

Medical Plan Options for 2012
Choice Plus- Regular

	Plan 7A-F / RX 5U
Network Deductible (Ind/Family)	1,500 / 4,500
Network Out of Pocket Max (Ind/Family)	1,500 / 4,500
Non-Network Deductible	3,000 / 9,000
Non Network Out of Pocket Max	6,000 / 12,000
Hospital-Inpatient Coinsurance	100%
Outpatient Surgery	100%
Office Copay	\$25
Specialist	\$50
Urgent Care	\$75
Emergency Room	\$200
In-Network Coinsurance	100%
Non-Network Coinsurance	80%
RX	\$10/\$35/\$60/\$100

Dental-Regular

Plan I0028
\$50/\$150
\$1,000 Ortho Lifetime per individual
\$1,000 Annual Benefit per individual
Preventive- 100%
Minor Restore- 80%
Endo/Perio/Oral- 80%
Major Services- 50%

	Health Full Premium	Employee Pays	Dental Full Premium	Employee Pays	Total Premium
Employee Only	353.52	89.00	65.27	16.00	105.00
Employee and Spouse	742.40	185.00	138.41	35.00	220.00
Employee and Child	671.69	120.00	130.54	23.00	143.00
Employee and Family	1060.57	191.00	210.39	38.00	229.00