

INSURANCE COMPARISON

	----2008 PLAN----	-----2007 PLANS-----	
	PPO 75/50	EPO 90	PPO 90/70
BENEFITS SUMMARY	<u>In-Network</u>	<u>In-Network</u>	<u>In-Network</u>
Health Insurance (Empire BCBS)			
Deductibles	\$900 / 1,800	\$100 / 250	\$250 / 500
OOP Max	\$3,600 / 7,200	\$1,100 / 2,250	\$1,250 / 2,500
Office Visit Copay	\$35	\$25	\$25
Coinsurance	25%	10%	10%
ER Service	\$50	\$50	\$50
Prescription Drugs (Medco)			
Retail (30 day supply)			
Deductible	\$50 person	\$50 person	\$50 person
Gen/Form/Non-Form	\$10 / 30 / 50	\$10 / 30 / 50	\$10 / 30 / 50
Mail-order (90 day supply)			
Deductible	\$0	\$0	\$0
Gen/Form/Non-Form	\$25 / 70 / 120	\$25 / 70 / 120	\$25 / 70 / 120
Mental Health (Cigna)			
Outpatient	\$25 per visit	\$25 per visit	\$25 per visit
Inpatient coinsurance	\$100 per day \$600 max	\$100 per day \$600 max	\$100 per day \$600 max
Vision (EyeMed)			
Exam	\$10	\$10	\$10
Standard Lens	\$10	\$10	\$10
Frames	\$130	\$130	\$130
Contacts	\$130	\$130	\$130
Health Reimbursement Account (HRA) (Kabel Business Services)	Will reimburse up to \$1,800 / \$3,600 for deductible and coinsurance expenses		
COSTS			
ANNUAL INSURANCE PREMIUM	\$7,704 / \$17,724	\$7,932 / 18,240	\$8,304 / \$19,104
HEALTH REIMBURSEMENT ACCOUNT (HRA)			
Employer-contribution	\$450 / \$900		
FEEES			
HRA 3rd Party Administrator	\$93 / \$93		
TOTAL:	8,247 / 18,717	7,932 / 18,240	8,304 / 19,104
(OPTIONAL) FLEXIBLE SPENDING ACCOUNT (FSA)			
Kabel Business Services	\$9 / month / spending account \$18 / year for debit card (optional)		