

Exhibit A - 2010 Plan Design Summary

Plan A			Plan B			Plan C		
Enrollment	43,056		Enrollment	3,415		Enrollment	396	
	Single	Family		Single	Family		Single	Family
Deductible	\$150	\$300	Deductible	\$0	\$0	Deductible	\$1,500	\$3,000
Coinsurance	20%	20%	Coinsurance	30%	30%	Coinsurance	20%	20%
Coinsurance Max	\$1,200	\$2,400	Coinsurance Max	\$2,200	\$4,400	Coinsurance Max	\$1,500	\$3,000
Total Deductible & Coinsurance	\$1,350	\$2,700	Total Deductible & Coinsurance	\$2,200	\$4,400	Out-of-Pocket Max¹	\$3,000	\$6,000
Office Visits	Adult	Child	Office Visits	Adult	Child	Office Visits	Adult	Child
PCP Copay	\$20	\$20	PCP Copay	\$20	\$10	PCP	Ded & Coins ³	
Specialist	\$40	\$40	Specialist	\$40	\$25	Specialist		
Preventive Care	Paid in Full		Preventive Care	Paid in Full		Preventive Care	Paid in Full	
ER Visit	\$100 Copay/Ded/Coins		ER Visit	\$100 Copay/Coins		ER Visit	Ded/Coins	
Drug OOP Max²	Coins until member pays out \$2,580 per person (excludes non preferred drugs)		Drug OOP Max	Coins until members pays out \$2,580 per person (excludes non preferred drugs)		Drugs	Subject to Ded and Copays. Included in the medical out-of-pocket	

1. Plan C- Medical care, office visits and prescription drugs subject to the plan deductible, coinsurance/copays up to the plan out-of-pocket maximum.
2. Drug OOP Max = For Plans A and B, prescription drugs are subject to a separate benefit and the OOP = Out-of-Pocket maximum of \$2,580 applies to each member covered under the plan and is in addition to the medical deductible and coinsurance.
3. Ded & Coins = Deductible and then Coinsurance.