

# Wellness Horizons® Group Health Plans



Allied Administration & Insurance Services

## Group Health Monthly Rates For the Calendar Month including 07/01/09

### Area/Zip Chart for California

**AREA 1**

932, 933, 934, 936, 937, 938, 953

**AREA 2**

954, 955, 959

**AREA 3**

917, 919, 920, 921, 922, 923, 924, 925, 941, 942, 957, 958

**AREA 4**

931, 943, 945, 946, 947, 948, 950, 951, 952, 956

**AREA 5**

906, 907, 908, 910, 911, 912, 915, 918

**AREA 6**

928, 930, 960

**AREA 7**

926, 927, 939, 961

**AREA 8**

905, 940, 944, 949

**AREA 9**

900, 901, 902, 903, 904, 913, 914, 916, 935

**PLAN SELECTIONS:**

American Alternative Insurance Corporation

PPO Network: First Health

Risk Adjustment Factor as shown for each benefit plan (groups of 2 to 5 will be rated at a 1.1 RAF)

NOTE: Rates include a non-commissionable monthly PPO access/admin fee.

# AREA 1

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$123	\$286	\$297	\$460
30 to 39	\$151	\$331	\$321	\$501
40 to 49	\$180	\$365	\$340	\$525
50 to 54	\$227	\$447	\$382	\$602
55 to 59	\$278	\$560	\$420	\$702
60 to 64	\$345	\$700	\$476	\$831
65 + Medicare Primary	\$261	\$697	\$384	\$820
65 + Medicare Secondary	\$416	\$852	\$539	\$975

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$113	\$262	\$277	\$426
30 to 39	\$137	\$301	\$296	\$460
40 to 49	\$162	\$326	\$312	\$476
50 to 54	\$203	\$398	\$347	\$542
55 to 59	\$248	\$499	\$380	\$631
60 to 64	\$309	\$625	\$430	\$746
65 + Medicare Primary	\$218	\$605	\$331	\$718
65 + Medicare Secondary	\$373	\$760	\$486	\$873

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$102	\$237	\$255	\$390
30 to 39	\$123	\$270	\$272	\$419
40 to 49	\$143	\$286	\$283	\$426
50 to 54	\$179	\$348	\$313	\$482
55 to 59	\$219	\$437	\$340	\$558
60 to 64	\$272	\$548	\$382	\$658
65 + Medicare Primary	\$173	\$509	\$276	\$612
65 + Medicare Secondary	\$328	\$664	\$431	\$767

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$115	\$265	\$272	\$422
30 to 39	\$140	\$306	\$293	\$459
40 to 49	\$168	\$340	\$313	\$485
50 to 54	\$212	\$417	\$352	\$557
55 to 59	\$259	\$522	\$389	\$652
60 to 64	\$322	\$653	\$443	\$774
65 + Medicare Primary	\$253	\$660	\$367	\$774
65 + Medicare Secondary	\$388	\$795	\$502	\$909

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$104	\$240	\$251	\$387
30 to 39	\$127	\$277	\$270	\$420
40 to 49	\$150	\$302	\$285	\$437
50 to 54	\$188	\$368	\$318	\$498
55 to 59	\$230	\$462	\$350	\$582
60 to 64	\$286	\$578	\$397	\$689
65 + Medicare Primary	\$209	\$567	\$313	\$671
65 + Medicare Secondary	\$345	\$703	\$449	\$807

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$93	\$215	\$229	\$351
30 to 39	\$113	\$246	\$245	\$378
40 to 49	\$131	\$262	\$256	\$387
50 to 54	\$164	\$319	\$284	\$439
55 to 59	\$200	\$399	\$309	\$508
60 to 64	\$248	\$499	\$348	\$599
65 + Medicare Primary	\$165	\$472	\$259	\$566
65 + Medicare Secondary	\$300	\$607	\$394	\$701

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$155	\$366	\$371	\$582
30 to 39	\$189	\$420	\$399	\$630
40 to 49	\$223	\$454	\$421	\$652
50 to 54	\$282	\$556	\$472	\$746
55 to 59	\$345	\$697	\$519	\$871
60 to 64	\$430	\$874	\$589	\$1033
65 + Medicare Primary	\$298	\$842	\$447	\$991
65 + Medicare Secondary	\$520	\$1064	\$669	\$1213

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$145	\$342	\$351	\$548
30 to 39	\$176	\$391	\$375	\$590
40 to 49	\$205	\$416	\$392	\$603
50 to 54	\$258	\$507	\$438	\$687
55 to 59	\$316	\$637	\$479	\$800
60 to 64	\$394	\$799	\$543	\$948
65 + Medicare Primary	\$255	\$750	\$393	\$888
65 + Medicare Secondary	\$477	\$972	\$615	\$1110

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$134	\$317	\$329	\$512
30 to 39	\$162	\$360	\$351	\$549
40 to 49	\$186	\$376	\$363	\$553
50 to 54	\$234	\$458	\$403	\$627
55 to 59	\$286	\$574	\$439	\$727
60 to 64	\$356	\$720	\$494	\$858
65 + Medicare Primary	\$210	\$654	\$338	\$782
65 + Medicare Secondary	\$432	\$876	\$560	\$1004

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$146	\$343	\$343	\$540
30 to 39	\$179	\$396	\$371	\$588
40 to 49	\$212	\$430	\$393	\$611
50 to 54	\$267	\$526	\$442	\$701
55 to 59	\$327	\$660	\$487	\$820
60 to 64	\$407	\$827	\$555	\$975
65 + Medicare Primary	\$290	\$805	\$429	\$944
65 + Medicare Secondary	\$492	\$1007	\$631	\$1146

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$136	\$319	\$323	\$506
30 to 39	\$165	\$365	\$346	\$546
40 to 49	\$193	\$391	\$364	\$562
50 to 54	\$243	\$477	\$407	\$641
55 to 59	\$298	\$600	\$448	\$750
60 to 64	\$371	\$752	\$508	\$889
65 + Medicare Primary	\$247	\$712	\$376	\$841
65 + Medicare Secondary	\$448	\$913	\$577	\$1042

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$125	\$294	\$301	\$470
30 to 39	\$151	\$335	\$322	\$506
40 to 49	\$175	\$352	\$336	\$513
50 to 54	\$219	\$428	\$373	\$582
55 to 59	\$268	\$537	\$408	\$677
60 to 64	\$333	\$673	\$460	\$800
65 + Medicare Primary	\$202	\$617	\$320	\$735
65 + Medicare Secondary	\$404	\$819	\$522	\$937

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$85	\$190	\$195	\$300
30 to 39	\$104	\$222	\$211	\$329
40 to 49	\$126	\$253	\$228	\$355
50 to 54	\$158	\$310	\$257	\$409
55 to 59	\$193	\$388	\$285	\$480
60 to 64	\$240	\$485	\$326	\$571
65 + Medicare Primary	\$208	\$510	\$290	\$592
65 + Medicare Secondary	\$287	\$589	\$369	\$671

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$74	\$165	\$174	\$265
30 to 39	\$90	\$192	\$187	\$289
40 to 49	\$108	\$215	\$200	\$307
50 to 54	\$135	\$262	\$224	\$351
55 to 59	\$164	\$327	\$246	\$409
60 to 64	\$203	\$408	\$279	\$484
65 + Medicare Primary	\$165	\$418	\$236	\$489
65 + Medicare Secondary	\$244	\$497	\$315	\$568

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$63	\$140	\$152	\$229
30 to 39	\$76	\$161	\$163	\$248
40 to 49	\$89	\$175	\$171	\$257
50 to 54	\$111	\$213	\$189	\$291
55 to 59	\$134	\$265	\$205	\$336
60 to 64	\$166	\$331	\$231	\$396
65 + Medicare Primary	\$120	\$322	\$181	\$383
65 + Medicare Secondary	\$199	\$401	\$260	\$462

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$76	\$168	\$170	\$262
30 to 39	\$93	\$197	\$186	\$290
40 to 49	\$114	\$228	\$203	\$317
50 to 54	\$143	\$280	\$229	\$366
55 to 59	\$175	\$351	\$256	\$432
60 to 64	\$217	\$437	\$294	\$514
65 + Medicare Primary	\$200	\$473	\$273	\$546
65 + Medicare Secondary	\$259	\$532	\$332	\$605

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$65	\$143	\$149	\$227
30 to 39	\$79	\$167	\$161	\$249
40 to 49	\$96	\$190	\$175	\$269
50 to 54	\$120	\$232	\$196	\$308
55 to 59	\$146	\$290	\$217	\$361
60 to 64	\$180	\$361	\$246	\$427
65 + Medicare Primary	\$156	\$379	\$219	\$442
65 + Medicare Secondary	\$215	\$438	\$278	\$501

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$55	\$119	\$129	\$193
30 to 39	\$65	\$136	\$137	\$208
40 to 49	\$77	\$150	\$145	\$218
50 to 54	\$96	\$183	\$162	\$249
55 to 59	\$116	\$228	\$176	\$288
60 to 64	\$143	\$284	\$199	\$340
65 + Medicare Primary	\$112	\$285	\$165	\$338
65 + Medicare Secondary	\$171	\$344	\$224	\$397

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$106	\$242	\$259	\$395
30 to 39	\$129	\$281	\$278	\$430
40 to 49	\$155	\$313	\$296	\$454
50 to 54	\$195	\$383	\$330	\$518
55 to 59	\$238	\$480	\$362	\$604
60 to 64	\$296	\$600	\$411	\$715
65 + Medicare Primary	\$236	\$610	\$344	\$718
65 + Medicare Secondary	\$356	\$730	\$464	\$838

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$95	\$218	\$237	\$360
30 to 39	\$115	\$250	\$253	\$388
40 to 49	\$137	\$275	\$267	\$405
50 to 54	\$172	\$335	\$297	\$460
55 to 59	\$209	\$419	\$323	\$533
60 to 64	\$260	\$525	\$364	\$629
65 + Medicare Primary	\$192	\$517	\$290	\$615
65 + Medicare Secondary	\$313	\$638	\$411	\$736

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$84	\$192	\$216	\$324
30 to 39	\$101	\$219	\$229	\$347
40 to 49	\$118	\$235	\$238	\$355
50 to 54	\$148	\$286	\$262	\$400
55 to 59	\$180	\$358	\$284	\$462
60 to 64	\$223	\$447	\$317	\$541
65 + Medicare Primary	\$148	\$422	\$235	\$509
65 + Medicare Secondary	\$268	\$542	\$355	\$629

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$97	\$220	\$220	\$343
30 to 39	\$118	\$256	\$238	\$376
40 to 49	\$143	\$288	\$258	\$403
50 to 54	\$180	\$353	\$291	\$464
55 to 59	\$220	\$443	\$324	\$547
60 to 64	\$273	\$553	\$370	\$650
65 + Medicare Primary	\$227	\$572	\$319	\$664
65 + Medicare Secondary	\$328	\$673	\$420	\$765

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$86	\$195	\$199	\$308
30 to 39	\$105	\$226	\$215	\$336
40 to 49	\$125	\$250	\$229	\$354
50 to 54	\$157	\$306	\$258	\$407
55 to 59	\$191	\$382	\$284	\$475
60 to 64	\$237	\$478	\$324	\$565
65 + Medicare Primary	\$184	\$479	\$266	\$561
65 + Medicare Secondary	\$285	\$580	\$367	\$662

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$76	\$171	\$178	\$273
30 to 39	\$91	\$195	\$190	\$294
40 to 49	\$106	\$210	\$200	\$304
50 to 54	\$133	\$256	\$223	\$346
55 to 59	\$161	\$320	\$244	\$403
60 to 64	\$199	\$399	\$275	\$475
65 + Medicare Primary	\$139	\$384	\$210	\$455
65 + Medicare Secondary	\$240	\$485	\$311	\$556

## AREA 2

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$128	\$297	\$309	\$478
30 to 39	\$156	\$344	\$332	\$520
40 to 49	\$187	\$379	\$354	\$546
50 to 54	\$236	\$464	\$397	\$625
55 to 59	\$288	\$582	\$436	\$730
60 to 64	\$359	\$729	\$495	\$865
65 + Medicare Primary	\$271	\$725	\$399	\$853
65 + Medicare Secondary	\$433	\$887	\$561	\$1015

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$117	\$272	\$288	\$443
30 to 39	\$142	\$312	\$308	\$478
40 to 49	\$168	\$339	\$324	\$495
50 to 54	\$211	\$414	\$361	\$564
55 to 59	\$258	\$519	\$395	\$656
60 to 64	\$321	\$650	\$447	\$776
65 + Medicare Primary	\$226	\$628	\$344	\$746
65 + Medicare Secondary	\$388	\$790	\$506	\$908

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$106	\$246	\$266	\$406
30 to 39	\$128	\$281	\$283	\$436
40 to 49	\$148	\$297	\$293	\$442
50 to 54	\$186	\$362	\$325	\$501
55 to 59	\$227	\$454	\$353	\$580
60 to 64	\$282	\$569	\$397	\$684
65 + Medicare Primary	\$180	\$530	\$287	\$637
65 + Medicare Secondary	\$341	\$691	\$448	\$798

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$119	\$275	\$282	\$438
30 to 39	\$145	\$318	\$304	\$477
40 to 49	\$175	\$354	\$326	\$505
50 to 54	\$220	\$433	\$366	\$579
55 to 59	\$269	\$543	\$404	\$678
60 to 64	\$335	\$680	\$461	\$806
65 + Medicare Primary	\$262	\$685	\$381	\$804
65 + Medicare Secondary	\$403	\$826	\$522	\$945

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$108	\$249	\$261	\$402
30 to 39	\$131	\$287	\$280	\$436
40 to 49	\$156	\$314	\$297	\$455
50 to 54	\$196	\$383	\$331	\$518
55 to 59	\$239	\$480	\$364	\$605
60 to 64	\$297	\$601	\$412	\$716
65 + Medicare Primary	\$217	\$589	\$325	\$697
65 + Medicare Secondary	\$358	\$730	\$466	\$838

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$97	\$223	\$239	\$365
30 to 39	\$117	\$255	\$255	\$393
40 to 49	\$136	\$272	\$266	\$402
50 to 54	\$171	\$332	\$295	\$456
55 to 59	\$208	\$415	\$322	\$529
60 to 64	\$258	\$519	\$362	\$623
65 + Medicare Primary	\$171	\$490	\$268	\$587
65 + Medicare Secondary	\$312	\$631	\$409	\$728

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$161	\$380	\$386	\$605
30 to 39	\$196	\$436	\$414	\$654
40 to 49	\$232	\$472	\$438	\$678
50 to 54	\$293	\$578	\$490	\$775
55 to 59	\$359	\$725	\$539	\$905
60 to 64	\$447	\$909	\$612	\$1074
65 + Medicare Primary	\$310	\$876	\$464	\$1030
65 + Medicare Secondary	\$540	\$1106	\$694	\$1260

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$150	\$355	\$364	\$569
30 to 39	\$182	\$405	\$389	\$612
40 to 49	\$213	\$432	\$408	\$627
50 to 54	\$268	\$527	\$455	\$714
55 to 59	\$328	\$662	\$498	\$832
60 to 64	\$409	\$830	\$564	\$985
65 + Medicare Primary	\$265	\$779	\$409	\$923
65 + Medicare Secondary	\$495	\$1009	\$639	\$1153

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$139	\$329	\$342	\$532
30 to 39	\$168	\$374	\$364	\$570
40 to 49	\$193	\$391	\$377	\$575
50 to 54	\$243	\$476	\$419	\$652
55 to 59	\$297	\$597	\$456	\$756
60 to 64	\$370	\$749	\$514	\$893
65 + Medicare Primary	\$219	\$681	\$352	\$814
65 + Medicare Secondary	\$449	\$911	\$582	\$1044

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$152	\$357	\$357	\$562
30 to 39	\$185	\$411	\$384	\$610
40 to 49	\$220	\$447	\$409	\$636
50 to 54	\$277	\$546	\$458	\$727
55 to 59	\$339	\$686	\$506	\$853
60 to 64	\$423	\$860	\$577	\$1014
65 + Medicare Primary	\$301	\$836	\$445	\$980
65 + Medicare Secondary	\$511	\$1046	\$655	\$1190

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$141	\$332	\$335	\$526
30 to 39	\$171	\$379	\$360	\$568
40 to 49	\$201	\$407	\$379	\$585
50 to 54	\$253	\$497	\$424	\$668
55 to 59	\$309	\$623	\$465	\$779
60 to 64	\$385	\$781	\$528	\$924
65 + Medicare Primary	\$256	\$740	\$390	\$874
65 + Medicare Secondary	\$466	\$950	\$600	\$1084

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$130	\$306	\$313	\$489
30 to 39	\$157	\$348	\$335	\$526
40 to 49	\$181	\$365	\$348	\$532
50 to 54	\$228	\$445	\$388	\$605
55 to 59	\$278	\$558	\$423	\$703
60 to 64	\$346	\$700	\$478	\$832
65 + Medicare Primary	\$210	\$641	\$333	\$764
65 + Medicare Secondary	\$420	\$851	\$543	\$974

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$88	\$197	\$202	\$311
30 to 39	\$107	\$230	\$219	\$342
40 to 49	\$131	\$263	\$238	\$370
50 to 54	\$164	\$322	\$267	\$425
55 to 59	\$200	\$403	\$296	\$499
60 to 64	\$249	\$503	\$338	\$592
65 + Medicare Primary	\$216	\$530	\$301	\$615
65 + Medicare Secondary	\$298	\$612	\$383	\$697

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$77	\$172	\$181	\$276
30 to 39	\$93	\$199	\$194	\$300
40 to 49	\$112	\$223	\$208	\$319
50 to 54	\$140	\$272	\$232	\$364
55 to 59	\$170	\$340	\$255	\$425
60 to 64	\$211	\$424	\$290	\$503
65 + Medicare Primary	\$171	\$434	\$245	\$508
65 + Medicare Secondary	\$253	\$516	\$327	\$590

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$66	\$146	\$159	\$239
30 to 39	\$79	\$167	\$169	\$257
40 to 49	\$92	\$181	\$177	\$266
50 to 54	\$115	\$221	\$196	\$302
55 to 59	\$139	\$275	\$213	\$349
60 to 64	\$172	\$343	\$240	\$411
65 + Medicare Primary	\$125	\$335	\$188	\$398
65 + Medicare Secondary	\$207	\$417	\$270	\$480

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$78	\$174	\$176	\$272
30 to 39	\$96	\$204	\$192	\$300
40 to 49	\$118	\$237	\$210	\$329
50 to 54	\$149	\$292	\$239	\$382
55 to 59	\$181	\$364	\$266	\$449
60 to 64	\$225	\$454	\$305	\$534
65 + Medicare Primary	\$207	\$491	\$283	\$567
65 + Medicare Secondary	\$269	\$553	\$345	\$629

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$68	\$149	\$156	\$237
30 to 39	\$82	\$173	\$168	\$259
40 to 49	\$99	\$197	\$181	\$279
50 to 54	\$124	\$241	\$203	\$320
55 to 59	\$151	\$301	\$225	\$375
60 to 64	\$187	\$375	\$256	\$444
65 + Medicare Primary	\$162	\$394	\$228	\$460
65 + Medicare Secondary	\$224	\$456	\$290	\$522

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$56	\$122	\$133	\$199
30 to 39	\$68	\$142	\$143	\$217
40 to 49	\$80	\$156	\$151	\$227
50 to 54	\$99	\$189	\$167	\$257
55 to 59	\$120	\$236	\$183	\$299
60 to 64	\$148	\$294	\$206	\$352
65 + Medicare Primary	\$116	\$296	\$171	\$351
65 + Medicare Secondary	\$177	\$357	\$232	\$412

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$109	\$251	\$268	\$410
30 to 39	\$134	\$292	\$288	\$446
40 to 49	\$161	\$325	\$307	\$471
50 to 54	\$203	\$399	\$344	\$540
55 to 59	\$248	\$500	\$377	\$629
60 to 64	\$308	\$624	\$427	\$743
65 + Medicare Primary	\$245	\$634	\$357	\$746
65 + Medicare Secondary	\$370	\$759	\$482	\$871

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$99	\$227	\$247	\$375
30 to 39	\$120	\$261	\$264	\$405
40 to 49	\$142	\$285	\$277	\$420
50 to 54	\$178	\$348	\$308	\$478
55 to 59	\$217	\$436	\$336	\$555
60 to 64	\$270	\$545	\$379	\$654
65 + Medicare Primary	\$200	\$538	\$301	\$639
65 + Medicare Secondary	\$325	\$663	\$426	\$764

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$87	\$200	\$224	\$337
30 to 39	\$105	\$228	\$238	\$361
40 to 49	\$122	\$243	\$247	\$368
50 to 54	\$153	\$297	\$272	\$416
55 to 59	\$186	\$371	\$294	\$479
60 to 64	\$231	\$464	\$329	\$562
65 + Medicare Primary	\$153	\$438	\$243	\$528
65 + Medicare Secondary	\$279	\$564	\$369	\$654

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$100	\$228	\$228	\$356
30 to 39	\$123	\$266	\$248	\$391
40 to 49	\$149	\$300	\$268	\$419
50 to 54	\$187	\$367	\$302	\$482
55 to 59	\$228	\$460	\$336	\$568
60 to 64	\$284	\$575	\$385	\$676
65 + Medicare Primary	\$236	\$595	\$332	\$691
65 + Medicare Secondary	\$341	\$700	\$437	\$796

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$89	\$203	\$206	\$320
30 to 39	\$109	\$235	\$223	\$349
40 to 49	\$130	\$260	\$239	\$369
50 to 54	\$163	\$318	\$268	\$423
55 to 59	\$198	\$397	\$295	\$494
60 to 64	\$246	\$496	\$336	\$586
65 + Medicare Primary	\$191	\$498	\$276	\$583
65 + Medicare Secondary	\$296	\$603	\$381	\$688

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$78	\$177	\$184	\$283
30 to 39	\$94	\$202	\$197	\$305
40 to 49	\$110	\$218	\$208	\$316
50 to 54	\$138	\$266	\$232	\$360
55 to 59	\$167	\$332	\$253	\$418
60 to 64	\$207	\$415	\$286	\$494
65 + Medicare Primary	\$144	\$399	\$218	\$473
65 + Medicare Secondary	\$249	\$504	\$323	\$578

## AREA 3

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$131	\$304	\$316	\$489
30 to 39	\$160	\$352	\$340	\$532
40 to 49	\$191	\$387	\$362	\$558
50 to 54	\$241	\$475	\$405	\$639
55 to 59	\$295	\$595	\$446	\$746
60 to 64	\$367	\$745	\$507	\$885
65 + Medicare Primary	\$277	\$741	\$408	\$872
65 + Medicare Secondary	\$442	\$906	\$573	\$1037

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$120	\$279	\$294	\$453
30 to 39	\$145	\$319	\$314	\$488
40 to 49	\$171	\$346	\$331	\$506
50 to 54	\$216	\$423	\$370	\$577
55 to 59	\$264	\$531	\$404	\$671
60 to 64	\$328	\$664	\$457	\$793
65 + Medicare Primary	\$231	\$643	\$351	\$763
65 + Medicare Secondary	\$396	\$808	\$516	\$928

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$108	\$252	\$271	\$415
30 to 39	\$131	\$287	\$289	\$445
40 to 49	\$152	\$305	\$301	\$454
50 to 54	\$190	\$370	\$332	\$512
55 to 59	\$232	\$464	\$361	\$593
60 to 64	\$288	\$581	\$405	\$698
65 + Medicare Primary	\$184	\$542	\$293	\$651
65 + Medicare Secondary	\$349	\$707	\$458	\$816

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$121	\$280	\$288	\$447
30 to 39	\$149	\$326	\$312	\$489
40 to 49	\$178	\$361	\$333	\$516
50 to 54	\$225	\$443	\$374	\$592
55 to 59	\$275	\$555	\$414	\$694
60 to 64	\$342	\$694	\$471	\$823
65 + Medicare Primary	\$268	\$701	\$390	\$823
65 + Medicare Secondary	\$412	\$845	\$534	\$967

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$110	\$254	\$266	\$410
30 to 39	\$134	\$293	\$286	\$445
40 to 49	\$159	\$320	\$303	\$464
50 to 54	\$200	\$392	\$339	\$531
55 to 59	\$244	\$490	\$372	\$618
60 to 64	\$304	\$615	\$422	\$733
65 + Medicare Primary	\$222	\$603	\$333	\$714
65 + Medicare Secondary	\$366	\$747	\$477	\$858

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$99	\$228	\$244	\$373
30 to 39	\$119	\$260	\$260	\$401
40 to 49	\$139	\$278	\$272	\$411
50 to 54	\$174	\$339	\$301	\$466
55 to 59	\$212	\$424	\$328	\$540
60 to 64	\$264	\$531	\$371	\$638
65 + Medicare Primary	\$175	\$502	\$275	\$602
65 + Medicare Secondary	\$319	\$646	\$419	\$746

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$164	\$388	\$394	\$618
30 to 39	\$201	\$447	\$424	\$670
40 to 49	\$237	\$483	\$447	\$693
50 to 54	\$299	\$590	\$501	\$792
55 to 59	\$367	\$742	\$552	\$927
60 to 64	\$457	\$930	\$626	\$1099
65 + Medicare Primary	\$317	\$896	\$475	\$1054
65 + Medicare Secondary	\$553	\$1132	\$711	\$1290

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$153	\$362	\$372	\$581
30 to 39	\$186	\$414	\$398	\$626
40 to 49	\$218	\$442	\$417	\$641
50 to 54	\$274	\$539	\$465	\$730
55 to 59	\$336	\$677	\$510	\$851
60 to 64	\$418	\$849	\$576	\$1007
65 + Medicare Primary	\$271	\$797	\$418	\$944
65 + Medicare Secondary	\$507	\$1033	\$654	\$1180

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$142	\$336	\$350	\$544
30 to 39	\$171	\$381	\$372	\$582
40 to 49	\$198	\$400	\$386	\$588
50 to 54	\$249	\$487	\$429	\$667
55 to 59	\$304	\$611	\$467	\$774
60 to 64	\$378	\$766	\$525	\$913
65 + Medicare Primary	\$223	\$695	\$359	\$831
65 + Medicare Secondary	\$459	\$931	\$595	\$1067

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$155	\$365	\$365	\$575
30 to 39	\$189	\$420	\$393	\$624
40 to 49	\$224	\$456	\$417	\$649
50 to 54	\$283	\$559	\$469	\$745
55 to 59	\$347	\$702	\$518	\$873
60 to 64	\$432	\$879	\$589	\$1036
65 + Medicare Primary	\$308	\$856	\$456	\$1004
65 + Medicare Secondary	\$523	\$1071	\$671	\$1219

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$144	\$339	\$343	\$538
30 to 39	\$175	\$388	\$368	\$581
40 to 49	\$205	\$416	\$387	\$598
50 to 54	\$258	\$507	\$433	\$682
55 to 59	\$316	\$637	\$476	\$797
60 to 64	\$394	\$799	\$540	\$945
65 + Medicare Primary	\$262	\$757	\$399	\$894
65 + Medicare Secondary	\$477	\$972	\$614	\$1109

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$133	\$313	\$321	\$501
30 to 39	\$160	\$355	\$342	\$537
40 to 49	\$185	\$374	\$356	\$545
50 to 54	\$233	\$455	\$397	\$619
55 to 59	\$284	\$570	\$433	\$719
60 to 64	\$354	\$716	\$489	\$851
65 + Medicare Primary	\$214	\$655	\$340	\$781
65 + Medicare Secondary	\$429	\$870	\$555	\$996

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$89	\$201	\$206	\$318
30 to 39	\$110	\$236	\$224	\$350
40 to 49	\$133	\$268	\$242	\$377
50 to 54	\$168	\$330	\$273	\$435
55 to 59	\$205	\$412	\$303	\$510
60 to 64	\$254	\$514	\$346	\$606
65 + Medicare Primary	\$221	\$542	\$308	\$629
65 + Medicare Secondary	\$305	\$626	\$392	\$713

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$78	\$175	\$184	\$281
30 to 39	\$95	\$203	\$198	\$306
40 to 49	\$114	\$227	\$212	\$325
50 to 54	\$143	\$278	\$238	\$373
55 to 59	\$174	\$348	\$261	\$435
60 to 64	\$216	\$434	\$297	\$515
65 + Medicare Primary	\$175	\$444	\$251	\$520
65 + Medicare Secondary	\$259	\$528	\$335	\$604

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$67	\$149	\$162	\$244
30 to 39	\$80	\$170	\$172	\$262
40 to 49	\$94	\$185	\$181	\$272
50 to 54	\$117	\$225	\$200	\$308
55 to 59	\$142	\$281	\$218	\$357
60 to 64	\$176	\$351	\$245	\$420
65 + Medicare Primary	\$127	\$342	\$192	\$407
65 + Medicare Secondary	\$211	\$426	\$276	\$491

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$80	\$178	\$180	\$278
30 to 39	\$98	\$209	\$196	\$307
40 to 49	\$121	\$242	\$215	\$336
50 to 54	\$152	\$298	\$244	\$390
55 to 59	\$185	\$372	\$271	\$458
60 to 64	\$230	\$465	\$312	\$547
65 + Medicare Primary	\$212	\$502	\$290	\$580
65 + Medicare Secondary	\$275	\$565	\$353	\$643

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$69	\$152	\$159	\$242
30 to 39	\$84	\$177	\$172	\$265
40 to 49	\$101	\$201	\$185	\$285
50 to 54	\$127	\$247	\$208	\$328
55 to 59	\$154	\$307	\$230	\$383
60 to 64	\$191	\$384	\$262	\$455
65 + Medicare Primary	\$166	\$404	\$233	\$471
65 + Medicare Secondary	\$229	\$467	\$296	\$534

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$57	\$125	\$135	\$203
30 to 39	\$69	\$144	\$145	\$220
40 to 49	\$82	\$160	\$154	\$232
50 to 54	\$101	\$193	\$171	\$263
55 to 59	\$123	\$242	\$187	\$306
60 to 64	\$151	\$301	\$210	\$360
65 + Medicare Primary	\$118	\$302	\$174	\$358
65 + Medicare Secondary	\$181	\$365	\$237	\$421

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$112	\$257	\$274	\$419
30 to 39	\$137	\$299	\$295	\$457
40 to 49	\$164	\$332	\$314	\$482
50 to 54	\$207	\$407	\$351	\$551
55 to 59	\$253	\$510	\$385	\$642
60 to 64	\$315	\$639	\$437	\$761
65 + Medicare Primary	\$250	\$648	\$365	\$763
65 + Medicare Secondary	\$379	\$777	\$494	\$892

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$101	\$231	\$253	\$383
30 to 39	\$122	\$266	\$269	\$413
40 to 49	\$145	\$291	\$284	\$430
50 to 54	\$182	\$356	\$315	\$489
55 to 59	\$222	\$446	\$343	\$567
60 to 64	\$276	\$558	\$387	\$669
65 + Medicare Primary	\$204	\$550	\$308	\$654
65 + Medicare Secondary	\$332	\$678	\$436	\$782

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$89	\$204	\$229	\$344
30 to 39	\$107	\$233	\$243	\$369
40 to 49	\$125	\$249	\$252	\$376
50 to 54	\$156	\$303	\$278	\$425
55 to 59	\$190	\$379	\$300	\$489
60 to 64	\$236	\$475	\$336	\$575
65 + Medicare Primary	\$157	\$449	\$250	\$542
65 + Medicare Secondary	\$285	\$577	\$378	\$670

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$102	\$233	\$233	\$364
30 to 39	\$125	\$271	\$253	\$399
40 to 49	\$152	\$306	\$274	\$428
50 to 54	\$191	\$376	\$309	\$494
55 to 59	\$233	\$470	\$343	\$580
60 to 64	\$290	\$588	\$393	\$691
65 + Medicare Primary	\$241	\$608	\$339	\$706
65 + Medicare Secondary	\$349	\$716	\$447	\$814

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$91	\$207	\$211	\$327
30 to 39	\$111	\$240	\$228	\$357
40 to 49	\$132	\$265	\$243	\$376
50 to 54	\$166	\$324	\$273	\$431
55 to 59	\$203	\$406	\$302	\$505
60 to 64	\$251	\$507	\$343	\$599
65 + Medicare Primary	\$195	\$509	\$282	\$596
65 + Medicare Secondary	\$302	\$616	\$389	\$703

PLAN: Cost Saver  
 PPO Network: First Health  
 Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$80	\$181	\$189	\$290
30 to 39	\$96	\$207	\$202	\$313
40 to 49	\$112	\$223	\$212	\$323
50 to 54	\$140	\$271	\$236	\$367
55 to 59	\$171	\$340	\$259	\$428
60 to 64	\$212	\$425	\$293	\$506
65 + Medicare Primary	\$148	\$408	\$224	\$484
65 + Medicare Secondary	\$255	\$515	\$331	\$591

## AREA 4

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$133	\$310	\$323	\$500
30 to 39	\$163	\$359	\$347	\$543
40 to 49	\$195	\$396	\$370	\$571
50 to 54	\$246	\$485	\$414	\$653
55 to 59	\$301	\$608	\$456	\$763
60 to 64	\$375	\$762	\$518	\$905
65 + Medicare Primary	\$283	\$758	\$417	\$892
65 + Medicare Secondary	\$452	\$927	\$586	\$1061

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$122	\$284	\$300	\$462
30 to 39	\$148	\$326	\$321	\$499
40 to 49	\$175	\$354	\$338	\$517
50 to 54	\$220	\$432	\$377	\$589
55 to 59	\$269	\$542	\$413	\$686
60 to 64	\$335	\$679	\$467	\$811
65 + Medicare Primary	\$236	\$657	\$359	\$780
65 + Medicare Secondary	\$405	\$826	\$528	\$949

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$110	\$257	\$277	\$424
30 to 39	\$133	\$293	\$295	\$455
40 to 49	\$155	\$311	\$307	\$463
50 to 54	\$194	\$378	\$339	\$523
55 to 59	\$237	\$474	\$369	\$606
60 to 64	\$295	\$595	\$415	\$715
65 + Medicare Primary	\$188	\$554	\$300	\$666
65 + Medicare Secondary	\$356	\$722	\$468	\$834

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$124	\$287	\$295	\$458
30 to 39	\$152	\$333	\$319	\$500
40 to 49	\$182	\$369	\$340	\$527
50 to 54	\$230	\$453	\$383	\$606
55 to 59	\$281	\$567	\$423	\$709
60 to 64	\$350	\$710	\$482	\$842
65 + Medicare Primary	\$274	\$717	\$398	\$841
65 + Medicare Secondary	\$421	\$864	\$545	\$988

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$112	\$260	\$272	\$420
30 to 39	\$137	\$300	\$292	\$455
40 to 49	\$162	\$327	\$309	\$474
50 to 54	\$204	\$400	\$346	\$542
55 to 59	\$249	\$501	\$379	\$631
60 to 64	\$310	\$628	\$430	\$748
65 + Medicare Primary	\$227	\$616	\$340	\$729
65 + Medicare Secondary	\$374	\$763	\$487	\$876

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$101	\$233	\$249	\$381
30 to 39	\$122	\$266	\$266	\$410
40 to 49	\$142	\$284	\$278	\$420
50 to 54	\$178	\$346	\$308	\$476
55 to 59	\$217	\$434	\$336	\$553
60 to 64	\$269	\$543	\$378	\$652
65 + Medicare Primary	\$178	\$512	\$280	\$614
65 + Medicare Secondary	\$326	\$660	\$428	\$762

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$168	\$397	\$403	\$632
30 to 39	\$205	\$457	\$433	\$685
40 to 49	\$242	\$493	\$457	\$708
50 to 54	\$306	\$604	\$513	\$811
55 to 59	\$375	\$758	\$564	\$947
60 to 64	\$467	\$950	\$640	\$1123
65 + Medicare Primary	\$324	\$916	\$486	\$1078
65 + Medicare Secondary	\$565	\$1157	\$727	\$1319

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$157	\$371	\$381	\$595
30 to 39	\$190	\$424	\$407	\$641
40 to 49	\$222	\$451	\$426	\$655
50 to 54	\$280	\$551	\$475	\$746
55 to 59	\$343	\$692	\$521	\$870
60 to 64	\$427	\$867	\$589	\$1029
65 + Medicare Primary	\$277	\$815	\$427	\$965
65 + Medicare Secondary	\$518	\$1056	\$668	\$1206

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$145	\$344	\$357	\$556
30 to 39	\$175	\$390	\$381	\$596
40 to 49	\$202	\$409	\$394	\$601
50 to 54	\$254	\$497	\$438	\$681
55 to 59	\$311	\$625	\$477	\$791
60 to 64	\$387	\$783	\$537	\$933
65 + Medicare Primary	\$228	\$711	\$367	\$850
65 + Medicare Secondary	\$469	\$952	\$608	\$1091

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$158	\$373	\$372	\$587
30 to 39	\$193	\$429	\$402	\$638
40 to 49	\$229	\$467	\$426	\$664
50 to 54	\$290	\$572	\$480	\$762
55 to 59	\$355	\$718	\$530	\$893
60 to 64	\$442	\$899	\$603	\$1060
65 + Medicare Primary	\$315	\$875	\$466	\$1026
65 + Medicare Secondary	\$534	\$1094	\$685	\$1245

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$147	\$347	\$350	\$550
30 to 39	\$179	\$397	\$376	\$594
40 to 49	\$209	\$425	\$395	\$611
50 to 54	\$264	\$519	\$443	\$698
55 to 59	\$323	\$651	\$486	\$814
60 to 64	\$402	\$816	\$552	\$966
65 + Medicare Primary	\$267	\$773	\$407	\$913
65 + Medicare Secondary	\$487	\$993	\$627	\$1133

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$135	\$319	\$327	\$511
30 to 39	\$163	\$363	\$349	\$549
40 to 49	\$189	\$382	\$364	\$557
50 to 54	\$238	\$465	\$405	\$632
55 to 59	\$291	\$584	\$443	\$736
60 to 64	\$362	\$732	\$500	\$870
65 + Medicare Primary	\$219	\$670	\$347	\$798
65 + Medicare Secondary	\$439	\$890	\$567	\$1018

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$91	\$206	\$211	\$326
30 to 39	\$112	\$241	\$229	\$358
40 to 49	\$136	\$274	\$247	\$385
50 to 54	\$171	\$336	\$279	\$444
55 to 59	\$209	\$421	\$309	\$521
60 to 64	\$260	\$526	\$354	\$620
65 + Medicare Primary	\$226	\$554	\$315	\$643
65 + Medicare Secondary	\$311	\$639	\$400	\$728

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$80	\$179	\$189	\$288
30 to 39	\$97	\$208	\$203	\$314
40 to 49	\$116	\$232	\$216	\$332
50 to 54	\$146	\$284	\$243	\$381
55 to 59	\$178	\$356	\$267	\$445
60 to 64	\$220	\$443	\$302	\$525
65 + Medicare Primary	\$178	\$453	\$256	\$531
65 + Medicare Secondary	\$264	\$539	\$342	\$617

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$68	\$152	\$165	\$249
30 to 39	\$82	\$174	\$176	\$268
40 to 49	\$96	\$189	\$185	\$278
50 to 54	\$120	\$231	\$205	\$316
55 to 59	\$145	\$287	\$223	\$365
60 to 64	\$179	\$358	\$250	\$429
65 + Medicare Primary	\$130	\$350	\$196	\$416
65 + Medicare Secondary	\$216	\$436	\$282	\$502

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$82	\$182	\$185	\$285
30 to 39	\$100	\$213	\$201	\$314
40 to 49	\$123	\$247	\$220	\$344
50 to 54	\$155	\$304	\$249	\$398
55 to 59	\$189	\$380	\$277	\$468
60 to 64	\$235	\$475	\$318	\$558
65 + Medicare Primary	\$216	\$513	\$296	\$593
65 + Medicare Secondary	\$281	\$578	\$361	\$658

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$70	\$155	\$162	\$247
30 to 39	\$86	\$181	\$175	\$270
40 to 49	\$104	\$206	\$189	\$291
50 to 54	\$130	\$252	\$213	\$335
55 to 59	\$158	\$315	\$235	\$392
60 to 64	\$195	\$392	\$267	\$464
65 + Medicare Primary	\$169	\$412	\$238	\$481
65 + Medicare Secondary	\$233	\$476	\$302	\$545

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$59	\$128	\$139	\$208
30 to 39	\$70	\$147	\$148	\$225
40 to 49	\$83	\$162	\$157	\$236
50 to 54	\$103	\$198	\$174	\$269
55 to 59	\$125	\$247	\$191	\$313
60 to 64	\$154	\$307	\$215	\$368
65 + Medicare Primary	\$121	\$309	\$178	\$366
65 + Medicare Secondary	\$185	\$373	\$242	\$430

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$114	\$262	\$280	\$428
30 to 39	\$139	\$304	\$301	\$466
40 to 49	\$168	\$340	\$321	\$493
50 to 54	\$211	\$416	\$358	\$563
55 to 59	\$258	\$521	\$393	\$656
60 to 64	\$322	\$653	\$447	\$778
65 + Medicare Primary	\$256	\$663	\$373	\$780
65 + Medicare Secondary	\$387	\$794	\$504	\$911

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$103	\$236	\$258	\$391
30 to 39	\$125	\$272	\$275	\$422
40 to 49	\$148	\$298	\$290	\$440
50 to 54	\$186	\$364	\$322	\$500
55 to 59	\$227	\$456	\$351	\$580
60 to 64	\$282	\$570	\$396	\$684
65 + Medicare Primary	\$208	\$561	\$314	\$667
65 + Medicare Secondary	\$340	\$693	\$446	\$799

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$91	\$209	\$234	\$352
30 to 39	\$110	\$239	\$249	\$378
40 to 49	\$128	\$255	\$258	\$385
50 to 54	\$160	\$310	\$285	\$435
55 to 59	\$194	\$387	\$307	\$500
60 to 64	\$241	\$485	\$343	\$587
65 + Medicare Primary	\$160	\$458	\$255	\$553
65 + Medicare Secondary	\$291	\$589	\$386	\$684

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$104	\$238	\$238	\$372
30 to 39	\$128	\$278	\$259	\$409
40 to 49	\$155	\$313	\$280	\$438
50 to 54	\$195	\$384	\$316	\$505
55 to 59	\$238	\$480	\$351	\$593
60 to 64	\$297	\$602	\$402	\$707
65 + Medicare Primary	\$246	\$621	\$346	\$721
65 + Medicare Secondary	\$356	\$731	\$456	\$831

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$93	\$212	\$216	\$335
30 to 39	\$113	\$245	\$232	\$364
40 to 49	\$135	\$271	\$249	\$385
50 to 54	\$170	\$332	\$280	\$442
55 to 59	\$207	\$415	\$309	\$517
60 to 64	\$257	\$519	\$351	\$613
65 + Medicare Primary	\$199	\$520	\$288	\$609
65 + Medicare Secondary	\$309	\$630	\$398	\$719

PLAN: Cost Saver  
 PPO Network: First Health  
 Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$81	\$184	\$192	\$295
30 to 39	\$98	\$211	\$206	\$319
40 to 49	\$115	\$228	\$217	\$330
50 to 54	\$143	\$277	\$241	\$375
55 to 59	\$174	\$347	\$264	\$437
60 to 64	\$216	\$434	\$299	\$517
65 + Medicare Primary	\$151	\$417	\$229	\$495
65 + Medicare Secondary	\$261	\$527	\$339	\$605

# AREA 5

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$138	\$322	\$335	\$519
30 to 39	\$169	\$372	\$360	\$563
40 to 49	\$202	\$410	\$383	\$591
50 to 54	\$255	\$503	\$429	\$677
55 to 59	\$312	\$630	\$472	\$790
60 to 64	\$388	\$789	\$536	\$937
65 + Medicare Primary	\$293	\$785	\$432	\$924
65 + Medicare Secondary	\$468	\$960	\$607	\$1099

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$126	\$294	\$311	\$479
30 to 39	\$154	\$339	\$334	\$519
40 to 49	\$181	\$366	\$350	\$535
50 to 54	\$228	\$448	\$391	\$611
55 to 59	\$279	\$562	\$428	\$711
60 to 64	\$347	\$703	\$483	\$839
65 + Medicare Primary	\$244	\$680	\$372	\$808
65 + Medicare Secondary	\$419	\$855	\$547	\$983

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$114	\$266	\$287	\$439
30 to 39	\$138	\$304	\$306	\$472
40 to 49	\$160	\$322	\$318	\$480
50 to 54	\$201	\$392	\$352	\$543
55 to 59	\$245	\$491	\$382	\$628
60 to 64	\$305	\$616	\$429	\$740
65 + Medicare Primary	\$194	\$573	\$310	\$689
65 + Medicare Secondary	\$369	\$748	\$485	\$864

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$128	\$297	\$305	\$474
30 to 39	\$157	\$344	\$330	\$517
40 to 49	\$189	\$383	\$353	\$547
50 to 54	\$238	\$469	\$396	\$627
55 to 59	\$291	\$588	\$438	\$735
60 to 64	\$362	\$736	\$498	\$872
65 + Medicare Primary	\$284	\$743	\$413	\$872
65 + Medicare Secondary	\$437	\$896	\$566	\$1025

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$116	\$269	\$282	\$435
30 to 39	\$142	\$311	\$303	\$472
40 to 49	\$168	\$339	\$321	\$492
50 to 54	\$211	\$414	\$358	\$561
55 to 59	\$258	\$519	\$393	\$654
60 to 64	\$321	\$650	\$446	\$775
65 + Medicare Primary	\$235	\$638	\$352	\$755
65 + Medicare Secondary	\$388	\$791	\$505	\$908

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$104	\$241	\$258	\$395
30 to 39	\$126	\$276	\$275	\$425
40 to 49	\$147	\$295	\$288	\$436
50 to 54	\$184	\$358	\$319	\$493
55 to 59	\$225	\$450	\$348	\$573
60 to 64	\$279	\$563	\$392	\$676
65 + Medicare Primary	\$185	\$531	\$291	\$637
65 + Medicare Secondary	\$337	\$683	\$443	\$789

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$174	\$412	\$418	\$656
30 to 39	\$212	\$473	\$449	\$710
40 to 49	\$251	\$512	\$474	\$735
50 to 54	\$317	\$626	\$531	\$840
55 to 59	\$388	\$785	\$584	\$981
60 to 64	\$484	\$985	\$663	\$1164
65 + Medicare Primary	\$335	\$949	\$503	\$1117
65 + Medicare Secondary	\$585	\$1199	\$753	\$1367

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$162	\$384	\$394	\$616
30 to 39	\$197	\$439	\$422	\$664
40 to 49	\$230	\$468	\$441	\$679
50 to 54	\$290	\$571	\$493	\$774
55 to 59	\$355	\$717	\$539	\$901
60 to 64	\$443	\$900	\$611	\$1068
65 + Medicare Primary	\$286	\$844	\$442	\$1000
65 + Medicare Secondary	\$536	\$1094	\$692	\$1250

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$150	\$356	\$370	\$576
30 to 39	\$181	\$404	\$394	\$617
40 to 49	\$209	\$423	\$409	\$623
50 to 54	\$263	\$515	\$454	\$706
55 to 59	\$322	\$647	\$494	\$819
60 to 64	\$401	\$812	\$557	\$968
65 + Medicare Primary	\$236	\$737	\$380	\$881
65 + Medicare Secondary	\$486	\$987	\$630	\$1131

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$164	\$386	\$386	\$608
30 to 39	\$200	\$445	\$416	\$661
40 to 49	\$237	\$483	\$442	\$688
50 to 54	\$300	\$592	\$497	\$789
55 to 59	\$367	\$743	\$548	\$924
60 to 64	\$458	\$932	\$625	\$1099
65 + Medicare Primary	\$326	\$907	\$483	\$1064
65 + Medicare Secondary	\$554	\$1135	\$711	\$1292

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$152	\$359	\$363	\$570
30 to 39	\$185	\$411	\$390	\$616
40 to 49	\$217	\$441	\$410	\$634
50 to 54	\$273	\$537	\$458	\$722
55 to 59	\$335	\$675	\$504	\$844
60 to 64	\$417	\$846	\$572	\$1001
65 + Medicare Primary	\$277	\$802	\$422	\$947
65 + Medicare Secondary	\$505	\$1030	\$650	\$1175

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$140	\$331	\$339	\$530
30 to 39	\$169	\$376	\$362	\$569
40 to 49	\$196	\$396	\$377	\$577
50 to 54	\$246	\$482	\$419	\$655
55 to 59	\$301	\$605	\$458	\$762
60 to 64	\$375	\$759	\$518	\$902
65 + Medicare Primary	\$227	\$695	\$360	\$828
65 + Medicare Secondary	\$454	\$922	\$587	\$1055

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$94	\$213	\$218	\$337
30 to 39	\$116	\$250	\$237	\$371
40 to 49	\$141	\$284	\$257	\$400
50 to 54	\$177	\$348	\$289	\$460
55 to 59	\$217	\$437	\$321	\$541
60 to 64	\$269	\$545	\$366	\$642
65 + Medicare Primary	\$234	\$575	\$326	\$667
65 + Medicare Secondary	\$322	\$663	\$414	\$755

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$82	\$185	\$195	\$298
30 to 39	\$100	\$215	\$210	\$325
40 to 49	\$120	\$240	\$224	\$344
50 to 54	\$151	\$294	\$251	\$394
55 to 59	\$184	\$368	\$276	\$460
60 to 64	\$228	\$459	\$313	\$544
65 + Medicare Primary	\$185	\$470	\$266	\$551
65 + Medicare Secondary	\$273	\$558	\$354	\$639

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$70	\$157	\$171	\$258
30 to 39	\$85	\$181	\$183	\$279
40 to 49	\$99	\$196	\$191	\$288
50 to 54	\$124	\$239	\$212	\$327
55 to 59	\$150	\$297	\$231	\$378
60 to 64	\$186	\$372	\$260	\$446
65 + Medicare Primary	\$134	\$362	\$203	\$431
65 + Medicare Secondary	\$223	\$451	\$292	\$520

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$84	\$188	\$191	\$295
30 to 39	\$104	\$222	\$208	\$326
40 to 49	\$128	\$257	\$228	\$357
50 to 54	\$160	\$315	\$257	\$412
55 to 59	\$196	\$394	\$288	\$486
60 to 64	\$243	\$492	\$330	\$579
65 + Medicare Primary	\$224	\$531	\$307	\$614
65 + Medicare Secondary	\$291	\$598	\$374	\$681

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$72	\$160	\$167	\$255
30 to 39	\$88	\$187	\$181	\$280
40 to 49	\$107	\$213	\$196	\$302
50 to 54	\$134	\$261	\$220	\$347
55 to 59	\$163	\$326	\$243	\$406
60 to 64	\$202	\$406	\$277	\$481
65 + Medicare Primary	\$175	\$427	\$246	\$498
65 + Medicare Secondary	\$242	\$494	\$313	\$565

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$60	\$132	\$143	\$215
30 to 39	\$73	\$153	\$154	\$234
40 to 49	\$86	\$168	\$163	\$245
50 to 54	\$107	\$205	\$181	\$279
55 to 59	\$129	\$255	\$197	\$323
60 to 64	\$160	\$319	\$223	\$382
65 + Medicare Primary	\$125	\$320	\$184	\$379
65 + Medicare Secondary	\$191	\$386	\$250	\$445

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$118	\$272	\$290	\$444
30 to 39	\$144	\$315	\$312	\$483
40 to 49	\$174	\$352	\$333	\$511
50 to 54	\$219	\$431	\$372	\$584
55 to 59	\$268	\$541	\$408	\$681
60 to 64	\$333	\$676	\$462	\$805
65 + Medicare Primary	\$265	\$687	\$387	\$809
65 + Medicare Secondary	\$401	\$823	\$523	\$945

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$106	\$244	\$267	\$405
30 to 39	\$129	\$282	\$285	\$438
40 to 49	\$153	\$308	\$300	\$455
50 to 54	\$192	\$376	\$333	\$517
55 to 59	\$235	\$472	\$364	\$601
60 to 64	\$292	\$591	\$410	\$709
65 + Medicare Primary	\$216	\$582	\$326	\$692
65 + Medicare Secondary	\$352	\$718	\$462	\$828

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$94	\$216	\$243	\$365
30 to 39	\$113	\$247	\$257	\$391
40 to 49	\$132	\$264	\$267	\$399
50 to 54	\$165	\$321	\$294	\$450
55 to 59	\$201	\$401	\$318	\$518
60 to 64	\$250	\$503	\$356	\$609
65 + Medicare Primary	\$165	\$474	\$263	\$572
65 + Medicare Secondary	\$302	\$611	\$400	\$709

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$108	\$247	\$247	\$386
30 to 39	\$132	\$287	\$267	\$422
40 to 49	\$160	\$324	\$289	\$453
50 to 54	\$202	\$398	\$327	\$523
55 to 59	\$247	\$498	\$364	\$615
60 to 64	\$307	\$623	\$416	\$732
65 + Medicare Primary	\$255	\$644	\$359	\$748
65 + Medicare Secondary	\$369	\$758	\$473	\$862

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$96	\$219	\$223	\$346
30 to 39	\$117	\$254	\$241	\$378
40 to 49	\$140	\$281	\$258	\$399
50 to 54	\$175	\$343	\$289	\$457
55 to 59	\$214	\$430	\$319	\$535
60 to 64	\$266	\$537	\$364	\$635
65 + Medicare Primary	\$206	\$539	\$298	\$631
65 + Medicare Secondary	\$320	\$653	\$412	\$745

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$84	\$191	\$199	\$306
30 to 39	\$101	\$219	\$213	\$331
40 to 49	\$119	\$236	\$225	\$342
50 to 54	\$148	\$287	\$250	\$389
55 to 59	\$180	\$359	\$273	\$452
60 to 64	\$224	\$450	\$310	\$536
65 + Medicare Primary	\$156	\$432	\$237	\$513
65 + Medicare Secondary	\$270	\$546	\$351	\$627

# AREA 6

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$142	\$331	\$344	\$533
30 to 39	\$173	\$382	\$370	\$579
40 to 49	\$207	\$421	\$393	\$607
50 to 54	\$262	\$517	\$441	\$696
55 to 59	\$320	\$648	\$485	\$813
60 to 64	\$399	\$811	\$551	\$963
65 + Medicare Primary	\$301	\$807	\$444	\$950
65 + Medicare Secondary	\$481	\$987	\$624	\$1130

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$129	\$302	\$319	\$492
30 to 39	\$158	\$348	\$343	\$533
40 to 49	\$186	\$377	\$360	\$551
50 to 54	\$234	\$460	\$401	\$627
55 to 59	\$287	\$578	\$440	\$731
60 to 64	\$357	\$724	\$497	\$864
65 + Medicare Primary	\$251	\$700	\$382	\$831
65 + Medicare Secondary	\$431	\$880	\$562	\$1011

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$117	\$274	\$295	\$452
30 to 39	\$141	\$311	\$314	\$484
40 to 49	\$164	\$330	\$326	\$492
50 to 54	\$206	\$402	\$361	\$557
55 to 59	\$252	\$505	\$393	\$646
60 to 64	\$313	\$633	\$441	\$761
65 + Medicare Primary	\$199	\$589	\$318	\$708
65 + Medicare Secondary	\$379	\$769	\$498	\$888

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$131	\$304	\$313	\$486
30 to 39	\$161	\$354	\$339	\$532
40 to 49	\$194	\$393	\$363	\$562
50 to 54	\$244	\$482	\$407	\$645
55 to 59	\$299	\$604	\$450	\$755
60 to 64	\$372	\$756	\$512	\$896
65 + Medicare Primary	\$292	\$764	\$425	\$897
65 + Medicare Secondary	\$449	\$921	\$582	\$1054

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$119	\$276	\$289	\$446
30 to 39	\$145	\$319	\$311	\$485
40 to 49	\$172	\$348	\$329	\$505
50 to 54	\$217	\$426	\$368	\$577
55 to 59	\$265	\$534	\$404	\$673
60 to 64	\$330	\$669	\$458	\$797
65 + Medicare Primary	\$241	\$656	\$362	\$777
65 + Medicare Secondary	\$398	\$813	\$519	\$934

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$107	\$248	\$265	\$406
30 to 39	\$129	\$283	\$282	\$436
40 to 49	\$151	\$303	\$296	\$448
50 to 54	\$189	\$368	\$328	\$507
55 to 59	\$231	\$462	\$358	\$589
60 to 64	\$287	\$579	\$403	\$695
65 + Medicare Primary	\$190	\$546	\$299	\$655
65 + Medicare Secondary	\$347	\$703	\$456	\$812

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$178	\$422	\$428	\$672
30 to 39	\$218	\$486	\$461	\$729
40 to 49	\$258	\$526	\$487	\$755
50 to 54	\$325	\$643	\$545	\$863
55 to 59	\$399	\$808	\$600	\$1009
60 to 64	\$497	\$1012	\$681	\$1196
65 + Medicare Primary	\$345	\$976	\$517	\$1148
65 + Medicare Secondary	\$602	\$1233	\$774	\$1405

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$166	\$394	\$405	\$633
30 to 39	\$202	\$451	\$433	\$682
40 to 49	\$236	\$481	\$453	\$698
50 to 54	\$298	\$587	\$506	\$795
55 to 59	\$365	\$737	\$554	\$926
60 to 64	\$455	\$925	\$627	\$1097
65 + Medicare Primary	\$294	\$868	\$454	\$1028
65 + Medicare Secondary	\$551	\$1125	\$711	\$1285

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$154	\$366	\$380	\$592
30 to 39	\$186	\$415	\$405	\$634
40 to 49	\$215	\$435	\$420	\$640
50 to 54	\$270	\$529	\$466	\$725
55 to 59	\$330	\$664	\$507	\$841
60 to 64	\$412	\$835	\$572	\$995
65 + Medicare Primary	\$243	\$758	\$391	\$906
65 + Medicare Secondary	\$500	\$1015	\$648	\$1163

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$168	\$397	\$397	\$626
30 to 39	\$206	\$458	\$428	\$680
40 to 49	\$244	\$497	\$454	\$707
50 to 54	\$308	\$609	\$510	\$811
55 to 59	\$377	\$764	\$563	\$950
60 to 64	\$471	\$958	\$642	\$1129
65 + Medicare Primary	\$335	\$932	\$496	\$1093
65 + Medicare Secondary	\$569	\$1166	\$730	\$1327

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$156	\$369	\$373	\$586
30 to 39	\$190	\$423	\$401	\$634
40 to 49	\$223	\$453	\$421	\$651
50 to 54	\$281	\$553	\$472	\$744
55 to 59	\$344	\$694	\$518	\$868
60 to 64	\$428	\$870	\$587	\$1029
65 + Medicare Primary	\$284	\$824	\$433	\$973
65 + Medicare Secondary	\$519	\$1059	\$668	\$1208

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$144	\$340	\$349	\$545
30 to 39	\$174	\$387	\$372	\$585
40 to 49	\$201	\$407	\$387	\$593
50 to 54	\$253	\$495	\$431	\$673
55 to 59	\$309	\$621	\$471	\$783
60 to 64	\$385	\$780	\$532	\$927
65 + Medicare Primary	\$233	\$714	\$370	\$851
65 + Medicare Secondary	\$467	\$948	\$604	\$1085

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$96	\$218	\$224	\$346
30 to 39	\$119	\$256	\$244	\$381
40 to 49	\$145	\$292	\$264	\$411
50 to 54	\$182	\$358	\$297	\$473
55 to 59	\$222	\$448	\$329	\$555
60 to 64	\$276	\$560	\$376	\$660
65 + Medicare Primary	\$240	\$590	\$335	\$685
65 + Medicare Secondary	\$331	\$681	\$426	\$776

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$84	\$190	\$200	\$306
30 to 39	\$103	\$221	\$216	\$334
40 to 49	\$123	\$247	\$230	\$354
50 to 54	\$155	\$302	\$258	\$405
55 to 59	\$189	\$378	\$284	\$473
60 to 64	\$234	\$472	\$322	\$560
65 + Medicare Primary	\$190	\$483	\$273	\$566
65 + Medicare Secondary	\$281	\$574	\$364	\$657

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$72	\$162	\$176	\$266
30 to 39	\$87	\$186	\$188	\$287
40 to 49	\$102	\$201	\$197	\$296
50 to 54	\$127	\$245	\$218	\$336
55 to 59	\$154	\$306	\$237	\$389
60 to 64	\$191	\$382	\$267	\$458
65 + Medicare Primary	\$138	\$372	\$209	\$443
65 + Medicare Secondary	\$229	\$463	\$300	\$534

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$86	\$193	\$196	\$303
30 to 39	\$106	\$227	\$213	\$334
40 to 49	\$131	\$263	\$234	\$366
50 to 54	\$165	\$324	\$265	\$424
55 to 59	\$201	\$405	\$295	\$499
60 to 64	\$250	\$506	\$339	\$595
65 + Medicare Primary	\$230	\$546	\$315	\$631
65 + Medicare Secondary	\$299	\$615	\$384	\$700

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$74	\$165	\$172	\$263
30 to 39	\$91	\$193	\$186	\$288
40 to 49	\$110	\$219	\$201	\$310
50 to 54	\$137	\$267	\$225	\$355
55 to 59	\$167	\$334	\$249	\$416
60 to 64	\$207	\$417	\$284	\$494
65 + Medicare Primary	\$180	\$439	\$253	\$512
65 + Medicare Secondary	\$248	\$507	\$321	\$580

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$62	\$136	\$147	\$221
30 to 39	\$74	\$156	\$157	\$239
40 to 49	\$88	\$173	\$167	\$252
50 to 54	\$110	\$211	\$186	\$287
55 to 59	\$133	\$263	\$203	\$333
60 to 64	\$164	\$327	\$229	\$392
65 + Medicare Primary	\$128	\$328	\$189	\$389
65 + Medicare Secondary	\$197	\$397	\$258	\$458

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$121	\$279	\$298	\$456
30 to 39	\$148	\$324	\$320	\$496
40 to 49	\$178	\$361	\$341	\$524
50 to 54	\$225	\$443	\$382	\$600
55 to 59	\$275	\$556	\$419	\$700
60 to 64	\$342	\$695	\$475	\$828
65 + Medicare Primary	\$272	\$706	\$397	\$831
65 + Medicare Secondary	\$412	\$846	\$537	\$971

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$109	\$251	\$274	\$416
30 to 39	\$132	\$289	\$292	\$449
40 to 49	\$157	\$317	\$308	\$468
50 to 54	\$198	\$388	\$343	\$533
55 to 59	\$241	\$485	\$373	\$617
60 to 64	\$300	\$607	\$421	\$728
65 + Medicare Primary	\$222	\$599	\$335	\$712
65 + Medicare Secondary	\$362	\$739	\$475	\$852

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$96	\$222	\$249	\$375
30 to 39	\$116	\$253	\$264	\$401
40 to 49	\$135	\$270	\$274	\$409
50 to 54	\$170	\$330	\$303	\$463
55 to 59	\$207	\$413	\$327	\$533
60 to 64	\$257	\$517	\$366	\$626
65 + Medicare Primary	\$170	\$488	\$271	\$589
65 + Medicare Secondary	\$310	\$628	\$411	\$729

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$111	\$254	\$254	\$397
30 to 39	\$136	\$296	\$275	\$435
40 to 49	\$165	\$333	\$298	\$466
50 to 54	\$207	\$408	\$336	\$537
55 to 59	\$254	\$512	\$374	\$632
60 to 64	\$315	\$640	\$427	\$752
65 + Medicare Primary	\$262	\$662	\$369	\$769
65 + Medicare Secondary	\$379	\$779	\$486	\$886

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$99	\$226	\$230	\$357
30 to 39	\$120	\$261	\$247	\$388
40 to 49	\$143	\$288	\$264	\$409
50 to 54	\$180	\$352	\$297	\$469
55 to 59	\$220	\$442	\$328	\$550
60 to 64	\$273	\$552	\$374	\$653
65 + Medicare Primary	\$212	\$555	\$307	\$650
65 + Medicare Secondary	\$329	\$672	\$424	\$767

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$86	\$196	\$204	\$314
30 to 39	\$104	\$225	\$219	\$340
40 to 49	\$122	\$243	\$231	\$352
50 to 54	\$152	\$295	\$257	\$400
55 to 59	\$185	\$369	\$281	\$465
60 to 64	\$230	\$462	\$318	\$550
65 + Medicare Primary	\$160	\$444	\$243	\$527
65 + Medicare Secondary	\$277	\$561	\$360	\$644

# AREA 7

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$145	\$339	\$353	\$547
30 to 39	\$178	\$393	\$380	\$595
40 to 49	\$213	\$433	\$404	\$624
50 to 54	\$269	\$531	\$453	\$715
55 to 59	\$329	\$666	\$499	\$836
60 to 64	\$410	\$834	\$566	\$990
65 + Medicare Primary	\$310	\$830	\$457	\$977
65 + Medicare Secondary	\$494	\$1014	\$641	\$1161

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$133	\$311	\$328	\$506
30 to 39	\$162	\$357	\$352	\$547
40 to 49	\$191	\$387	\$370	\$566
50 to 54	\$241	\$473	\$413	\$645
55 to 59	\$294	\$593	\$451	\$750
60 to 64	\$366	\$743	\$510	\$887
65 + Medicare Primary	\$258	\$719	\$393	\$854
65 + Medicare Secondary	\$443	\$904	\$578	\$1039

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$120	\$281	\$303	\$464
30 to 39	\$145	\$320	\$322	\$497
40 to 49	\$169	\$340	\$336	\$507
50 to 54	\$212	\$414	\$371	\$573
55 to 59	\$259	\$519	\$404	\$664
60 to 64	\$322	\$650	\$454	\$782
65 + Medicare Primary	\$205	\$606	\$327	\$728
65 + Medicare Secondary	\$390	\$791	\$512	\$913

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$135	\$313	\$322	\$500
30 to 39	\$165	\$363	\$347	\$545
40 to 49	\$199	\$404	\$372	\$577
50 to 54	\$251	\$495	\$418	\$662
55 to 59	\$307	\$621	\$462	\$776
60 to 64	\$382	\$777	\$526	\$921
65 + Medicare Primary	\$299	\$784	\$435	\$920
65 + Medicare Secondary	\$461	\$946	\$597	\$1082

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$122	\$284	\$297	\$459
30 to 39	\$149	\$327	\$319	\$497
40 to 49	\$177	\$358	\$338	\$519
50 to 54	\$223	\$438	\$378	\$593
55 to 59	\$272	\$548	\$415	\$691
60 to 64	\$339	\$687	\$471	\$819
65 + Medicare Primary	\$248	\$674	\$372	\$798
65 + Medicare Secondary	\$409	\$835	\$533	\$959

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$109	\$254	\$271	\$416
30 to 39	\$132	\$290	\$290	\$448
40 to 49	\$155	\$311	\$304	\$460
50 to 54	\$194	\$378	\$337	\$521
55 to 59	\$237	\$474	\$367	\$604
60 to 64	\$294	\$594	\$413	\$713
65 + Medicare Primary	\$195	\$561	\$307	\$673
65 + Medicare Secondary	\$356	\$722	\$468	\$834

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$183	\$434	\$440	\$691
30 to 39	\$224	\$500	\$474	\$750
40 to 49	\$264	\$540	\$500	\$776
50 to 54	\$334	\$660	\$560	\$886
55 to 59	\$409	\$829	\$616	\$1036
60 to 64	\$511	\$1040	\$700	\$1229
65 + Medicare Primary	\$354	\$1002	\$531	\$1179
65 + Medicare Secondary	\$618	\$1266	\$795	\$1443

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$171	\$406	\$416	\$651
30 to 39	\$207	\$463	\$445	\$701
40 to 49	\$243	\$494	\$466	\$717
50 to 54	\$306	\$603	\$520	\$817
55 to 59	\$375	\$757	\$570	\$952
60 to 64	\$467	\$949	\$644	\$1126
65 + Medicare Primary	\$302	\$892	\$467	\$1057
65 + Medicare Secondary	\$566	\$1156	\$731	\$1321

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$158	\$376	\$391	\$609
30 to 39	\$191	\$427	\$416	\$652
40 to 49	\$220	\$446	\$431	\$657
50 to 54	\$277	\$544	\$478	\$745
55 to 59	\$339	\$683	\$521	\$865
60 to 64	\$423	\$857	\$588	\$1022
65 + Medicare Primary	\$249	\$778	\$401	\$930
65 + Medicare Secondary	\$513	\$1042	\$665	\$1194

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$172	\$407	\$407	\$642
30 to 39	\$211	\$470	\$440	\$699
40 to 49	\$250	\$510	\$466	\$726
50 to 54	\$316	\$625	\$524	\$833
55 to 59	\$388	\$785	\$579	\$976
60 to 64	\$483	\$984	\$659	\$1160
65 + Medicare Primary	\$344	\$958	\$509	\$1123
65 + Medicare Secondary	\$584	\$1198	\$749	\$1363

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$160	\$379	\$383	\$602
30 to 39	\$195	\$434	\$411	\$650
40 to 49	\$228	\$464	\$432	\$668
50 to 54	\$288	\$567	\$484	\$763
55 to 59	\$353	\$713	\$532	\$892
60 to 64	\$440	\$894	\$604	\$1058
65 + Medicare Primary	\$292	\$847	\$445	\$1000
65 + Medicare Secondary	\$533	\$1088	\$686	\$1241

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$147	\$349	\$357	\$559
30 to 39	\$178	\$397	\$382	\$601
40 to 49	\$206	\$417	\$397	\$608
50 to 54	\$260	\$509	\$443	\$692
55 to 59	\$317	\$638	\$483	\$804
60 to 64	\$395	\$800	\$546	\$951
65 + Medicare Primary	\$239	\$733	\$380	\$874
65 + Medicare Secondary	\$480	\$974	\$621	\$1115

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$99	\$224	\$230	\$355
30 to 39	\$122	\$263	\$250	\$391
40 to 49	\$148	\$299	\$270	\$421
50 to 54	\$187	\$368	\$305	\$486
55 to 59	\$228	\$460	\$338	\$570
60 to 64	\$284	\$576	\$387	\$679
65 + Medicare Primary	\$246	\$606	\$343	\$703
65 + Medicare Secondary	\$340	\$700	\$437	\$797

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$86	\$195	\$205	\$314
30 to 39	\$105	\$227	\$221	\$343
40 to 49	\$127	\$254	\$237	\$364
50 to 54	\$159	\$310	\$265	\$416
55 to 59	\$194	\$389	\$292	\$487
60 to 64	\$240	\$485	\$330	\$575
65 + Medicare Primary	\$194	\$495	\$279	\$580
65 + Medicare Secondary	\$288	\$589	\$373	\$674

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$74	\$166	\$180	\$272
30 to 39	\$89	\$190	\$192	\$293
40 to 49	\$104	\$206	\$201	\$303
50 to 54	\$130	\$251	\$223	\$344
55 to 59	\$158	\$314	\$243	\$399
60 to 64	\$196	\$392	\$274	\$470
65 + Medicare Primary	\$141	\$382	\$214	\$455
65 + Medicare Secondary	\$235	\$476	\$308	\$549

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$88	\$197	\$201	\$310
30 to 39	\$109	\$233	\$219	\$343
40 to 49	\$134	\$270	\$240	\$376
50 to 54	\$169	\$332	\$272	\$435
55 to 59	\$206	\$416	\$303	\$513
60 to 64	\$256	\$519	\$347	\$610
65 + Medicare Primary	\$236	\$561	\$324	\$649
65 + Medicare Secondary	\$307	\$632	\$395	\$720

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$76	\$169	\$176	\$269
30 to 39	\$93	\$198	\$191	\$296
40 to 49	\$112	\$224	\$206	\$318
50 to 54	\$141	\$275	\$232	\$366
55 to 59	\$172	\$344	\$257	\$429
60 to 64	\$213	\$429	\$292	\$508
65 + Medicare Primary	\$184	\$450	\$259	\$525
65 + Medicare Secondary	\$255	\$521	\$330	\$596

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$63	\$139	\$151	\$227
30 to 39	\$76	\$160	\$161	\$245
40 to 49	\$90	\$177	\$171	\$258
50 to 54	\$112	\$216	\$190	\$294
55 to 59	\$136	\$269	\$208	\$341
60 to 64	\$168	\$336	\$235	\$403
65 + Medicare Primary	\$131	\$337	\$194	\$400
65 + Medicare Secondary	\$202	\$408	\$265	\$471

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$124	\$287	\$306	\$469
30 to 39	\$152	\$333	\$329	\$510
40 to 49	\$183	\$371	\$350	\$538
50 to 54	\$231	\$455	\$392	\$616
55 to 59	\$282	\$570	\$430	\$718
60 to 64	\$351	\$713	\$488	\$850
65 + Medicare Primary	\$279	\$725	\$407	\$853
65 + Medicare Secondary	\$423	\$869	\$551	\$997

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$111	\$257	\$281	\$427
30 to 39	\$136	\$297	\$301	\$462
40 to 49	\$161	\$325	\$316	\$480
50 to 54	\$203	\$398	\$352	\$547
55 to 59	\$248	\$499	\$384	\$635
60 to 64	\$308	\$624	\$432	\$748
65 + Medicare Primary	\$227	\$614	\$343	\$730
65 + Medicare Secondary	\$371	\$758	\$487	\$874

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$99	\$228	\$256	\$385
30 to 39	\$119	\$260	\$271	\$412
40 to 49	\$139	\$278	\$282	\$421
50 to 54	\$174	\$339	\$310	\$475
55 to 59	\$212	\$424	\$336	\$548
60 to 64	\$263	\$530	\$375	\$642
65 + Medicare Primary	\$174	\$501	\$278	\$605
65 + Medicare Secondary	\$318	\$645	\$422	\$749

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$113	\$260	\$260	\$407
30 to 39	\$139	\$303	\$282	\$446
40 to 49	\$169	\$342	\$306	\$479
50 to 54	\$213	\$420	\$345	\$552
55 to 59	\$260	\$526	\$384	\$650
60 to 64	\$324	\$658	\$440	\$774
65 + Medicare Primary	\$269	\$680	\$379	\$790
65 + Medicare Secondary	\$389	\$800	\$499	\$910

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$101	\$231	\$235	\$365
30 to 39	\$123	\$267	\$254	\$398
40 to 49	\$147	\$296	\$271	\$420
50 to 54	\$185	\$362	\$305	\$482
55 to 59	\$226	\$454	\$337	\$565
60 to 64	\$280	\$567	\$383	\$670
65 + Medicare Primary	\$217	\$569	\$315	\$667
65 + Medicare Secondary	\$338	\$690	\$436	\$788

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$88	\$201	\$210	\$323
30 to 39	\$106	\$230	\$224	\$348
40 to 49	\$125	\$249	\$237	\$361
50 to 54	\$156	\$303	\$264	\$411
55 to 59	\$190	\$379	\$289	\$478
60 to 64	\$236	\$475	\$327	\$566
65 + Medicare Primary	\$164	\$456	\$249	\$541
65 + Medicare Secondary	\$284	\$576	\$369	\$661

## AREA 8

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$147	\$344	\$357	\$554
30 to 39	\$180	\$398	\$385	\$603
40 to 49	\$215	\$438	\$409	\$632
50 to 54	\$272	\$537	\$459	\$724
55 to 59	\$333	\$674	\$505	\$846
60 to 64	\$415	\$844	\$573	\$1002
65 + Medicare Primary	\$314	\$841	\$463	\$990
65 + Medicare Secondary	\$501	\$1028	\$650	\$1177

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$134	\$314	\$332	\$512
30 to 39	\$164	\$362	\$356	\$554
40 to 49	\$193	\$392	\$374	\$573
50 to 54	\$244	\$479	\$418	\$653
55 to 59	\$298	\$601	\$457	\$760
60 to 64	\$371	\$753	\$517	\$899
65 + Medicare Primary	\$261	\$728	\$398	\$865
65 + Medicare Secondary	\$449	\$916	\$586	\$1053

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

### Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$121	\$284	\$306	\$469
30 to 39	\$147	\$324	\$327	\$504
40 to 49	\$171	\$344	\$340	\$513
50 to 54	\$215	\$420	\$377	\$582
55 to 59	\$262	\$526	\$409	\$673
60 to 64	\$326	\$659	\$459	\$792
65 + Medicare Primary	\$207	\$613	\$331	\$737
65 + Medicare Secondary	\$395	\$801	\$519	\$925

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$136	\$317	\$326	\$507
30 to 39	\$167	\$368	\$352	\$553
40 to 49	\$201	\$409	\$377	\$585
50 to 54	\$254	\$501	\$424	\$671
55 to 59	\$311	\$629	\$468	\$786
60 to 64	\$387	\$787	\$533	\$933
65 + Medicare Primary	\$303	\$795	\$441	\$933
65 + Medicare Secondary	\$467	\$959	\$605	\$1097

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$124	\$288	\$301	\$465
30 to 39	\$151	\$332	\$324	\$505
40 to 49	\$179	\$362	\$342	\$525
50 to 54	\$226	\$444	\$383	\$601
55 to 59	\$276	\$556	\$421	\$701
60 to 64	\$343	\$696	\$477	\$830
65 + Medicare Primary	\$251	\$683	\$377	\$809
65 + Medicare Secondary	\$414	\$846	\$540	\$972

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$111	\$258	\$276	\$423
30 to 39	\$134	\$294	\$294	\$454
40 to 49	\$156	\$314	\$307	\$465
50 to 54	\$197	\$384	\$342	\$529
55 to 59	\$240	\$481	\$372	\$613
60 to 64	\$298	\$602	\$419	\$723
65 + Medicare Primary	\$197	\$568	\$310	\$681
65 + Medicare Secondary	\$361	\$732	\$474	\$845

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$185	\$439	\$446	\$700
30 to 39	\$226	\$505	\$479	\$758
40 to 49	\$268	\$547	\$507	\$786
50 to 54	\$338	\$669	\$567	\$898
55 to 59	\$415	\$841	\$625	\$1051
60 to 64	\$517	\$1054	\$709	\$1246
65 + Medicare Primary	\$358	\$1015	\$537	\$1194
65 + Medicare Secondary	\$626	\$1283	\$805	\$1462

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$173	\$411	\$421	\$659
30 to 39	\$210	\$469	\$451	\$710
40 to 49	\$246	\$501	\$472	\$727
50 to 54	\$310	\$611	\$527	\$828
55 to 59	\$380	\$767	\$577	\$964
60 to 64	\$473	\$962	\$653	\$1142
65 + Medicare Primary	\$306	\$904	\$473	\$1071
65 + Medicare Secondary	\$574	\$1172	\$741	\$1339

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$160	\$381	\$396	\$617
30 to 39	\$193	\$432	\$421	\$660
40 to 49	\$223	\$452	\$437	\$666
50 to 54	\$281	\$551	\$485	\$755
55 to 59	\$344	\$692	\$529	\$877
60 to 64	\$428	\$868	\$595	\$1035
65 + Medicare Primary	\$252	\$788	\$406	\$942
65 + Medicare Secondary	\$520	\$1056	\$674	\$1210

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$175	\$413	\$413	\$651
30 to 39	\$214	\$476	\$446	\$708
40 to 49	\$253	\$517	\$472	\$736
50 to 54	\$320	\$633	\$531	\$844
55 to 59	\$393	\$796	\$587	\$990
60 to 64	\$490	\$997	\$668	\$1175
65 + Medicare Primary	\$348	\$970	\$516	\$1138
65 + Medicare Secondary	\$592	\$1214	\$760	\$1382

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$162	\$384	\$388	\$610
30 to 39	\$197	\$439	\$416	\$658
40 to 49	\$231	\$470	\$438	\$677
50 to 54	\$292	\$575	\$490	\$773
55 to 59	\$358	\$722	\$539	\$903
60 to 64	\$446	\$906	\$612	\$1072
65 + Medicare Primary	\$296	\$858	\$451	\$1013
65 + Medicare Secondary	\$540	\$1102	\$695	\$1257

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$149	\$353	\$362	\$566
30 to 39	\$180	\$402	\$386	\$608
40 to 49	\$209	\$423	\$403	\$617
50 to 54	\$263	\$515	\$449	\$701
55 to 59	\$322	\$647	\$491	\$816
60 to 64	\$400	\$811	\$553	\$964
65 + Medicare Primary	\$242	\$743	\$384	\$885
65 + Medicare Secondary	\$486	\$987	\$628	\$1129

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$100	\$227	\$233	\$360
30 to 39	\$123	\$266	\$253	\$396
40 to 49	\$150	\$303	\$274	\$427
50 to 54	\$189	\$372	\$309	\$492
55 to 59	\$231	\$466	\$342	\$577
60 to 64	\$287	\$583	\$391	\$687
65 + Medicare Primary	\$249	\$614	\$348	\$713
65 + Medicare Secondary	\$345	\$710	\$444	\$809

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$87	\$197	\$208	\$318
30 to 39	\$107	\$230	\$224	\$347
40 to 49	\$128	\$257	\$239	\$368
50 to 54	\$161	\$315	\$268	\$422
55 to 59	\$196	\$393	\$295	\$492
60 to 64	\$243	\$491	\$335	\$583
65 + Medicare Primary	\$197	\$502	\$283	\$588
65 + Medicare Secondary	\$292	\$597	\$378	\$683

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$75	\$168	\$183	\$276
30 to 39	\$90	\$193	\$195	\$298
40 to 49	\$105	\$209	\$204	\$308
50 to 54	\$132	\$255	\$227	\$350
55 to 59	\$160	\$318	\$246	\$404
60 to 64	\$198	\$397	\$277	\$476
65 + Medicare Primary	\$143	\$387	\$217	\$461
65 + Medicare Secondary	\$238	\$482	\$312	\$556

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$89	\$200	\$203	\$314
30 to 39	\$110	\$236	\$222	\$348
40 to 49	\$136	\$274	\$243	\$381
50 to 54	\$171	\$337	\$275	\$441
55 to 59	\$209	\$421	\$307	\$519
60 to 64	\$260	\$526	\$353	\$619
65 + Medicare Primary	\$239	\$568	\$328	\$657
65 + Medicare Secondary	\$311	\$640	\$400	\$729

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$77	\$171	\$179	\$273
30 to 39	\$94	\$200	\$193	\$299
40 to 49	\$114	\$227	\$209	\$322
50 to 54	\$143	\$279	\$235	\$371
55 to 59	\$174	\$348	\$260	\$434
60 to 64	\$216	\$435	\$296	\$515
65 + Medicare Primary	\$187	\$457	\$263	\$533
65 + Medicare Secondary	\$258	\$528	\$334	\$604

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$64	\$141	\$153	\$230
30 to 39	\$77	\$163	\$164	\$250
40 to 49	\$91	\$179	\$173	\$261
50 to 54	\$114	\$219	\$193	\$298
55 to 59	\$138	\$273	\$211	\$346
60 to 64	\$170	\$340	\$238	\$408
65 + Medicare Primary	\$133	\$342	\$197	\$406
65 + Medicare Secondary	\$204	\$413	\$268	\$477

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$125	\$290	\$309	\$474
30 to 39	\$154	\$337	\$333	\$516
40 to 49	\$185	\$376	\$355	\$546
50 to 54	\$234	\$461	\$397	\$624
55 to 59	\$286	\$578	\$436	\$728
60 to 64	\$356	\$723	\$494	\$861
65 + Medicare Primary	\$283	\$735	\$413	\$865
65 + Medicare Secondary	\$429	\$881	\$559	\$1011

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$113	\$261	\$285	\$433
30 to 39	\$137	\$301	\$304	\$468
40 to 49	\$163	\$329	\$320	\$486
50 to 54	\$205	\$402	\$356	\$553
55 to 59	\$251	\$505	\$389	\$643
60 to 64	\$312	\$632	\$438	\$758
65 + Medicare Primary	\$230	\$622	\$348	\$740
65 + Medicare Secondary	\$376	\$768	\$494	\$886

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$100	\$231	\$259	\$390
30 to 39	\$121	\$264	\$275	\$418
40 to 49	\$141	\$282	\$286	\$427
50 to 54	\$176	\$343	\$314	\$481
55 to 59	\$215	\$430	\$340	\$555
60 to 64	\$267	\$538	\$380	\$651
65 + Medicare Primary	\$176	\$507	\$281	\$612
65 + Medicare Secondary	\$322	\$653	\$427	\$758

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$115	\$264	\$263	\$412
30 to 39	\$141	\$307	\$286	\$452
40 to 49	\$171	\$346	\$309	\$484
50 to 54	\$216	\$426	\$350	\$560
55 to 59	\$264	\$533	\$389	\$658
60 to 64	\$328	\$666	\$445	\$783
65 + Medicare Primary	\$273	\$689	\$384	\$800
65 + Medicare Secondary	\$394	\$810	\$505	\$921

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$102	\$234	\$238	\$370
30 to 39	\$125	\$271	\$258	\$404
40 to 49	\$149	\$300	\$275	\$426
50 to 54	\$187	\$367	\$309	\$489
55 to 59	\$229	\$460	\$342	\$573
60 to 64	\$284	\$575	\$389	\$680
65 + Medicare Primary	\$220	\$577	\$319	\$676
65 + Medicare Secondary	\$342	\$699	\$441	\$798

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$89	\$204	\$212	\$327
30 to 39	\$108	\$234	\$228	\$354
40 to 49	\$126	\$252	\$239	\$365
50 to 54	\$158	\$307	\$267	\$416
55 to 59	\$193	\$385	\$293	\$485
60 to 64	\$239	\$481	\$331	\$573
65 + Medicare Primary	\$166	\$462	\$252	\$548
65 + Medicare Secondary	\$288	\$584	\$374	\$670

# AREA 9

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$149	\$348	\$362	\$561
30 to 39	\$182	\$403	\$390	\$611
40 to 49	\$218	\$444	\$414	\$640
50 to 54	\$276	\$545	\$465	\$734
55 to 59	\$337	\$683	\$511	\$857
60 to 64	\$421	\$856	\$582	\$1017
65 + Medicare Primary	\$318	\$852	\$469	\$1003
65 + Medicare Secondary	\$507	\$1041	\$658	\$1192

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$136	\$319	\$337	\$520
30 to 39	\$166	\$367	\$361	\$562
40 to 49	\$196	\$397	\$380	\$581
50 to 54	\$247	\$485	\$424	\$662
55 to 59	\$302	\$609	\$464	\$771
60 to 64	\$376	\$763	\$524	\$911
65 + Medicare Primary	\$264	\$738	\$402	\$876
65 + Medicare Secondary	\$454	\$928	\$592	\$1066

PLAN: Cost Saver

PPO Network: First Health

Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

## Plan 1000 Standard Deductible = \$250 RAF = 1

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$123	\$288	\$311	\$476
30 to 39	\$149	\$329	\$331	\$511
40 to 49	\$173	\$349	\$344	\$520
50 to 54	\$217	\$424	\$381	\$588
55 to 59	\$265	\$532	\$414	\$681
60 to 64	\$330	\$667	\$465	\$802
65 + Medicare Primary	\$210	\$622	\$336	\$748
65 + Medicare Secondary	\$400	\$812	\$526	\$938

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$138	\$321	\$330	\$513
30 to 39	\$169	\$372	\$356	\$559
40 to 49	\$204	\$414	\$382	\$592
50 to 54	\$257	\$508	\$429	\$680
55 to 59	\$315	\$637	\$474	\$796
60 to 64	\$392	\$797	\$540	\$945
65 + Medicare Primary	\$307	\$805	\$447	\$945
65 + Medicare Secondary	\$473	\$971	\$613	\$1111

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$125	\$291	\$305	\$471
30 to 39	\$153	\$336	\$328	\$511
40 to 49	\$181	\$367	\$347	\$533
50 to 54	\$228	\$448	\$387	\$607
55 to 59	\$279	\$563	\$426	\$710
60 to 64	\$348	\$705	\$483	\$840
65 + Medicare Primary	\$254	\$692	\$381	\$819
65 + Medicare Secondary	\$420	\$858	\$547	\$985

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1000 Standard Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$112	\$261	\$279	\$428
30 to 39	\$136	\$298	\$298	\$460
40 to 49	\$158	\$318	\$311	\$471
50 to 54	\$199	\$388	\$346	\$535
55 to 59	\$243	\$487	\$377	\$621
60 to 64	\$302	\$610	\$425	\$733
65 + Medicare Primary	\$199	\$575	\$314	\$690
65 + Medicare Secondary	\$365	\$741	\$480	\$856

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$188	\$446	\$452	\$710
30 to 39	\$229	\$512	\$486	\$769
40 to 49	\$271	\$554	\$513	\$796
50 to 54	\$343	\$678	\$575	\$910
55 to 59	\$420	\$851	\$632	\$1063
60 to 64	\$524	\$1068	\$718	\$1262
65 + Medicare Primary	\$363	\$1029	\$545	\$1211
65 + Medicare Secondary	\$634	\$1300	\$816	\$1482

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$175	\$416	\$427	\$668
30 to 39	\$213	\$476	\$457	\$720
40 to 49	\$249	\$507	\$478	\$736
50 to 54	\$314	\$619	\$534	\$839
55 to 59	\$385	\$778	\$585	\$978
60 to 64	\$480	\$975	\$662	\$1157
65 + Medicare Primary	\$310	\$915	\$479	\$1084
65 + Medicare Secondary	\$581	\$1186	\$750	\$1355

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$162	\$386	\$401	\$625
30 to 39	\$196	\$438	\$427	\$669
40 to 49	\$226	\$459	\$443	\$676
50 to 54	\$285	\$559	\$492	\$766
55 to 59	\$348	\$701	\$535	\$888
60 to 64	\$434	\$880	\$603	\$1049
65 + Medicare Primary	\$255	\$798	\$411	\$954
65 + Medicare Secondary	\$527	\$1070	\$683	\$1226

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$177	\$418	\$418	\$659
30 to 39	\$216	\$482	\$451	\$717
40 to 49	\$257	\$524	\$479	\$746
50 to 54	\$325	\$642	\$539	\$856
55 to 59	\$398	\$806	\$594	\$1002
60 to 64	\$496	\$1010	\$677	\$1191
65 + Medicare Primary	\$353	\$983	\$523	\$1153
65 + Medicare Secondary	\$600	\$1230	\$770	\$1400

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$164	\$388	\$393	\$617
30 to 39	\$200	\$445	\$422	\$667
40 to 49	\$234	\$477	\$443	\$686
50 to 54	\$296	\$583	\$497	\$784
55 to 59	\$362	\$731	\$546	\$915
60 to 64	\$451	\$917	\$619	\$1085
65 + Medicare Primary	\$300	\$870	\$457	\$1027
65 + Medicare Secondary	\$547	\$1117	\$704	\$1274

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 1500 Superior Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$151	\$358	\$367	\$574
30 to 39	\$183	\$408	\$392	\$617
40 to 49	\$211	\$428	\$408	\$625
50 to 54	\$266	\$522	\$454	\$710
55 to 59	\$326	\$655	\$497	\$826
60 to 64	\$406	\$822	\$561	\$977
65 + Medicare Primary	\$245	\$753	\$389	\$897
65 + Medicare Secondary	\$492	\$1000	\$636	\$1144

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$101	\$230	\$236	\$365
30 to 39	\$125	\$270	\$257	\$402
40 to 49	\$152	\$307	\$277	\$432
50 to 54	\$192	\$378	\$313	\$499
55 to 59	\$234	\$473	\$347	\$586
60 to 64	\$291	\$590	\$396	\$695
65 + Medicare Primary	\$253	\$623	\$353	\$723
65 + Medicare Secondary	\$349	\$719	\$449	\$819

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$89	\$201	\$211	\$323
30 to 39	\$108	\$233	\$227	\$352
40 to 49	\$130	\$260	\$243	\$373
50 to 54	\$163	\$319	\$272	\$428
55 to 59	\$199	\$399	\$299	\$499
60 to 64	\$246	\$497	\$339	\$590
65 + Medicare Primary	\$199	\$508	\$286	\$595
65 + Medicare Secondary	\$296	\$605	\$383	\$692

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$75	\$170	\$184	\$279
30 to 39	\$91	\$195	\$197	\$301
40 to 49	\$107	\$212	\$207	\$312
50 to 54	\$133	\$257	\$229	\$353
55 to 59	\$162	\$322	\$249	\$409
60 to 64	\$201	\$403	\$281	\$483
65 + Medicare Primary	\$145	\$392	\$219	\$466
65 + Medicare Secondary	\$241	\$488	\$315	\$562

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$90	\$202	\$206	\$318
30 to 39	\$112	\$240	\$225	\$353
40 to 49	\$138	\$278	\$247	\$387
50 to 54	\$173	\$341	\$279	\$447
55 to 59	\$212	\$427	\$311	\$526
60 to 64	\$263	\$533	\$357	\$627
65 + Medicare Primary	\$242	\$576	\$332	\$666
65 + Medicare Secondary	\$315	\$649	\$405	\$739

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$78	\$174	\$181	\$277
30 to 39	\$95	\$202	\$196	\$303
40 to 49	\$115	\$230	\$211	\$326
50 to 54	\$145	\$282	\$238	\$375
55 to 59	\$176	\$352	\$263	\$439
60 to 64	\$218	\$440	\$299	\$521
65 + Medicare Primary	\$189	\$462	\$266	\$539
65 + Medicare Secondary	\$261	\$534	\$338	\$611

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 500 Value Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$65	\$143	\$155	\$233
30 to 39	\$78	\$165	\$166	\$253
40 to 49	\$92	\$181	\$175	\$264
50 to 54	\$115	\$221	\$195	\$301
55 to 59	\$140	\$277	\$214	\$351
60 to 64	\$172	\$344	\$240	\$412
65 + Medicare Primary	\$134	\$345	\$198	\$409
65 + Medicare Secondary	\$207	\$418	\$271	\$482

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$127	\$294	\$314	\$481
30 to 39	\$156	\$342	\$338	\$524
40 to 49	\$188	\$381	\$360	\$553
50 to 54	\$237	\$467	\$403	\$633
55 to 59	\$290	\$586	\$442	\$738
60 to 64	\$361	\$733	\$501	\$873
65 + Medicare Primary	\$286	\$744	\$418	\$876
65 + Medicare Secondary	\$434	\$892	\$566	\$1024

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$114	\$264	\$288	\$438
30 to 39	\$139	\$305	\$308	\$474
40 to 49	\$165	\$333	\$324	\$492
50 to 54	\$208	\$408	\$361	\$561
55 to 59	\$254	\$511	\$394	\$651
60 to 64	\$316	\$640	\$444	\$768
65 + Medicare Primary	\$233	\$630	\$352	\$749
65 + Medicare Secondary	\$381	\$778	\$500	\$897

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$250 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$101	\$234	\$262	\$395
30 to 39	\$122	\$267	\$278	\$423
40 to 49	\$142	\$285	\$289	\$432
50 to 54	\$178	\$347	\$318	\$487
55 to 59	\$217	\$435	\$344	\$562
60 to 64	\$270	\$544	\$385	\$659
65 + Medicare Primary	\$179	\$514	\$285	\$620
65 + Medicare Secondary	\$326	\$661	\$432	\$767

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$150 Ded, \$1500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$116	\$267	\$266	\$417
30 to 39	\$143	\$312	\$290	\$459
40 to 49	\$173	\$351	\$313	\$491
50 to 54	\$218	\$430	\$354	\$566
55 to 59	\$267	\$540	\$394	\$667
60 to 64	\$332	\$675	\$451	\$794
65 + Medicare Primary	\$276	\$698	\$389	\$811
65 + Medicare Secondary	\$400	\$822	\$513	\$935

PLAN: Cost Saver  
PPO Network: First Health  
Rx Drug Benefit: Formulary Plan, \$75 Ded, \$500 Annual Max

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$103	\$237	\$241	\$375
30 to 39	\$126	\$274	\$260	\$408
40 to 49	\$151	\$304	\$279	\$432
50 to 54	\$190	\$372	\$313	\$495
55 to 59	\$231	\$465	\$345	\$579
60 to 64	\$288	\$582	\$394	\$688
65 + Medicare Primary	\$223	\$585	\$323	\$685
65 + Medicare Secondary	\$346	\$708	\$446	\$808

PLAN: Cost Saver  
 PPO Network: First Health  
 Rx Drug Benefit: Generic-\$15 Copay/Brand Discount Only

<b>Plan 750 Basic Deductible = \$500 RAF = 1</b>				
<b>Age</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Children</b>	<b>Family</b>
0 to 29	\$90	\$206	\$215	\$331
30 to 39	\$109	\$237	\$231	\$359
40 to 49	\$128	\$255	\$243	\$370
50 to 54	\$160	\$311	\$270	\$421
55 to 59	\$195	\$389	\$296	\$490
60 to 64	\$242	\$487	\$335	\$580
65 + Medicare Primary	\$168	\$468	\$255	\$555
65 + Medicare Secondary	\$292	\$592	\$379	\$679