$15G (\$30BF+\$250 Ded.)			
41) Access+ HMO Plan 25 * (1.10)						\$8,170.00	\$4,716.00	\$12,886.00
HMO	None	\$25/\$40	25%	\$3,500	\$15G (\$30BF+\$250 Ded.)			
42) Access+ HMO 30 * (1.10)						\$8,678.00	\$5,016.00	\$13,694.00
HMO	None	\$30/\$45	\$500/day(x3)*	\$3,500	\$15G (\$30BF+\$150 Ded.)			
43) Access+ HMO Plan 20 * (1.10)						\$9,640.00	\$5,550.00	\$15,190.00
HMO	None	\$20/\$40	\$1,000/admit	\$2,500	\$15G (\$30BF \$45NF + \$150 Ded.)			
44) Access+ HMO Plan 15 * (1.10)						\$10,537.00	\$6,083.00	\$16,620.00
HMO	None	\$15/\$30	\$300/admit	\$2,000	\$15G \$30BF \$45NF			
45) Access+ HMO Plan 10 * (1.10)						\$11,315.00	\$6,514.00	\$17,829.00
HMO	None	\$10/\$30	\$100/admit	\$2,000	\$10G \$25BF \$45NF			
46) Access+ HMO Plan 5 * (1.10)						\$12,742.00	\$7,352.00	\$20,094.00
HMO	None	\$5/\$30	No Charge	\$1,500	\$10G \$25BF \$45NF			
47) Shield Spectrum 1500 Value (1.10)						\$5,684.00	\$2,910.00	\$8,594.00
PPO	\$1,500/member	\$30(x3)*	30%+\$1,000/year	\$4,500*	\$15G (\$30/30%BF \$500 Maximum)*			
OON	\$1,500/member	50%*	50%*	No Limit	Not Covered			
48) Shield Spectrum 1000 Value (1.10)						\$6,877.00	\$3,530.00	\$10,407.00
PPO	\$1,000/member	\$20(x3)*	30%+\$500/admit	\$4,000*	\$15G (\$30/30%BF \$1,000 Maximum)*			
OON	\$1,000/member	50%*	50%*	No Limit	Not Covered			
49) Shield Spectrum 3000 (1.10)						\$7,356.00	\$3,791.00	\$11,147.00
PPO	\$3,000	20%(Ded Waived)	20%+\$500/year	\$6,000*	\$15G (\$30BF \$45NF + \$500 Ded.)			
OON	\$3,000	50%	50%*	No Limit	Not Covered			

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Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
50) Shield Spectrum 750 Value (1.10)								
PPO	\$750/member	\$15(x3)*	30%+\$500/admit	\$4,000/member*	\$15G (\$30/30%BF+\$250 Ded.)	\$8,235.00	\$4,227.00	\$12,462.00
OON	\$750/member	50%*	50%*	No Limit	Not Covered			
51) Active Choice Plan 500 SG (1.10)								
PPO	None	\$0 to \$500*	30%+\$500/admit	\$5,000	\$10G (\$30BF \$45NF+\$500 Ded.)	\$9,468.00	\$4,835.00	\$14,303.00
OON	None	\$0 to \$500*	50%*	\$10,000	\$10G (\$30BF \$45NF+\$500 Ded.)			
52) Shield Spectrum 500 Value (1.10)								
PPO	\$500	\$45	30%+\$500/admit	\$5,000/member*	\$15G (\$30BF \$45NF+\$250 Ded.)*	\$9,470.00	\$4,858.00	\$14,328.00
OON	\$500	50%	50%*	\$10,000/member*	Not Covered			
53) Shield Spectrum 1000 (1.10)								
PPO	\$1,000	\$45	25%+\$1,000/year	\$5,000*	\$10G (\$25BF \$40NF+\$250 Ded.)	\$10,496.00	\$5,380.00	\$15,876.00
OON	\$1,000	50%	50%*	\$10,000*	25%+\$10G (\$25BF \$40NF+\$250 Ded.)			
54) Active Choice Plan 750 SG (1.10)								
PPO	None	\$0 to \$750*	20%+\$500/admit	\$5,000	\$10G (\$30BF \$45NF+\$250 Ded.)	\$10,732.00	\$5,486.00	\$16,218.00
OON	None	\$0 to \$750*	40%	\$10,000	\$10G (\$30BF \$45NF+\$250 Ded.)			
55) Shield Spectrum 500 Standard (1.10)								
PPO	\$500	\$40	30%+\$500/admit	\$4,000*	\$10G (\$25BF \$40NF+\$250 Ded.)	\$11,233.00	\$5,787.00	\$17,020.00
OON	\$500	50%	50%*	\$10,000*	25%+\$10G (\$25BF \$40NF+\$250 Ded.)			
56) Shield Spectrum 500 Premier (1.10)								
PPO	\$500	\$35	20%	\$3,500*	\$10G (\$25BF \$40NF+\$150 Ded.)	\$12,604.00	\$6,447.00	\$19,051.00
OON	\$500	40%	40%*	\$10,000*	25%+\$10G (\$25BF \$40NF+\$150 Ded.)			
57) Shield Spectrum 250 Standard (1.10)								
PPO	\$250	\$25	20%	\$3,000*	\$10G \$25BF \$40NF	\$14,311.00	\$7,344.00	\$21,655.00
OON	\$250	40%	40%*	\$10,000*	25%+\$10G \$25BF \$40NF			
58) Shield Spectrum 250 Premier (1.10)								
PPO	\$250	\$15	10%	\$2,000*	\$10G \$25BF \$40NF	\$15,703.00	\$8,046.00	\$23,749.00
OON	\$250	30%	30%*	\$10,000*	25%+\$10G \$25BF \$40NF			
59) Shield Spectrum Zero Ded. (1.10)								
PPO	None	\$10	10%	\$2,000	\$10G \$25BF \$40NF	\$18,823.00	\$9,619.00	\$28,442.00
OON	\$500	30%	30%*	\$5,000*	25%+\$10G \$25BF \$40NF			
60) Added Advantage POS Plan * (1.10)								
HMO	None	\$15	\$300/admit	\$2,000	\$10G (\$25BF+\$150 Ded.)	\$11,969.00	\$6,913.00	\$18,882.00
PPO	\$500	30%	30%	\$5,000*	\$10G (\$25BF+\$150 Ded.)			
OON	\$500	30%	30%*	\$5,000*	\$10G (\$25BF+ \$150 Ded.)			

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61) Shield Spectrum Savings	\$4,800 (1.10)			Annual Savings: \$21,804.00		\$5,270.00	\$2,699.00	\$7,969.00
PPO	\$4,800	No Charge after	No Charge after Ded.	\$4,800	No Charge after Deductible			
OON	\$4,800	Ded.	50%*	\$10,000	No Charge after Deductible			
		50%						
62) Shield Spectrum Savings	\$3,400 (1.10)			Annual Savings: \$18,000.00		\$5,473.00	\$2,813.00	\$8,286.00
PPO	\$3,400/\$6,800*	30%	30%	\$4,500/\$9,000*	30%			
OON	\$3,400/\$6,800*	50%	50%*	\$4,500/\$9,000*	30%			
63) Shield Spectrum Savings	\$2,600 (1.10)			Annual Savings: \$2,256.00		\$6,348.00	\$3,250.00	\$9,598.00
PPO	\$2,600/\$5,150*	30%	30%	\$5,000/\$10,000*	30%			
OON	\$2,600/\$5,150*	50%	50%*	\$5,000/\$10,000*	30%			
64) Shield Spectrum Savings	\$2,250 (1.10)					\$9,098.00	\$4,644.00	\$13,742.00
PPO	\$2,250/\$4,500*	20%	20%	\$4,500/\$9,000*	20%			
OON	\$2,250/\$4,500*	50%	50%*	\$4,500/\$9,000*	20%			

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65) Health Net Salud - Choice 25 * (1.00)						Annual Savings: \$33,019.68	\$4,601.81	\$2,432.55	\$7,034.36
LA	None	\$25	\$500/day*	\$2,500	\$15G \$25BF \$35NF				
Mex	\$500	\$5	No Charge	\$1,500	\$5G \$5BF				
66) Health Net - Choice 40 * (1.00)						\$6,286.93	\$3,744.19	\$10,031.12	
HMO	None	\$40	\$500/day	\$3,000	\$20G \$35BF				
67) Blue Shield - Choice 40 * (1.00)						\$6,717.09	\$3,909.60	\$10,626.69	
HMO	None	\$40	\$500/day	\$3,000	\$20G \$35BF				
68) Kaiser Permanente - Choice 40 * (1.00)						\$6,684.69	\$4,187.07	\$10,871.76	
HMO	None	\$40	\$500/day	\$3,000	\$20G \$35BF				
69) Kaiser Permanente - Choice 25 * (1.00)						\$7,170.51	\$4,496.51	\$11,667.02	
HMO	None	\$25	\$500/day*	\$2,500	\$15G \$25BF				
70) Health Net - Choice 25 * (1.00)						\$7,554.02	\$4,498.28	\$12,052.30	
HMO	None	\$25	\$500/day*	\$2,500	\$15G \$25BF				
71) Health Net EOA - Choice 25 * (1.00)						\$8,705.77	\$5,276.93	\$13,982.70	
HMO	None	\$25	\$500/day*	\$2,500	\$15G \$25BF				
EOA		\$40							
72) Blue Shield - Choice 25 * (1.00)						\$9,815.98	\$5,707.91	\$15,523.89	
HMO	None	\$25	\$500/day*	\$2,500	\$15G \$25BF				
73) Kaiser Permanente - Choice 10 * (1.00)						\$9,741.17	\$6,110.59	\$15,851.76	
HMO	None	\$10	\$300/admission	\$2,000	\$10G \$20BF				
74) Health Net - Choice 10 * (1.00)						\$10,870.85	\$6,447.21	\$17,318.06	
HMO	None	\$10	\$300/admission	\$2,000	\$10G \$20BF				

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75) Blue Shield - Choice 10 * (1.00)								
HMO	None	\$10	\$300/admission	\$2,000	\$10G \$20BF	\$13,502.95	\$7,861.01	\$21,363.96
						\$9,548.00	\$4,872.00	\$14,420.00
76) Active Choice 500 (1.00)								
PPO	None	\$0 to \$500*	\$500 + 30%	\$5,000	\$10G (\$30BF \$45NF+\$500 Ded.)			
OON	None	\$0 to \$500*	50% (\$600 max)	\$5,000	\$10G (\$30BF \$45NF+\$500 Ded.)			
77) PPO 2400 (1.00)								
PPO	\$2,400	\$40	20%	\$5,000*	\$15G (\$30BF \$45NF+\$200 Ded.)	\$11,367.50	\$5,772.74	\$17,140.24
OON	\$2,400	50%	50% (\$600 max)	\$10,000*	Not Covered			
78) PPO 1000 (1.00)								
PPO	\$1,000	\$35	\$1,000+30%	\$4,000*	\$15G (\$30BF \$45NF+\$150 Ded.)	\$13,130.89	\$6,666.04	\$19,796.93
OON	\$1,000	50%	50% (\$600 max)	\$10,000*	25%+\$15G (\$30BF \$45NF+\$150 Ded.)			
79) PPO 750 (1.00)								
PPO	\$750	\$35	\$500+20%	\$3,750*	\$15G (\$30BF \$45NF+\$150 Ded.)	\$16,239.39	\$8,245.91	\$24,485.30
OON	\$750	50%	50% (\$600 max)	\$10,000*	25%+\$15G (\$30BF \$45NF+\$150 Ded.)			
80) HSA 2400 (1.00)								
PPO	\$2,400/\$4,800	20%	20%	\$3,200/\$5,800	20%	\$8,669.55	\$4,395.72	\$13,065.27
OON	\$2,400/\$4,800	50%	50% (\$600 max)	\$3,200/\$5,800	20%			
81) HSA 1500 (1.00)								
PPO	\$1,500/\$3,000	20%	20%	\$2,800/\$5,600	20%	\$9,484.29	\$4,808.96	\$14,293.25
OON	\$1,500/\$3,000	50%	50% (\$600 max)	\$2,800/\$5,600	20%			

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
82) HMO C \$30/300 * (1.00)						\$7,609.78	\$4,903.32	\$12,513.10
HMO	None	\$30/\$50	\$300/day*	\$3,000	\$15G \$30PB \$45NPB			
83) HMO B \$20/200 * (1.00)						\$8,131.49	\$5,239.41	\$13,370.90
HMO	None	\$20/\$40	\$200/day*	\$2,000	\$15G \$30PB \$45NPB			
84) HMO F \$30/300 + Infertility * (1.00)						\$8,458.70	\$5,450.21	\$13,908.91
HMO	None	\$30/\$50	\$300/day*	\$3,000	\$15G \$30PB \$45NPB			
85) HMO A \$15/150 * (1.00)						\$8,877.04	\$5,719.78	\$14,596.82
HMO	None	\$15/\$25	\$150/day*	\$1,500	\$10G \$20PB \$40NPB			
86) HMO E \$20/200 + Infertility * (1.00)						\$8,980.26	\$5,786.35	\$14,766.61
HMO	None	\$20/\$40	\$200/day*	\$2,000	\$15G \$30PB \$45NPB			
87) HMO D \$15/150 + Infertility * (1.00)						\$9,725.74	\$6,266.76	\$15,992.50
HMO	None	\$15/\$25	\$150/day*	\$1,500	\$10G \$20PB \$40NPB			
88) OAP P \$25/80/50% + Infertility (High Deductible) (1.00)						\$8,848.12	\$5,875.10	\$14,723.22
PPO	\$2,000	\$25/\$50	20%	\$4,000*	\$15G \$30PB \$45NPB			
OON	\$4,000	50%	50%	\$12,000*	Not Covered			
89) OAP M \$25/80/50% (High Deductible) (1.00)						\$8,908.62	\$5,915.32	\$14,823.94
PPO	\$2,000	\$25/\$50	20%	\$4,000*	\$15G \$30PB \$45NPB			
OON	\$4,000	50%	50%	\$12,000*	Not Covered			
90) OAP L \$25/80/50% (1.00)						\$9,740.74	\$6,467.91	\$16,208.65
PPO	\$1,000	\$25/\$50	20%	\$5,000*	\$15G \$30PB \$45NPB			
OON	\$3,000	50%	50%	\$10,000*	Not Covered			
91) OAP O \$25/80/50% + Infertility (1.00)						\$10,285.48	\$6,829.53	\$17,115.01
PPO	\$1,000	\$25/\$50	20%	\$5,000*	\$15G \$30PB \$45NPB			
OON	\$3,000	50%	50%	\$10,000*	Not Covered			

Premium/Benefit Summary (by Carrier)

Sample Group


Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
92) OAP K \$20/90/60% (1.00)								
PPO	\$500	\$20/\$40	10%	\$3,000*	\$15G \$30PB \$45NPB	\$12,326.05	\$8,184.45	\$20,510.50
OON	\$1,500	40%	40%	\$6,000*	Not Covered			
93) OAP N \$20/90/60% + Infertility (1.00)								
PPO	\$500	\$20/\$40	10%	\$3,000*	\$15G \$30PB \$45NPB	\$12,870.63	\$8,546.16	\$21,416.79
OON	\$1,500	40%	40%	\$6,000*	Not Covered			
94) POS H \$30/300 * (1.00)								
HMO	None	\$30/\$50	\$300/day*	\$3,000	\$15G \$30PB \$45NPB	\$9,325.35	\$6,008.59	\$15,333.94
OON	\$2,000		\$600/day*	\$6,000*	Not Covered			
95) POS J \$30/300 + Infertility * (1.00)								
HMO	None	\$30/\$50	\$300/day*	\$3,000	\$15G \$30PB \$45NPB	\$10,322.34	\$6,651.11	\$16,973.45
OON	\$2,000		\$600/day*	\$6,000*	Not Covered			
96) POS G \$15/150 * (1.00)								
HMO	None	\$15/\$25	\$150/day*	\$1,500	\$10G \$20PB \$40NPB	\$11,148.78	\$7,183.58	\$18,332.36
OON	\$1,000		\$300/day*	\$3,000*	Not Covered			
97) POS I \$15/150 + Infertility * (1.00)								
HMO	None	\$15/\$25	\$150/day*	\$1,500	\$10G \$20PB \$40NPB	\$12,145.90	\$7,826.05	\$19,971.95
OON	\$1,000		\$300/day*	\$3,000*	Not Covered			

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
98) Salud HMO * (1.10)				Annual Savings: \$25,820.52		\$5,131.01	\$2,503.28	\$7,634.29
LA	None	\$15	\$250	\$1,500	\$5G \$15BF \$35NF			
Mex	None	\$5	No Charge	\$1,500	\$5G			
99) Silver HMO 40 Value * (1.10)				Annual Savings: \$23,270.64		\$4,932.28	\$2,914.50	\$7,846.78
HMO	None	\$40	40%	\$4,500	\$15G (\$30BF \$50NF+\$250)			
100) Silver HMO 30 Value * (1.10)				Annual Savings: \$11,769.00		\$5,493.03	\$3,312.22	\$8,805.25
HMO	None	\$30	30%	\$3,000	\$15G (\$30BF \$50NF+\$200)			
101) HMO 40 Value * (1.10)				Annual Savings: \$10,803.96		\$5,617.40	\$3,268.27	\$8,885.67
HMO	None	\$40	40%	\$4,500	\$15G (\$30BF \$50NF+\$250)			
102) Elect Open Access 40 Value * (1.10)				Annual Savings: \$8,763.36		\$5,650.63	\$3,405.09	\$9,055.72
HMO	None	\$40/\$55	40%	\$4,500	\$15G (\$30BF \$50NF+\$250)			
103) Silver HMO 40 Standard * (1.10)				Annual Savings: \$8,710.44		\$5,695.02	\$3,365.11	\$9,060.13
HMO	None	\$40	\$1,000/day(x3)	\$4,000	\$15G \$30BF \$50NF			
104) Silver HMO 20 Value * (1.10)				Annual Savings: \$1,377.00		\$6,034.20	\$3,637.05	\$9,671.25
HMO	None	\$20	20%	\$2,500	\$15G (\$30BF \$50NF+\$150)			
105) Elect Open Access 30 Value * (1.10)						\$6,128.44	\$3,692.93	\$9,821.37
HMO	None	\$30/\$45	30%	\$3,500	\$15G (\$30BF \$50NF+\$200)			
106) HMO 30 Value * (1.10)						\$6,256.29	\$3,717.19	\$9,973.48
HMO	None	\$30	30%	\$3,500	\$15G (\$30BF \$50NF+\$200)			
107) HMO 40 Standard * (1.10)						\$6,485.89	\$3,773.62	\$10,259.51
HMO	None	\$40	\$1,000/day(x3)*	\$4,000	\$15G \$30BF \$50NF			

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
108) Silver HMO 30 Standard * (1.10)						\$6,461.56	\$3,896.23	\$10,357.79
HMO	None	\$30	\$500/day(x3)	\$3,000	\$15G \$30BF \$50NF			
109) Elect Open Access 20 Value * (1.10)						\$6,752.72	\$4,069.17	\$10,821.89
HMO	None	\$20/\$35	20%	\$2,500	\$15G (\$30BF \$50NF+\$150)			
110) HMO 20 Value * (1.10)						\$6,872.20	\$4,079.98	\$10,952.18
HMO	None	\$20	20%	\$2,500	\$15G (\$30BF \$50NF+\$150)			
111) Elect Open Access 40 Standard * (1.10)						\$6,931.46	\$4,172.74	\$11,104.20
HMO	None	\$40/\$55	\$1,000/day(x3)*	\$3,000	\$15G \$30BF \$50NF			
112) Silver HMO 20 Standard * (1.10)						\$6,986.04	\$4,210.80	\$11,196.84
HMO	None	\$20	\$250/day(x3)	\$2,000	\$15G \$30BF \$50NF			
113) HMO 30 Standard * (1.10)						\$7,359.43	\$4,372.62	\$11,732.05
HMO	None	\$30	\$500/day(x3)*	\$3,000	\$15G \$30BF \$50NF			
114) Silver HMO 10 Value * (1.10)						\$7,376.04	\$4,435.10	\$11,811.14
HMO	None	\$10	10%	\$2,000	\$10G (\$25BF \$50NF+\$100)			
115) Elect Open Access 30 Standard * (1.10)						\$7,725.20	\$4,650.58	\$12,375.78
HMO	None	\$30/\$45	\$500/day(x3)	\$3,000	\$15G \$30BF \$50NF			
116) HMO 20 Standard * (1.10)						\$7,956.12	\$4,723.53	\$12,679.65
HMO	None	\$20	\$250/day(x3)	\$2,000	\$15G \$30BF \$50NF			
117) Elect Open Access 10 Value * (1.10)						\$8,013.32	\$4,828.67	\$12,841.99
HMO	None	\$10/\$25	10%	\$2,000	\$10G (\$25BF \$50NF+\$100)			
118) Silver HMO 10 Standard * (1.10)						\$8,225.81	\$4,946.16	\$13,171.97
HMO	None	\$10	No Charge	\$1,500	\$10G \$25BF \$50NF			
119) HMO 10 Value * (1.10)						\$8,402.35	\$4,979.60	\$13,381.95
HMO	None	\$10	10%	\$2,000	\$10G (\$25BF \$50NF+\$100)			

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
120) Elect Open Access 20 Standard * (1.10)								
HMO	None	\$20/\$35	\$250/day(x3)	\$2,000	\$15G \$30BF \$50NF	\$8,882.47	\$5,357.69	\$14,240.16
121) HMO 10 Standard * (1.10)								
HMO	None	\$10	No Charge	\$1,500	\$10G \$25BF \$50NF	\$9,370.53	\$5,553.37	\$14,923.90
122) Elect Open Access 10 Standard * (1.10)								
HMO	None	\$10/\$30	No Charge	\$1,500	\$10G \$25BF \$50NF	\$9,681.70	\$5,810.03	\$15,491.73
123) Salud PPO * (1.10)								
LA	\$100	\$15	20% + \$250	\$2,000	\$10G \$35BF 50%NF	\$4,919.14	\$2,399.90	\$7,319.04
Mex	None	\$5	10%	\$1,000	\$5G			
OON	\$1,000	50%	50% + \$250*	\$10,000	\$10G \$35BF 50%NF			
124) Salud Primero * (1.10)								
EPO	None	\$15	\$250/admit	\$1,500	\$10G \$35BF 50%NF	\$5,598.97	\$3,020.71	\$8,619.68
	None	Mex - \$5	Mex - No charge	N/A	Mex - \$5G			
125) PPO 40 Value (1.10)								
PPO	\$1,500	\$40	50% + \$500*	\$5,000	\$15G (\$30BF \$50NF+\$250)	\$7,240.15	\$3,389.84	\$10,629.99
OON	\$3,000	50%	50% + \$500*	\$10,000	50% + \$100 Ded.			
126) PPO 40 Standard (1.10)								
PPO	\$500	\$40	40% + \$500	\$5,000	\$15G \$30BF + \$150 ded. \$50NF	\$8,904.48	\$4,169.09	\$13,073.57
OON	\$1,000	50%	50% + \$500*	\$10,000	50% + \$100 Ded.			
127) PPO 30 Value (1.10)								
PPO	\$1,500	\$30	30% + \$250*	\$4,500	\$15G (\$30BF \$50NF+\$200)	\$9,565.27	\$4,518.86	\$14,084.13
OON	\$3,000	50%	50% + \$250*	\$9,000	50% + \$100 Ded.			
128) PPO 20 Value (1.10)								
PPO	\$1,250	\$20	20% + \$250*	\$3,500	\$15G (\$30BF \$50NF+\$150)	\$11,673.92	\$5,429.63	\$17,103.55
OON	\$2,500	50%	50% + \$250*	\$7,000	50% + \$100 Ded.			
129) PPO 30 Standard (1.10)								
PPO	\$500	\$30	20% + \$500*	\$3,500	\$15G \$30BF \$50NF	\$12,032.82	\$5,684.63	\$17,717.45
OON	\$1,000	50%	50% + \$500*	\$7,000	50% + \$100 Ded.			
130) PPO 20 Standard (1.10)								
PPO	\$250	\$20	10%+\$500*	\$3,000	\$15G \$30BF \$50NF	\$14,665.97	\$6,821.25	\$21,487.22
OON	\$500	50%	50%+\$500*	\$6,000	50% + \$100 Ded.			

Premium/Benefit Summary (by Carrier)

Sample Group


Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
131) PPO 10 Value (1.10)								
PPO	\$1,000	\$10	20%	\$2,500	\$10G (\$25BF \$50NF+\$100)	\$15,395.61	\$7,181.01	\$22,576.62
OON	\$2,000	40%	40%	\$5,000	50% + \$100 Ded.			
132) PPO 10 Standard (1.10)								
PPO	None	\$10	10%	\$2,500	\$10G \$20BF \$50NF	\$18,603.08	\$8,677.11	\$27,280.19
OON	\$500	30%	30%	\$5,000	50% + \$100 Ded.			
133) Select POS 20 * (1.10)								
HMO	None	\$20	\$250/day	\$2,000	\$15G \$30BF \$50NF	\$12,816.05	\$6,695.24	\$19,511.29
PPO	\$500	\$30	20%+\$250	\$3,500	\$15G \$30BF \$50NF			
OON	\$1,000	50%	50%+\$250*	\$7,000	50%			
134) Select POS 10 * (1.10)								
HMO	None	\$10	No Charge	\$1,500	\$10G \$25BF \$50NF	\$14,638.90	\$7,641.90	\$22,280.80
PPO	\$250	\$20	10%+\$250	\$3,000	\$10G \$25BF \$50NF			
OON	\$500	50%	50%+\$250*	\$6,000	50%			
135) HSA 40 (1.10)								
PPO	\$4,500	\$40 after ded	50% + \$500*	\$5,000	\$15G \$30BF \$50NF after Deductible	\$4,922.39	\$2,103.90	\$7,026.29
OON	\$4,500	50%	50% + \$500*	\$5,000	50%			
136) HSA 30 (1.10)								
PPO	\$3,500	\$30 after ded	30%	\$4,500	\$15G \$30BF \$50NF after Deductible	\$5,236.96	\$2,239.43	\$7,476.39
OON	\$3,500	50%	50%*	\$4,500	50%			
137) HSA 20 (1.10)								
PPO	\$2,500	\$20 after ded	20%	\$3,500	\$15G \$30BF \$50NF after Deductible	\$6,543.55	\$2,798.09	\$9,341.64
OON	\$2,500	50%	50%*	\$3,500	50%			
138) HSA 10 (1.10)								
PPO	\$1,500	\$10 after ded	20%	\$2,500	\$10G \$25BF \$50NF after Deductible	\$8,480.22	\$3,626.34	\$12,106.56
OON	\$1,500	40%	40%	\$2,500	50%			

Premium/Benefit Summary (by Carrier)

Proposed Effective Date: 2/1/2007

Sample Group

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
139) Salud HMO * (0.90)				Annual Savings: \$42,476.64		\$4,198.17	\$2,048.11	\$6,246.28
LA	None	\$15	\$250	\$1,500	\$5G \$15BF \$35NF			
Mex	None	\$5	No Charge	\$1,500	\$5G			
140) HMO 35 * (0.90)				Annual Savings: \$19,120.20		\$5,139.19	\$3,053.46	\$8,192.65
HMO	None	\$35	30%	\$4,000	\$15G \$30BF \$50NF (\$200 Brand Ded)			
141) Elect Open Access 35 * (0.90)				Annual Savings: \$18,638.76		\$5,162.71	\$3,070.06	\$8,232.77
HMO	None	\$35/\$50 50%	30%	\$4,000	\$15G \$30BF \$50NF (\$200 Brand Ded)			
142) HMO 25 * (0.90)				Annual Savings: \$8,436.72		\$5,699.26	\$3,383.68	\$9,082.94
HMO	None	\$25	20%	\$3,000	\$15G \$30BF \$50NF (\$150 Brand Ded)			
143) Elect Open Access 25 * (0.90)				Annual Savings: \$4,589.16		\$5,901.25	\$3,502.32	\$9,403.57
HMO	None	\$25/\$40 50%	20%	\$3,000	\$15G \$30BF \$50NF (\$150 Brand Ded)			
144) Salud PPO * (0.90)				Annual Savings: \$45,572.04		\$4,024.78	\$1,963.55	\$5,988.33
LA	\$100	\$15	20% + \$250	\$2,000	\$10G \$35BF 50%NF			
Mex	None	\$5	10%	\$1,000	\$5G			
OON	\$1,000	50%	50% + \$250*	\$10,000	\$10G \$35BF 50%NF			
145) Salud EPO * (0.90)				Annual Savings: \$32,802.24		\$4,580.99	\$2,471.49	\$7,052.48
EPO	None	\$15	\$250/admit	\$1,500	\$10G \$35BF 50%NF			
	None	Mex - \$5	Mex - No charge	N/A	Mex - \$5G			
146) PPO 1750 (0.90)						\$8,014.70	\$3,786.36	\$11,801.06
PPO	\$1,750	\$35	40% + \$250*	\$5,000	\$15G \$30BF \$50NF (\$200 Brand Ded)			
OON	\$3,500	50%	50% + \$250*	\$10,000	50% + \$100 Ded.			
147) PPO 1500 (0.90)						\$9,949.04	\$4,627.37	\$14,576.41
PPO	\$1,500	\$25	30% + \$250*	\$4,000	\$15G \$30BF \$50NF (\$150 Brand Ded)			
OON	\$3,000	50%	50% + \$250*	\$8,000	50% + \$100 Ded.			
148) PPO 500 (0.90)						\$10,602.06	\$5,008.67	\$15,610.73
PPO	\$500	\$35	30% + \$250*	\$4,000	\$15G \$30BF \$50NF (\$200 Brand Ded)			
OON	\$1,000	50%	50% + \$250*	\$8,000	50% + \$100 Ded.			

Premium/Benefit Summary (by Carrier)

Sample Group


Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
149) PPO 250 (0.90)								
PPO	\$250	\$25	20% + \$250*	\$3,500	\$15G \$30BF \$50NF (\$150 Brand Ded)	\$13,251.40	\$6,163.32	\$19,414.72
OON	\$500	50%	50% + \$250*	\$7,000	50% + \$100 Ded.			
150) HSA 4000 (0.90)								
PPO	\$4,000	\$35 after ded.	40% + \$250*	\$5,000	\$15G \$30BF \$50NF after ded	\$4,043.27	\$1,728.92	\$5,772.19
OON	\$4,000	50%	50% + \$250*	\$5,000	50% after ded			
151) HSA 3000 (0.90)								
PPO	\$3,000	\$25 after ded.	30% + \$250*	\$4,000	\$15G \$30BF \$50NF after ded	\$4,869.01	\$2,082.02	\$6,951.03
OON	\$3,000	50%	50% + \$250*	\$4,000	50% after ded			

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
152)	\$30/\$1,500 * (0.90)							
HMO	\$1,500	\$30 after ded.	\$500/day after ded.	\$3,500	\$10G (\$35BF + \$250 Ded.)	\$4,184.00	\$2,068.00	\$6,252.00
								Annual Savings: \$42,408.00
153)	\$30/\$1,000 * (0.90)							
HMO	\$1,000	\$30 after ded.	\$500/day after ded.	\$3,500	\$10G (\$35BF + \$250 Ded.)	\$5,145.00	\$2,549.00	\$7,694.00
								Annual Savings: \$25,104.00
154)	\$40/\$1,000 * (0.90)							
HMO	\$1,000	\$40	\$500/day after ded.	\$3,500	\$10G (\$35BF + \$250 Ded.)	\$5,220.00	\$2,584.00	\$7,804.00
								Annual Savings: \$23,784.00
155)	\$50 Copayment * (0.90)							
HMO	None	\$50	\$500/day	\$3,500	\$10G (\$35BF + \$250 Ded.)	\$5,533.00	\$3,524.00	\$9,057.00
								Annual Savings: \$8,748.00
156)	\$30 Copayment * (0.90)							
HMO	None	\$30	\$400/day	\$3,500	\$10G (\$35BF + \$250 Ded.)	\$6,025.00	\$3,834.00	\$9,859.00
								Annual Savings: \$8,748.00
157)	\$20 Copayment * (0.90)							
HMO	None	\$20	\$300/day	\$3,000	\$10G \$30BF	\$6,771.00	\$4,303.00	\$11,074.00
								Annual Savings: \$8,748.00
158)	\$15 Copayment * (0.90)							
HMO	None	\$15	\$200/day	\$3,000	\$10G \$25BF	\$7,648.00	\$4,864.00	\$12,512.00
								Annual Savings: \$8,748.00
159)	\$5 Copayment * (0.90)							
HMO	None	\$5	No Charge	\$1,500	\$5G \$15BF	\$9,505.00	\$6,038.00	\$15,543.00
								Annual Savings: \$8,748.00
160)	\$35 POS Option * (0.90)							
HMO	None	\$35	\$200/day	\$3,000	\$10G \$35BF \$40NF	\$10,161.00	\$5,939.00	\$16,100.00
PPO	\$500	\$45	30%	\$3,000	\$15G \$35BF \$40NF			
OON	\$500	50%	50%	\$6,000	Not Covered			
161)	\$30/\$2,700 (HSA) * (0.90)							
HMO	\$2,700	\$30 after ded.	30%	\$5,250	\$10G \$35BF after Ded.	\$2,916.00	\$1,440.00	\$4,356.00

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
162)	\$0/\$2,700 (HSA) * (0.90)							
HMO	\$2,700	No Charge after Ded.	No Charge after Ded.	\$2,700	No Charge after Ded.	\$3,303.00	\$1,625.00	\$4,928.00
								Annual Savings: \$58,296.00
163)	\$0/\$1,500 (HSA) * (0.90)							
HMO	\$1,500	No Charge after Ded.	No Charge after Ded.	\$1,500	No Charge after Ded.	\$4,067.00	\$2,017.00	\$6,084.00
								Annual Savings: \$44,424.00
164)	\$30/\$2,500 (HRA) * (0.90)							
HMO	\$2,500	\$30 after ded.	20%	\$5,000	\$10G (\$35BF + \$250 Ded.)	\$4,224.00	\$2,095.00	\$6,319.00
								Annual Savings: \$41,604.00
165)	\$30/\$1,500 (HRA) * (0.90)							
HMO	\$1,500	\$30 after ded.	20%	\$3,000	\$10G (\$35BF + \$250 Ded.)	\$4,714.00	\$2,342.00	\$7,056.00
								Annual Savings: \$32,760.00

Premium/Benefit Summary (by Carrier)

Sample Group


Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
KAISER PERMANENTE CHOICE SOLUTION A CHOICE Administrators® Program								
166) HMO 20/1000 * (1.00)								
HMO	\$1,000	\$20	20%	\$3,000	\$10G (\$30B plus \$100 ded)	\$5,789.49	\$2,829.24	\$8,618.73
						Annual Savings: \$14,007.24		
167) HMO 30 * (1.00)								
HMO	None	\$30	\$500/day	\$3,500	\$10G (\$30B plus \$100 ded)	\$6,860.88	\$4,300.56	\$11,161.44
168) HMO 10 * (1.00)								
HMO	None	\$10	\$200/day	\$1,500	\$10G \$20B	\$9,616.35	\$6,028.09	\$15,644.44
169) PPO 500 (1.00)								
PPO	\$500	\$20	\$250+20%/admit	\$1,500*	\$15G \$40B	\$14,605.86	\$7,458.48	\$22,064.34
OON	\$500	40%	\$500+40%/admit	\$4,500*	Not Covered			
170) POS 1000 * (1.00)								
HMO	None	\$25	\$250/admit	\$1,500	\$10G \$30B \$40NF	\$11,792.97	\$6,807.02	\$18,599.99
PPO	\$1,000	\$40	\$250+10%/admit	\$3,000*	\$20G \$40B \$50NF			
OON	\$1,000	30%	\$500+30%/admit	\$4,500*	Not Covered			
171) POS 500 * (1.00)								
HMO	None	\$20	\$250/admit	\$1,500	\$10G \$30B \$40NF	\$12,458.50	\$7,185.98	\$19,644.48
PPO	\$500	\$30	\$250+20%/admit	\$1,500*	\$20G \$40B \$50NF			
OON	\$500	40%	\$500+40%/admit	\$3,000*	Not Covered			
172) Indemnity (1.00)								
IND	\$500	\$25	\$500+30%/admit	\$1,500*	\$15G \$40B	\$20,723.96	\$10,528.65	\$31,252.61
173) HDHP 2400 * (1.00)								
HMO	\$2,400/\$4,800	\$30 after Ded.	20%	\$3,200/\$5,800	\$10G \$30B after Ded.	\$4,072.49	\$1,995.33	\$6,067.82
174) HDHP 1400 * (1.00)								
HMO	\$1,400/\$2,800	No Charge after Ded.	No Charge after Ded.	\$1,400/\$2,800	No Charge after Ded.	\$5,191.80	\$2,533.34	\$7,725.14

Premium/Benefit Summary (by Carrier)

Sample Group


Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
175) Plan 5 (1.00)						\$10,772.48	\$5,513.98	\$16,286.46
<i>PPO</i>	\$2,500/\$5,000	20%	20%	\$5,000/\$10,000	20%			
<i>OON</i>	\$5,000/\$10,000	40%	40%*	\$10,000/\$20,000	Not Covered			

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium	
 A UnitedHealthcare Company									
176) SignatureValue 20/1500ded * (1.10)						\$8,359.35	\$4,814.73	\$13,174.08	
HMO	\$1,500	\$20	\$500/day after Ded.	\$4,000	\$20G \$35BF \$50NF				
177) SignatureValue HMO 35/600d * (1.10)						\$8,995.66	\$5,181.26	\$14,176.92	
HMO	None	\$35	\$600/day*	\$5,000	\$15G \$35BF \$50NF				
178) SignatureValue HMO 20-40/500d * (1.10)						\$9,342.58	\$5,381.05	\$14,723.63	
HMO	None	\$20/\$40	\$500/day	\$3,000	\$15G \$35BF \$50NF				
179) SignatureValue HMO 10/500d * (1.10)						\$9,789.98	\$5,638.76	\$15,428.74	
HMO	None	\$10	\$500 per day*	\$2,000	\$15G \$35BF \$50NF				
180) SignatureValue HMO 15-30/250a * (1.10)						\$10,798.86	\$6,219.83	\$17,018.69	
HMO	None	\$15/\$30	\$250/admit	\$1,500	\$10G \$25BF \$35NF				
181) SignatureValue HMO 10-30/100 * (1.10)						\$11,424.54	\$6,580.29	\$18,004.83	
HMO	None	\$10/\$30	No Charge	\$1,500	\$10G \$25BF \$35NF				
182) SignatureOptions 70/50 \$3,500 (1.10)						Annual Savings: \$31,133.28	\$4,732.26	\$2,459.30	\$7,191.56
PPO	\$3,500	30%	30%	\$2,000*	\$10G (\$35BF \$50NF+\$250)				
OON	\$3,500	50%	50%*	\$10,000*	20%+\$10G (\$35BF \$50NF+\$250)				
183) SignatureFreedom 50/50 \$3,000 (1.10)						Annual Savings: \$23,637.24	\$5,143.25	\$2,672.98	\$7,816.23
PPO	\$3,000	\$0 then 50%*	50%	\$5,000*	\$10G \$35BF \$50NF				
OON	\$3,000	\$0 then 50%*	50%*	\$10,000*	20% + \$10G \$35BF \$50NF				
184) SignatureFreedom 50/50 \$3,000 w/dental (1.10)						Annual Savings: \$18,904.56	\$5,402.85	\$2,807.77	\$8,210.62
PPO	\$3,000	\$0 then 50%*	50%	\$5,000*	\$10G \$35BF \$50NF				
OON	\$3,000	\$0 then 50%*	50%*	\$10,000*	20% + \$10G \$35BF \$50NF				
185) SignatureOptions 70/50 \$2,000 (1.10)						Annual Savings: \$1,429.80	\$6,361.07	\$3,305.78	\$9,666.85
PPO	\$2,000	30%	30%	\$3,000*	\$10G (\$35BF \$50NF+\$250)				
OON	\$2,000	50%	50%*	\$10,000*	20%+\$10G (\$35BF \$50NF+\$250)				

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
186) SignatureFreedom 70/50 \$2,000 (1.10)								
						Annual Savings: \$1,290.36		
PPO	\$2,000	\$0 then 30%*	30%	\$5,000*	\$10G \$35BF \$50NF	\$6,368.62	\$3,309.85	\$9,678.47
OON	\$2,000	\$0 then 50%*	50%*	\$10,000*	20% + \$10G \$35BF \$50NF			
187) SignatureOptions 50/50 \$1,000 (1.10)								
PPO	\$1,000	\$35	50%	\$3,000*	\$10G \$35BF \$50NF	\$6,443.21	\$3,348.54	\$9,791.75
OON	\$1,000	50%	50%*	\$6,000*	20% + \$10G \$35BF \$50NF			
188) SignatureOptions 70/50 \$1,000 (1.10)								
PPO	\$1,000	\$35	30%	\$5,000*	\$10G \$35BF \$50NF	\$6,782.51	\$3,524.69	\$10,307.20
OON	\$1,000	50%	50%*	\$10,000*	20% + \$10G \$35BF \$50NF			
189) SignatureFreedom 70/50 \$2,000 w/dental (1.10)								
PPO	\$2,000	\$0 then 30%*	30%	\$5,000*	\$10G \$35BF \$50NF	\$6,815.70	\$3,542.19	\$10,357.89
OON	\$2,000	\$0 then 50%*	50%*	\$10,000*	20% + \$10G \$35BF \$50NF			
190) SignatureFreedom 80/50 \$2,000 (1.10)								
PPO	\$2,000	\$0 then 20%*	20%	\$3,000*	\$10G \$25BF \$50NF	\$7,784.36	\$4,045.44	\$11,829.80
OON	\$2,000	\$0 then 50%*	50%*	\$6,000*	20% + \$10G \$25BF \$50NF			
191) SignatureFreedom 80/50 \$2,000 w/dental (1.10)								
PPO	\$2,000	\$0 then 20%*	20%	\$3,000*	\$10G \$25BF \$50NF	\$8,069.46	\$4,193.69	\$12,263.15
OON	\$2,000	\$0 then 50%*	50%*	\$6,000*	20% + \$10G \$25BF \$50NF			
192) SignatureOptions 80/60 \$500 (1.10)								
PPO	\$500	\$35	20%	\$5,000*	\$10G \$35BF \$50NF	\$10,099.18	\$5,248.42	\$15,347.60
OON	\$500	40%	40%*	\$10,000*	20% + \$10G \$35BF \$50NF			
193) SignatureOptions 70/50 \$250 (1.10)								
PPO	\$250	\$30	30%	\$3,000*	\$10G \$35BF \$50NF	\$10,260.99	\$5,332.50	\$15,593.49
OON	\$250	50%	50%*	\$6,000*	20% + \$10G \$35BF \$50NF			
194) SignatureOptions 80/60 \$250 (1.10)								
PPO	\$250	\$20	20%	\$3,000*	\$10G \$25BF \$50NF	\$14,109.49	\$7,332.53	\$21,442.02
OON	\$250	40%	40%*	\$6,000*	20% + \$10G \$25BF \$50NF			
195) SignatureOptions 90/50 \$250 (1.10)								
PPO	\$250	\$15	10%	\$3,000*	\$10G \$25BF \$50NF	\$14,941.75	\$7,765.17	\$22,706.92
OON	\$250	50%	50% + \$500	\$6,000*	20% + \$10G \$25BF \$50NF			
196) SignaturePOS ** (1.10)								
HMO	None	\$15	\$250/admit	\$2,500	\$10G \$25BF \$50NF	\$14,108.96	\$8,419.06	\$22,528.02
PPO	\$300	\$35	20%	\$4,000	\$10G \$25BF \$50NF			
OON	\$300	40%	40%	\$4,000	\$10G \$25BF \$50NF			

Premium/Benefit Summary (by Carrier)

Sample Group


Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
197) SignatureOptions 100/50 \$5,000 (HDHP) (1.10)								
				Annual Savings: \$41,580.48		\$4,159.36	\$2,161.60	\$6,320.96
PPO	\$5,000/\$10,000	No charge after	No charge after ded.	\$5,000/\$10,000	No charge after ded.			
OON	\$10,000/\$20,000	ded. 50%	50%*	\$20,000/\$40,000	50%			
198) SignatureOptions 70/50 \$3,500 (HDHP) (1.10)								
				Annual Savings: \$32,163.84		\$4,675.73	\$2,429.95	\$7,105.68
PPO	\$3,500/\$7,000	30%	30%	\$5,000/\$10,000	30%			
OON	\$7,000/\$14,000	50%	50%*	\$15,000/\$30,000	50%			
199) SignatureOptions 80/50 \$2,700 (HDHP) (1.10)								
				Annual Savings: \$18,904.56		\$5,402.85	\$2,807.77	\$8,210.62
PPO	\$2,700/\$5,400	20%	20%	\$5,000/\$10,000	20%			
OON	\$5,000/\$10,000	50%	50%*	\$15,000/\$30,000	50%			

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
								
200) Choice Plus QA-E (0.90)				Annual Savings: \$32,908.80		\$4,634.87	\$2,408.73	\$7,043.60
PPO	\$3,500	30%	30%	\$5,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after \$250*			
OON	\$7,000	50%	50%	\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after \$250*			
201) Choice Plus QA-D (0.90)				Annual Savings: \$23,095.80		\$5,172.98	\$2,688.37	\$7,861.35
PPO	\$2,000	30%	30%	\$4,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after \$250*			
OON	\$4,000	50%	50%	\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after \$250*			
202) Choice Plus QA-G (0.90)				Annual Savings: \$22,690.20		\$5,195.22	\$2,699.93	\$7,895.15
PPO	\$2,500	\$25	20%	\$4,500	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after \$250*			
OON	\$5,000	40%	40%	\$9,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after \$250*			
203) Choice Plus QA-F (0.90)				Annual Savings: \$22,574.40		\$5,201.60	\$2,703.20	\$7,904.80
PPO	\$2,000	20%	20%	\$4,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after \$250*			
OON	\$4,000	50%	50%	\$8,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after \$250*			
204) Choice Plus QA-C (0.90)				Annual Savings: \$11,282.04		\$5,820.82	\$3,025.01	\$8,845.83
PPO	\$1,000	\$35	30%	\$5,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
OON	\$2,000	50%	50%	\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
205) Choice Plus 100% QA-J (0.90)						\$7,677.73	\$3,990.07	\$11,667.80
PPO	\$2,000	\$25	No Charge after ded.	\$2,000	Lvl 1: \$10 Lvl 2: \$35 Lvl 3: \$60			
OON	\$4,000	20%	20%	\$8,000	Lvl 1: \$10 Lvl 2: \$35 Lvl 3: \$60			
206) Choice Plus QA-B (0.90)						\$8,166.51	\$4,244.15	\$12,410.66
PPO	\$500	\$35	20%	\$5,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
OON	\$1,000	40%	40%	\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
207) Choice Plus QA-A (0.90)						\$8,742.98	\$4,543.64	\$13,286.62
PPO	\$250	\$30	30%	\$3,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
OON	\$500	50%	50%	\$6,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
208) Choice Plus QA-I (0.90)						\$10,506.55	\$5,460.16	\$15,966.71
PPO	\$500	\$20	20%	\$2,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
OON	\$1,000	40%	40%	\$4,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
209) Choice Plus QA-H (0.90)						\$11,510.93	\$5,982.08	\$17,493.01
PPO	\$500	\$20	10%	\$2,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			
OON	\$1,000	30%	30%	\$4,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50			

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
210) Definity HSA QB-C (0.90)								
PPO	\$5,000/\$10,000	No Charge after	No Charge after ded.	\$5,000/\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$3,562.95	\$1,851.58	\$5,414.53
OON	\$7,500/\$15,000	ded. 50%	50%	\$10,000/\$20,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$52,457.64								
211) Definity HSA QB-B (0.90)								
PPO	\$3,500/\$7,000	30%	30%	\$5,000/\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$4,030.88	\$2,094.73	\$6,125.61
OON	\$7,000/\$14,000	50%	50%	\$10,000/\$20,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$43,924.68								
212) Definity HSA HY-C (0.90)								
PPO	\$5,000	No Charge after	No Charge after ded.	\$5,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$4,336.00	\$2,253.36	\$6,589.36
OON	\$7,500	ded. 20%	20%	\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$38,359.68								
213) Definity HRA QA-M (0.90)								
PPO	\$5,000	No Charge after	No Charge after ded.	\$5,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$4,336.00	\$2,253.36	\$6,589.36
OON	\$7,500	ded. 20%	20%	\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$38,359.68								
214) Definity HSA QB-A (0.90)								
PPO	\$2,700/\$5,400	20%	20%	\$5,000/\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$4,466.38	\$2,321.05	\$6,787.43
OON	\$5,000/\$10,000	50%	50%	\$10,000/\$20,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$35,982.84								
215) Definity HSA HY-B (0.90)								
PPO	\$2,500	20%	20%	\$5,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$4,580.99	\$2,380.71	\$6,961.70
OON	\$5,000	40%	40%	\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$33,891.60								
216) Definity HRA QA-L (0.90)								
PPO	\$2,500	20%	20%	\$5,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$4,580.99	\$2,380.71	\$6,961.70
OON	\$5,000	40%	40%	\$10,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$33,891.60								
217) Definity HSA HD-O (0.90)								
PPO	\$1,500/\$3,000	20%	20%	\$3,000/\$6,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$5,133.82	\$2,668.04	\$7,801.86
OON	\$3,000/\$6,000	40%	40%	\$6,000/\$12,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$23,809.68								
218) Definity HRA QA-K (0.90)								
PPO	\$1,500/\$3,000	20%	20%	\$3,000/\$6,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.	\$5,133.82	\$2,668.04	\$7,801.86
OON	\$3,000/\$6,000	40%	40%	\$6,000/\$12,000	Lvl 1: \$10 Lvl 2: \$30 Lvl 3: \$50 after ded.			
Annual Savings: \$23,809.68								

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Rx Card	Employees	Dependents	Premium
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Important Rate Information

It is our goal to provide you with an accurate report based on the information provided. Although we believe the rate and benefit information to be current and correct, keep in mind that final rates and benefits are based upon actual enrollment. We assume no liability for rate or benefit level differences and ask that you not cancel your current group insurance policy until a new policy is approved and you have confirmed the rates and benefits to your satisfaction. This is a summary of plan rates and benefits. For comprehensive details refer to the Master Contract or Benefits Booklet.

Carriers participation guidelines will determine plan eligibility. Rates illustrated on this report are reflective of the carriers "Standard Risk Rates" plus or minus any risk adjustment factor applied to the final rates. Keep in mind that final rates and benefits are based on actual plan selection (including plan riders you may request), the Employee's zip code of residence, the Employer's SIC code, and the assignment of any rate adjustment factors due to the health plan's underwriting guidelines.

Do not cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits by the insurance companies underwriting department. Rates in this report are subject to change without notice.

Important California Disclosure Advisement and Notification: As provided in the California HealthCare reform bill "AB1672", all insurance carriers are obligated to sell any small group employer any health plan offered to any other small group. You may request the actual rates that would be charged for any given small group plan design by the carrier, or by your broker representative. You may also request a Summary Brochure for each plan offered to you in this report.

Footnotes to the Plan Name/Description

- * One or more employees reside outside of the plan service area and therefore the total premium quoted for this plan does not include rates for all employees.
- ** One or more employees were rated using an out-of-area plan. Therefore the total premium for this plan includes rates for this carrier's "Out-of-Area" plan. Please refer to the "Employee Detail Report" for specific plan information.

Premium/Benefit Summary (by Carrier)

Sample Group

Proposed Effective Date: 2/1/2007

Employee Census

<u>Employee</u>	<u>Age</u>	<u>Coverage</u>	<u>Zip Code</u>
Applen	45	Employee & Spouse	95464
Barney	70	Single	91364
Brown	46	Single	90048
Bird	36	Single	91607
Blum	35	Single	90046
Ciance	36	Employee & Children	90038
Corbett	36	Single	90266
Corwin	50	Single	91307
Culp	51	Employee & Children	92376
Dichecco	36	Employee & Family	91042
Dixon	30	Employee & Spouse	91040
Ehbracht	38	Single	90404
Garrison	49	Employee & Family	91340
Gervino	40	Single	90026
Graham	31	Single	90046
Hammer	29	Single	91040
Jones	35	Employee & Family	91040
Jurich	56	Single	91401
Marks	40	Single	90048
Neurath	36	Single	91601
Polger	52	Employee & Family	91302
Riehn	34	Single	91403
Rose	34	Single	91311
Shoemaker	42	Employee & Family	93003
Shukoff	32	Single	90036
Supnik	56	Employee & Family	91210
Thomas	41	Employee & Spouse	90638
Vincent	34	Single	90254
Wyrick	34	Single	90045