

| Summary of Benefits | Buy Up | | Base | | HDHP | |
|-------------------------------------|---|--|---|--|---|---|
| | Preferred Provider/In-network | Out of Network | Preferred Provider/In-network | Out of Network | Preferred Provider/In-network | Out of Network |
| Deductible Ind. Family | \$250 \$500 | \$350 \$700 | \$500 \$1000 | \$1000 \$2000 | \$1250 \$2500 | \$1250 \$2500 |
| Coinsurance | 80%/20% | 70%/30% | 80%/20% | 60%/40% | 80%/20% | 60%/40% |
| Out-of-Pocket max* Ind. Family | \$3000 \$6000 | \$5000 \$10,000 | \$3000 \$6000 | \$5000 \$10,000 | \$4000 \$8000 | \$6000 \$12,000 |
| Office Visit | \$15 co-pay. | 70%/30% after deductible. | \$20 co-pay PCP. \$40 co-pay Specialist. | 60%/40% after deductible. | 80%/20% after deductible.** | 60%/40% after deductible.** |
| Preventative Care/Annual Physical | \$15 co-pay. | 70%/30% after deductible. | \$20 co-pay PCP. \$40 co-pay Specialist. | 60%/40% after deductible. | Free | Preventative Care 60%/40% after deductible Physical not covered |
| Inpatient – Hospital | 80%/20% after deductible. | 70%/30% after deductible. | 80%/20% after deductible. | 60%/40% after deductible. | 80%/20% after deductible. | 60%/40% after deductible. |
| Outpatient Services | 80%/20% after deductible. | 70%/30% after deductible. | 80%/20% after deductible. | 60%/40% after deductible. | 80%/20% after deductible. | 60%/40% after deductible. |
| Emergency Room | \$50 access fee; then 80%/20% after deductible. Access fee waived if admitted to hospital. | | \$100 access fee; then 80%/20% after deductible Access fee waived if admitted to hospital. | | \$100 access fee; then 80%/20% after deductible Access fee waived if admitted to hospital. | |
| Urgent Care | \$25 co-pay, deductible waived. | 70%/30% after deductible. | \$50 co-pay, deductible waived. | 60%/40% after deductible. | 80%/20% after deductible. | 60%/40% after deductible. |
| Behavioral/Mental Health | Inpatient 80%/20% after deductible. Biodyne \$15 co-pay/unlimited | Inpatient 70%/30% after deductible. Biodyne \$15 co-pay/unlimited | Inpatient 80%/20% after deductible. Biodyne \$15 co-pay/unlimited | Inpatient 60%/40% after deductible. Biodyne \$15 co-pay/unlimited | Inpatient 80%/20% after deductible. Outpatient 50/50 for up to 52 visits | Inpatient 60%/40% after deductible. Outpatient 50/50 for up to 52 visits |
| Prescription Rx Retail Mail RX (2x) | \$7/20/40/80 2x co-pay for 90 day supply | No coverage | \$7/20/40/80 2x co-pay for 90 day supply | No coverage | 80%/20% after deductible. | No coverage |

For Current, Buy-up and Base Plans, the maximum out-of-pocket excludes the deductible, co-pays and access fees.
In the HDHP, the deductible is included in the maximum out-of-pocket.

| Premiums | Buy-up 7/1/08-6/30/09 | Base 7/1/08-6/30/09 | HDHP*** 7/1/08-6/30/09 |
|----------------------|--------------------------|------------------------|---------------------------|
| Employee Only | \$454.08 | \$428.60 | \$384.48 |
| CCC Pays | \$428.60 | \$428.60 | \$384.48*** |
| Employee pays | \$25.48 | \$0.00 | \$0.00 |
| Dependent(s) | \$702.16 | \$662.76 | \$581.66 |
| CCC Pays | \$212.08 | \$212.08 | \$212.08 |
| Employee Pays | \$490.08 | \$450.68 | \$369.58 |

** Preventative care office visits and associated expenses are not subject to a deductible or coinsurance up to \$300 annually.

*** HDHP= An additional \$44.12/month is deposited into Employee Health Savings Account or \$44.12 into Flexible Spending Account.