

Health Carrier	Security Health Plan		Security Health Plan			
	Northwest Area Local Governmental Units Health Ins. Purchasing Cooperative					
Insurance Type	HMO		HMO			
	HDHP Embedded - HSA		HDHP Embedded - HSA			
Provider Network:	HMO Premier		HMO Explore (For Out of Area Retirees)			
Deductible	Single	Family	Single	Family		
In Network	\$3,000	\$6,000	\$3,000	\$6,000		
Out of Network	NA	NA	NA	NA		
Co-Insurance	100% after Deductible		100% after Deductible			
In Network	100% after Deductible		100% after Deductible			
Out of Network	Not Applicable		Not Applicable			
Maximum Out-of-Pocket	Single	Family	Single	Family		
In Network	\$4,000	\$8,000	\$4,000	\$8,000		
	Includes RX Copay		Includes RX Copay			
Out of Network	NA	NA	NA	NA		
Office Visits	PCP	Specialist	PCP	Specialist		
In Network	100% after Deductible		100% after Deductible			
Out of Network	Not Covered		Not Covered			
Routine/Preventive Care	Select Services Covered In Full		Select Services Covered In Full			
In Network	Select Services Covered In Full		Select Services Covered In Full			
Out of Network	Not Covered		Not Covered			
Urgent Care	100% after Deductible		100% after Deductible			
In Network	100% after Deductible		100% after Deductible			
Out of Network	100% after Deductible		100% after Deductible			
Emergency Room	100% after Deductible		100% after Deductible			
	100% after Deductible		100% after Deductible			
High Tech Imaging	100% after Deductible		100% after Deductible			
In Network	100% after Deductible		100% after Deductible			
Out of Network	Not Covered		Not Covered			
Hospital Services	100% after Deductible		100% after Deductible			
In Network	100% after Deductible		100% after Deductible			
Out of Network	Not Covered		Not Covered			
Prescription Drugs	Tier 1 / Tier 2 / Tier 3 / Specialty		Tier 1 / Tier 2 / Tier 3 / Specialty			
	Deductible, then Copays of \$10 / \$30 / \$60 / 25% Preventive Meds - No Cost to Employee		Deductible, then Copays of \$10 / \$30 / \$60 / 25% Preventive Meds - No Cost to Employee			
Vision Benefit	Exam Only, In Network		Exam Only, In Network			
	Covered as Preventive - No Cost Sharing		Covered as Preventive - No Cost Sharing			
Rates		Current	Renewal	Current	Renewal	
Single	9	\$812.39	\$836.76	0	\$848.14	\$873.58
Family	31	\$1,836.00	\$1,891.08	0	\$1,916.80	\$1,974.29
	Annual Δ% from Current		3.00%			
Monthly Totals		\$64,228	\$66,154	\$0	\$0	
Annual Totals		\$770,730	\$793,852	\$0	\$0	
	Annual Δ% from Current - All Plans		3.00%	Total Enrollment 40		
Monthly Totals - Combined		\$64,228	\$66,154			
Annual Totals - Combined		\$770,730	\$793,852			
	Annual Δ\$ from Current		\$23,122			

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.