

Wellness Horizons® Group Health Plans



Allied Administration & Insurance Services

Group Health Monthly Rates For the time Period 08/01/09 though 09/30/09

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	\$264	\$279	\$420
30 to 39	\$151	\$317	\$303	\$469
40 to 49	\$180	\$358	\$324	\$502
50 to 54	\$227	\$451	\$365	\$589
55 to 59	\$278	\$554	\$405	\$681
60 to 64	\$345	\$691	\$462	\$808
65 + Medicare Primary	\$261	\$680	\$371	\$790
65 + Medicare Secondary	\$416	\$835	\$526	\$945

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	\$243	\$260	\$390
30 to 39	\$137	\$289	\$279	\$431
40 to 49	\$162	\$321	\$296	\$455
50 to 54	\$203	\$402	\$332	\$531
55 to 59	\$248	\$494	\$366	\$612
60 to 64	\$309	\$617	\$417	\$725
65 + Medicare Primary	\$218	\$592	\$319	\$693
65 + Medicare Secondary	\$373	\$747	\$474	\$848

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	\$221	\$239	\$358
30 to 39	\$123	\$260	\$256	\$393
40 to 49	\$143	\$283	\$268	\$408
50 to 54	\$179	\$354	\$299	\$474
55 to 59	\$219	\$434	\$328	\$543
60 to 64	\$271	\$540	\$370	\$639
65 + Medicare Primary	\$173	\$501	\$265	\$593
65 + Medicare Secondary	\$328	\$656	\$420	\$748

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$115	\$244	\$255	\$384
30 to 39	\$140	\$292	\$277	\$429
40 to 49	\$168	\$334	\$298	\$464
50 to 54	\$212	\$420	\$338	\$546
55 to 59	\$259	\$516	\$375	\$632
60 to 64	\$322	\$644	\$430	\$752
65 + Medicare Primary	\$253	\$643	\$355	\$745
65 + Medicare Secondary	\$388	\$778	\$490	\$880

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$104	\$222	\$235	\$353
30 to 39	\$127	\$265	\$255	\$393
40 to 49	\$150	\$297	\$271	\$418
50 to 54	\$188	\$372	\$304	\$488
55 to 59	\$230	\$457	\$337	\$564
60 to 64	\$286	\$570	\$385	\$669
65 + Medicare Primary	\$209	\$554	\$302	\$647
65 + Medicare Secondary	\$345	\$690	\$438	\$783

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$93	\$200	\$215	\$322
30 to 39	\$113	\$237	\$231	\$355
40 to 49	\$131	\$258	\$242	\$369
50 to 54	\$164	\$323	\$271	\$430
55 to 59	\$200	\$396	\$298	\$494
60 to 64	\$248	\$494	\$338	\$584
65 + Medicare Primary	\$165	\$464	\$249	\$548
65 + Medicare Secondary	\$300	\$599	\$384	\$683

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$155	\$339	\$348	\$532
30 to 39	\$189	\$403	\$377	\$591
40 to 49	\$223	\$447	\$400	\$624
50 to 54	\$282	\$562	\$452	\$732
55 to 59	\$345	\$690	\$500	\$845
60 to 64	\$430	\$863	\$572	\$1005
65 + Medicare Primary	\$298	\$824	\$431	\$957
65 + Medicare Secondary	\$520	\$1046	\$653	\$1179

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$145	\$318	\$329	\$502
30 to 39	\$176	\$376	\$354	\$554
40 to 49	\$205	\$410	\$373	\$578
50 to 54	\$258	\$514	\$419	\$675
55 to 59	\$316	\$631	\$462	\$777
60 to 64	\$394	\$789	\$527	\$922
65 + Medicare Primary	\$255	\$736	\$379	\$860
65 + Medicare Secondary	\$477	\$958	\$601	\$1082

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$134	\$296	\$308	\$470
30 to 39	\$162	\$348	\$331	\$517
40 to 49	\$186	\$372	\$344	\$530
50 to 54	\$234	\$465	\$385	\$616
55 to 59	\$286	\$571	\$423	\$708
60 to 64	\$356	\$713	\$479	\$836
65 + Medicare Primary	\$210	\$645	\$324	\$759
65 + Medicare Secondary	\$432	\$867	\$546	\$981

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$146	\$318	\$322	\$494
30 to 39	\$179	\$379	\$350	\$550
40 to 49	\$212	\$423	\$374	\$585
50 to 54	\$267	\$532	\$423	\$688
55 to 59	\$327	\$653	\$470	\$796
60 to 64	\$407	\$816	\$539	\$948
65 + Medicare Primary	\$290	\$786	\$414	\$910
65 + Medicare Secondary	\$492	\$988	\$616	\$1112

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$136	\$297	\$303	\$464
30 to 39	\$165	\$351	\$327	\$513
40 to 49	\$193	\$386	\$346	\$539
50 to 54	\$243	\$484	\$390	\$631
55 to 59	\$298	\$594	\$432	\$728
60 to 64	\$371	\$743	\$494	\$866
65 + Medicare Primary	\$247	\$699	\$362	\$814
65 + Medicare Secondary	\$448	\$900	\$563	\$1015

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$125	\$275	\$283	\$433
30 to 39	\$151	\$323	\$304	\$476
40 to 49	\$175	\$348	\$319	\$492
50 to 54	\$219	\$435	\$356	\$572
55 to 59	\$268	\$534	\$393	\$659
60 to 64	\$333	\$666	\$446	\$779
65 + Medicare Primary	\$202	\$608	\$307	\$713
65 + Medicare Secondary	\$404	\$810	\$509	\$915

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$85	\$174	\$183	\$272
30 to 39	\$104	\$211	\$200	\$307
40 to 49	\$126	\$247	\$218	\$339
50 to 54	\$158	\$311	\$247	\$400
55 to 59	\$193	\$382	\$275	\$464
60 to 64	\$240	\$477	\$317	\$554
65 + Medicare Primary	\$208	\$493	\$281	\$566
65 + Medicare Secondary	\$287	\$572	\$360	\$645

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$74	\$152	\$163	\$241
30 to 39	\$90	\$183	\$177	\$270
40 to 49	\$108	\$210	\$190	\$292
50 to 54	\$135	\$264	\$214	\$343
55 to 59	\$164	\$323	\$237	\$396
60 to 64	\$203	\$402	\$271	\$470
65 + Medicare Primary	\$165	\$406	\$229	\$470
65 + Medicare Secondary	\$244	\$485	\$308	\$549

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$63	\$130	\$143	\$210
30 to 39	\$76	\$155	\$153	\$232
40 to 49	\$89	\$172	\$162	\$245
50 to 54	\$111	\$215	\$181	\$285
55 to 59	\$134	\$262	\$198	\$326
60 to 64	\$166	\$326	\$224	\$384
65 + Medicare Primary	\$120	\$315	\$174	\$369
65 + Medicare Secondary	\$199	\$394	\$253	\$448

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$76	\$153	\$160	\$237
30 to 39	\$93	\$186	\$176	\$269
40 to 49	\$114	\$222	\$193	\$301
50 to 54	\$143	\$280	\$220	\$357
55 to 59	\$175	\$345	\$248	\$418
60 to 64	\$217	\$430	\$286	\$499
65 + Medicare Primary	\$200	\$456	\$266	\$522
65 + Medicare Secondary	\$259	\$515	\$325	\$581

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$65	\$131	\$140	\$206
30 to 39	\$79	\$158	\$153	\$232
40 to 49	\$96	\$186	\$166	\$256
50 to 54	\$120	\$233	\$188	\$301
55 to 59	\$146	\$286	\$209	\$349
60 to 64	\$180	\$355	\$239	\$414
65 + Medicare Primary	\$156	\$368	\$213	\$425
65 + Medicare Secondary	\$215	\$427	\$272	\$484

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$55	\$110	\$121	\$176
30 to 39	\$65	\$130	\$129	\$194
40 to 49	\$77	\$147	\$138	\$208
50 to 54	\$96	\$184	\$155	\$243
55 to 59	\$116	\$225	\$170	\$279
60 to 64	\$143	\$280	\$193	\$330
65 + Medicare Primary	\$112	\$278	\$159	\$325
65 + Medicare Secondary	\$171	\$337	\$218	\$384

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$105	\$222	\$241	\$358
30 to 39	\$129	\$268	\$262	\$401
40 to 49	\$155	\$307	\$281	\$433
50 to 54	\$195	\$386	\$316	\$507
55 to 59	\$238	\$473	\$349	\$584
60 to 64	\$296	\$591	\$399	\$694
65 + Medicare Primary	\$236	\$593	\$332	\$689
65 + Medicare Secondary	\$356	\$713	\$452	\$809

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$95	\$201	\$222	\$328
30 to 39	\$115	\$240	\$239	\$364
40 to 49	\$137	\$270	\$253	\$386
50 to 54	\$172	\$339	\$284	\$451
55 to 59	\$209	\$414	\$311	\$516
60 to 64	\$260	\$518	\$353	\$611
65 + Medicare Primary	\$192	\$504	\$279	\$591
65 + Medicare Secondary	\$313	\$625	\$400	\$712

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$84	\$179	\$202	\$297
30 to 39	\$101	\$211	\$215	\$325
40 to 49	\$118	\$232	\$225	\$339
50 to 54	\$148	\$290	\$250	\$392
55 to 59	\$180	\$355	\$273	\$448
60 to 64	\$223	\$442	\$307	\$526
65 + Medicare Primary	\$148	\$414	\$226	\$492
65 + Medicare Secondary	\$268	\$534	\$346	\$612

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$97	\$202	\$207	\$312
30 to 39	\$118	\$243	\$225	\$350
40 to 49	\$143	\$282	\$245	\$384
50 to 54	\$180	\$355	\$279	\$454
55 to 59	\$220	\$436	\$313	\$529
60 to 64	\$273	\$544	\$360	\$631
65 + Medicare Primary	\$227	\$555	\$309	\$637
65 + Medicare Secondary	\$328	\$656	\$410	\$738

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$86	\$180	\$187	\$281
30 to 39	\$105	\$216	\$203	\$314
40 to 49	\$125	\$245	\$218	\$338
50 to 54	\$157	\$308	\$247	\$398
55 to 59	\$191	\$377	\$274	\$460
60 to 64	\$237	\$471	\$315	\$549
65 + Medicare Primary	\$184	\$467	\$257	\$540
65 + Medicare Secondary	\$285	\$568	\$358	\$641

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$76	\$159	\$167	\$250
30 to 39	\$91	\$188	\$180	\$277
40 to 49	\$106	\$207	\$190	\$291
50 to 54	\$133	\$259	\$214	\$340
55 to 59	\$161	\$317	\$235	\$391
60 to 64	\$199	\$394	\$267	\$462
65 + Medicare Primary	\$139	\$376	\$203	\$440
65 + Medicare Secondary	\$240	\$477	\$304	\$541

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	\$275	\$290	\$437
30 to 39	\$156	\$328	\$314	\$486
40 to 49	\$187	\$372	\$336	\$521
50 to 54	\$236	\$468	\$380	\$612
55 to 59	\$288	\$575	\$420	\$707
60 to 64	\$359	\$718	\$481	\$840
65 + Medicare Primary	\$271	\$706	\$386	\$821
65 + Medicare Secondary	\$433	\$868	\$548	\$983

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	\$252	\$269	\$404
30 to 39	\$142	\$300	\$290	\$448
40 to 49	\$168	\$334	\$308	\$474
50 to 54	\$211	\$418	\$345	\$552
55 to 59	\$258	\$514	\$381	\$637
60 to 64	\$321	\$641	\$433	\$753
65 + Medicare Primary	\$226	\$615	\$331	\$720
65 + Medicare Secondary	\$388	\$777	\$493	\$882

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	\$230	\$249	\$373
30 to 39	\$128	\$271	\$266	\$409
40 to 49	\$148	\$294	\$278	\$424
50 to 54	\$186	\$368	\$310	\$492
55 to 59	\$227	\$451	\$340	\$564
60 to 64	\$282	\$562	\$385	\$665
65 + Medicare Primary	\$180	\$521	\$275	\$616
65 + Medicare Secondary	\$341	\$682	\$436	\$777

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$119	\$253	\$265	\$399
30 to 39	\$145	\$303	\$287	\$445
40 to 49	\$175	\$347	\$310	\$482
50 to 54	\$220	\$436	\$351	\$567
55 to 59	\$269	\$536	\$390	\$657
60 to 64	\$335	\$670	\$447	\$782
65 + Medicare Primary	\$262	\$667	\$368	\$773
65 + Medicare Secondary	\$403	\$808	\$509	\$914

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$108	\$231	\$244	\$367
30 to 39	\$131	\$275	\$264	\$408
40 to 49	\$156	\$309	\$282	\$435
50 to 54	\$196	\$387	\$317	\$508
55 to 59	\$239	\$475	\$351	\$587
60 to 64	\$297	\$593	\$400	\$696
65 + Medicare Primary	\$217	\$576	\$314	\$673
65 + Medicare Secondary	\$358	\$717	\$455	\$814

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$97	\$208	\$224	\$335
30 to 39	\$117	\$246	\$240	\$369
40 to 49	\$136	\$269	\$252	\$385
50 to 54	\$171	\$337	\$282	\$448
55 to 59	\$208	\$412	\$310	\$514
60 to 64	\$258	\$513	\$351	\$606
65 + Medicare Primary	\$171	\$482	\$258	\$569
65 + Medicare Secondary	\$312	\$623	\$399	\$710

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$161	\$352	\$362	\$553
30 to 39	\$196	\$418	\$391	\$613
40 to 49	\$232	\$465	\$416	\$649
50 to 54	\$293	\$584	\$470	\$761
55 to 59	\$359	\$718	\$520	\$879
60 to 64	\$447	\$897	\$595	\$1045
65 + Medicare Primary	\$310	\$857	\$448	\$995
65 + Medicare Secondary	\$540	\$1087	\$678	\$1225

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$150	\$330	\$341	\$521
30 to 39	\$182	\$390	\$367	\$575
40 to 49	\$213	\$426	\$387	\$600
50 to 54	\$268	\$534	\$435	\$701
55 to 59	\$328	\$656	\$480	\$808
60 to 64	\$409	\$820	\$547	\$958
65 + Medicare Primary	\$265	\$765	\$394	\$894
65 + Medicare Secondary	\$495	\$995	\$624	\$1124

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$139	\$308	\$320	\$489
30 to 39	\$168	\$361	\$344	\$537
40 to 49	\$193	\$386	\$358	\$551
50 to 54	\$243	\$483	\$400	\$640
55 to 59	\$297	\$593	\$439	\$735
60 to 64	\$370	\$741	\$498	\$869
65 + Medicare Primary	\$219	\$671	\$338	\$790
65 + Medicare Secondary	\$449	\$901	\$568	\$1020

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$152	\$331	\$335	\$514
30 to 39	\$185	\$393	\$363	\$571
40 to 49	\$220	\$440	\$389	\$609
50 to 54	\$277	\$552	\$439	\$714
55 to 59	\$339	\$678	\$488	\$827
60 to 64	\$423	\$848	\$560	\$985
65 + Medicare Primary	\$301	\$817	\$430	\$946
65 + Medicare Secondary	\$511	\$1027	\$640	\$1156

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$141	\$308	\$315	\$482
30 to 39	\$171	\$365	\$340	\$534
40 to 49	\$201	\$401	\$360	\$560
50 to 54	\$253	\$503	\$406	\$656
55 to 59	\$309	\$617	\$449	\$757
60 to 64	\$385	\$771	\$513	\$899
65 + Medicare Primary	\$256	\$726	\$376	\$846
65 + Medicare Secondary	\$466	\$936	\$586	\$1056

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$130	\$286	\$294	\$450
30 to 39	\$157	\$336	\$316	\$495
40 to 49	\$181	\$361	\$330	\$510
50 to 54	\$228	\$452	\$371	\$595
55 to 59	\$278	\$554	\$408	\$684
60 to 64	\$346	\$692	\$464	\$810
65 + Medicare Primary	\$210	\$632	\$320	\$742
65 + Medicare Secondary	\$420	\$842	\$530	\$952

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$88	\$181	\$190	\$283
30 to 39	\$107	\$218	\$207	\$318
40 to 49	\$131	\$257	\$226	\$352
50 to 54	\$164	\$323	\$256	\$415
55 to 59	\$200	\$396	\$286	\$482
60 to 64	\$249	\$495	\$329	\$575
65 + Medicare Primary	\$216	\$513	\$292	\$589
65 + Medicare Secondary	\$298	\$595	\$374	\$671

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$77	\$158	\$170	\$251
30 to 39	\$93	\$190	\$183	\$280
40 to 49	\$112	\$218	\$198	\$304
50 to 54	\$140	\$274	\$223	\$357
55 to 59	\$170	\$335	\$246	\$411
60 to 64	\$211	\$418	\$281	\$488
65 + Medicare Primary	\$171	\$421	\$237	\$487
65 + Medicare Secondary	\$253	\$503	\$319	\$569

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$66	\$136	\$149	\$219
30 to 39	\$79	\$161	\$160	\$242
40 to 49	\$92	\$178	\$168	\$254
50 to 54	\$115	\$223	\$188	\$296
55 to 59	\$139	\$272	\$205	\$338
60 to 64	\$172	\$339	\$233	\$400
65 + Medicare Primary	\$125	\$328	\$182	\$385
65 + Medicare Secondary	\$207	\$410	\$264	\$467

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$78	\$158	\$166	\$246
30 to 39	\$96	\$193	\$182	\$279
40 to 49	\$118	\$231	\$201	\$314
50 to 54	\$149	\$292	\$229	\$372
55 to 59	\$181	\$357	\$257	\$433
60 to 64	\$225	\$446	\$296	\$517
65 + Medicare Primary	\$207	\$474	\$275	\$542
65 + Medicare Secondary	\$269	\$536	\$337	\$604

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$68	\$137	\$146	\$215
30 to 39	\$82	\$165	\$158	\$241
40 to 49	\$99	\$192	\$172	\$265
50 to 54	\$124	\$242	\$195	\$313
55 to 59	\$151	\$296	\$217	\$362
60 to 64	\$187	\$369	\$249	\$431
65 + Medicare Primary	\$162	\$382	\$221	\$441
65 + Medicare Secondary	\$224	\$444	\$283	\$503

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$56	\$113	\$124	\$181
30 to 39	\$68	\$136	\$135	\$203
40 to 49	\$80	\$153	\$143	\$216
50 to 54	\$99	\$191	\$160	\$252
55 to 59	\$120	\$233	\$176	\$289
60 to 64	\$148	\$290	\$200	\$342
65 + Medicare Primary	\$116	\$288	\$165	\$337
65 + Medicare Secondary	\$177	\$349	\$226	\$398

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$109	\$231	\$251	\$373
30 to 39	\$134	\$278	\$272	\$416
40 to 49	\$161	\$319	\$292	\$450
50 to 54	\$203	\$401	\$329	\$527
55 to 59	\$248	\$493	\$364	\$609
60 to 64	\$308	\$615	\$415	\$722
65 + Medicare Primary	\$245	\$616	\$345	\$716
65 + Medicare Secondary	\$370	\$741	\$470	\$841

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$98	\$209	\$230	\$341
30 to 39	\$120	\$250	\$249	\$379
40 to 49	\$142	\$280	\$263	\$401
50 to 54	\$178	\$351	\$294	\$467
55 to 59	\$217	\$431	\$323	\$537
60 to 64	\$270	\$538	\$367	\$635
65 + Medicare Primary	\$200	\$525	\$291	\$616
65 + Medicare Secondary	\$325	\$650	\$416	\$741

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$87	\$186	\$210	\$309
30 to 39	\$105	\$220	\$224	\$339
40 to 49	\$122	\$240	\$233	\$351
50 to 54	\$153	\$300	\$259	\$406
55 to 59	\$186	\$368	\$282	\$464
60 to 64	\$231	\$459	\$318	\$546
65 + Medicare Primary	\$153	\$430	\$234	\$511
65 + Medicare Secondary	\$279	\$556	\$360	\$637

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$100	\$209	\$214	\$323
30 to 39	\$123	\$253	\$235	\$365
40 to 49	\$149	\$294	\$256	\$401
50 to 54	\$187	\$369	\$290	\$472
55 to 59	\$228	\$453	\$324	\$549
60 to 64	\$284	\$566	\$374	\$656
65 + Medicare Primary	\$236	\$577	\$322	\$663
65 + Medicare Secondary	\$341	\$682	\$427	\$768

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$89	\$187	\$194	\$292
30 to 39	\$109	\$225	\$211	\$327
40 to 49	\$130	\$255	\$227	\$352
50 to 54	\$163	\$320	\$257	\$414
55 to 59	\$198	\$392	\$285	\$479
60 to 64	\$246	\$489	\$327	\$570
65 + Medicare Primary	\$191	\$486	\$267	\$562
65 + Medicare Secondary	\$296	\$591	\$372	\$667

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$78	\$165	\$173	\$260
30 to 39	\$94	\$195	\$186	\$287
40 to 49	\$110	\$215	\$197	\$302
50 to 54	\$138	\$269	\$222	\$353
55 to 59	\$167	\$329	\$244	\$406
60 to 64	\$207	\$410	\$278	\$481
65 + Medicare Primary	\$144	\$391	\$210	\$457
65 + Medicare Secondary	\$249	\$496	\$315	\$562

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	\$281	\$297	\$447
30 to 39	\$160	\$336	\$321	\$497
40 to 49	\$191	\$380	\$344	\$533
50 to 54	\$241	\$479	\$388	\$626
55 to 59	\$295	\$588	\$430	\$723
60 to 64	\$367	\$735	\$492	\$860
65 + Medicare Primary	\$277	\$723	\$394	\$840
65 + Medicare Secondary	\$442	\$888	\$559	\$1005

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	\$258	\$276	\$414
30 to 39	\$145	\$306	\$297	\$458
40 to 49	\$171	\$340	\$314	\$483
50 to 54	\$216	\$428	\$353	\$565
55 to 59	\$264	\$525	\$390	\$651
60 to 64	\$328	\$656	\$443	\$771
65 + Medicare Primary	\$231	\$629	\$339	\$737
65 + Medicare Secondary	\$396	\$794	\$504	\$902

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	\$235	\$254	\$381
30 to 39	\$131	\$277	\$273	\$419
40 to 49	\$152	\$301	\$285	\$434
50 to 54	\$190	\$376	\$317	\$503
55 to 59	\$232	\$461	\$348	\$577
60 to 64	\$288	\$575	\$393	\$680
65 + Medicare Primary	\$184	\$533	\$282	\$631
65 + Medicare Secondary	\$349	\$698	\$447	\$796

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$121	\$258	\$270	\$407
30 to 39	\$149	\$311	\$295	\$457
40 to 49	\$178	\$354	\$316	\$492
50 to 54	\$225	\$446	\$359	\$580
55 to 59	\$275	\$548	\$399	\$672
60 to 64	\$342	\$684	\$457	\$799
65 + Medicare Primary	\$268	\$683	\$377	\$792
65 + Medicare Secondary	\$412	\$827	\$521	\$936

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$110	\$236	\$250	\$376
30 to 39	\$134	\$281	\$270	\$417
40 to 49	\$159	\$315	\$288	\$444
50 to 54	\$200	\$396	\$324	\$520
55 to 59	\$244	\$485	\$358	\$599
60 to 64	\$304	\$606	\$409	\$711
65 + Medicare Primary	\$222	\$589	\$321	\$688
65 + Medicare Secondary	\$366	\$733	\$465	\$832

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$99	\$213	\$229	\$343
30 to 39	\$119	\$251	\$245	\$377
40 to 49	\$139	\$275	\$258	\$394
50 to 54	\$174	\$343	\$288	\$457
55 to 59	\$212	\$421	\$316	\$525
60 to 64	\$264	\$525	\$359	\$620
65 + Medicare Primary	\$175	\$493	\$264	\$582
65 + Medicare Secondary	\$319	\$637	\$408	\$726

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$164	\$360	\$369	\$565
30 to 39	\$201	\$429	\$401	\$629
40 to 49	\$237	\$475	\$425	\$663
50 to 54	\$299	\$597	\$480	\$778
55 to 59	\$367	\$734	\$532	\$899
60 to 64	\$457	\$918	\$608	\$1069
65 + Medicare Primary	\$317	\$876	\$458	\$1017
65 + Medicare Secondary	\$553	\$1112	\$694	\$1253

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$153	\$337	\$349	\$533
30 to 39	\$186	\$399	\$376	\$589
40 to 49	\$218	\$436	\$396	\$614
50 to 54	\$274	\$546	\$445	\$717
55 to 59	\$336	\$672	\$491	\$827
60 to 64	\$418	\$839	\$559	\$980
65 + Medicare Primary	\$271	\$783	\$403	\$915
65 + Medicare Secondary	\$507	\$1019	\$639	\$1151

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$142	\$314	\$328	\$500
30 to 39	\$171	\$368	\$351	\$548
40 to 49	\$198	\$396	\$366	\$564
50 to 54	\$249	\$495	\$410	\$656
55 to 59	\$304	\$607	\$449	\$752
60 to 64	\$378	\$758	\$509	\$889
65 + Medicare Primary	\$223	\$686	\$345	\$808
65 + Medicare Secondary	\$459	\$922	\$581	\$1044

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$155	\$338	\$343	\$526
30 to 39	\$189	\$402	\$371	\$584
40 to 49	\$225	\$450	\$398	\$623
50 to 54	\$283	\$565	\$449	\$731
55 to 59	\$347	\$694	\$500	\$847
60 to 64	\$432	\$867	\$573	\$1008
65 + Medicare Primary	\$308	\$836	\$440	\$968
65 + Medicare Secondary	\$523	\$1051	\$655	\$1183

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$144	\$315	\$322	\$493
30 to 39	\$175	\$373	\$348	\$546
40 to 49	\$205	\$410	\$368	\$573
50 to 54	\$258	\$514	\$414	\$670
55 to 59	\$316	\$631	\$459	\$774
60 to 64	\$394	\$789	\$525	\$920
65 + Medicare Primary	\$262	\$743	\$384	\$865
65 + Medicare Secondary	\$477	\$958	\$599	\$1080

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$133	\$293	\$301	\$461
30 to 39	\$160	\$343	\$323	\$506
40 to 49	\$185	\$369	\$338	\$522
50 to 54	\$233	\$463	\$379	\$609
55 to 59	\$284	\$567	\$417	\$700
60 to 64	\$354	\$708	\$475	\$829
65 + Medicare Primary	\$214	\$646	\$326	\$758
65 + Medicare Secondary	\$429	\$861	\$541	\$973

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$89	\$184	\$194	\$289
30 to 39	\$110	\$224	\$212	\$326
40 to 49	\$133	\$262	\$230	\$359
50 to 54	\$168	\$331	\$262	\$425
55 to 59	\$205	\$406	\$293	\$494
60 to 64	\$254	\$506	\$336	\$588
65 + Medicare Primary	\$221	\$525	\$299	\$603
65 + Medicare Secondary	\$305	\$609	\$383	\$687

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$78	\$161	\$173	\$256
30 to 39	\$95	\$194	\$187	\$286
40 to 49	\$114	\$223	\$202	\$311
50 to 54	\$143	\$280	\$227	\$364
55 to 59	\$174	\$343	\$252	\$421
60 to 64	\$216	\$428	\$288	\$500
65 + Medicare Primary	\$175	\$431	\$243	\$499
65 + Medicare Secondary	\$259	\$515	\$327	\$583

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$67	\$139	\$152	\$224
30 to 39	\$80	\$164	\$162	\$246
40 to 49	\$94	\$182	\$172	\$260
50 to 54	\$117	\$228	\$191	\$302
55 to 59	\$142	\$278	\$210	\$346
60 to 64	\$176	\$347	\$238	\$409
65 + Medicare Primary	\$127	\$334	\$185	\$392
65 + Medicare Secondary	\$211	\$418	\$269	\$476

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$80	\$162	\$170	\$252
30 to 39	\$98	\$197	\$186	\$285
40 to 49	\$121	\$236	\$205	\$320
50 to 54	\$152	\$298	\$234	\$380
55 to 59	\$185	\$366	\$262	\$443
60 to 64	\$230	\$456	\$303	\$529
65 + Medicare Primary	\$212	\$485	\$282	\$555
65 + Medicare Secondary	\$275	\$548	\$345	\$618

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$69	\$139	\$149	\$219
30 to 39	\$84	\$168	\$162	\$246
40 to 49	\$101	\$196	\$176	\$271
50 to 54	\$127	\$248	\$199	\$320
55 to 59	\$154	\$303	\$222	\$371
60 to 64	\$191	\$377	\$254	\$440
65 + Medicare Primary	\$166	\$391	\$226	\$451
65 + Medicare Secondary	\$229	\$454	\$289	\$514

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$57	\$116	\$127	\$186
30 to 39	\$69	\$138	\$137	\$206
40 to 49	\$82	\$157	\$147	\$222
50 to 54	\$101	\$195	\$163	\$257
55 to 59	\$123	\$239	\$180	\$296
60 to 64	\$151	\$296	\$204	\$349
65 + Medicare Primary	\$118	\$294	\$168	\$344
65 + Medicare Secondary	\$181	\$357	\$231	\$407

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$112	\$237	\$257	\$382
30 to 39	\$137	\$284	\$278	\$425
40 to 49	\$164	\$325	\$298	\$459
50 to 54	\$207	\$410	\$336	\$539
55 to 59	\$253	\$503	\$371	\$621
60 to 64	\$315	\$629	\$424	\$738
65 + Medicare Primary	\$250	\$630	\$353	\$733
65 + Medicare Secondary	\$379	\$759	\$482	\$862

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$101	\$214	\$236	\$349
30 to 39	\$122	\$255	\$254	\$387
40 to 49	\$145	\$286	\$269	\$410
50 to 54	\$182	\$359	\$301	\$478
55 to 59	\$222	\$441	\$331	\$550
60 to 64	\$276	\$550	\$375	\$649
65 + Medicare Primary	\$204	\$536	\$297	\$629
65 + Medicare Secondary	\$332	\$664	\$425	\$757

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$89	\$190	\$214	\$315
30 to 39	\$107	\$224	\$228	\$345
40 to 49	\$125	\$246	\$239	\$360
50 to 54	\$156	\$307	\$265	\$416
55 to 59	\$190	\$376	\$289	\$475
60 to 64	\$236	\$469	\$325	\$558
65 + Medicare Primary	\$157	\$440	\$240	\$523
65 + Medicare Secondary	\$285	\$568	\$368	\$651

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$102	\$214	\$219	\$331
30 to 39	\$125	\$258	\$239	\$372
40 to 49	\$152	\$300	\$261	\$409
50 to 54	\$191	\$378	\$297	\$484
55 to 59	\$233	\$463	\$332	\$562
60 to 64	\$290	\$579	\$382	\$671
65 + Medicare Primary	\$241	\$590	\$329	\$678
65 + Medicare Secondary	\$349	\$698	\$437	\$786

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$91	\$191	\$198	\$298
30 to 39	\$111	\$229	\$215	\$333
40 to 49	\$132	\$260	\$231	\$359
50 to 54	\$166	\$327	\$262	\$423
55 to 59	\$203	\$401	\$292	\$490
60 to 64	\$251	\$500	\$333	\$582
65 + Medicare Primary	\$195	\$496	\$273	\$574
65 + Medicare Secondary	\$302	\$603	\$380	\$681

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$80	\$169	\$177	\$266
30 to 39	\$96	\$199	\$190	\$293
40 to 49	\$112	\$220	\$201	\$309
50 to 54	\$140	\$274	\$226	\$360
55 to 59	\$171	\$337	\$250	\$416
60 to 64	\$212	\$420	\$284	\$492
65 + Medicare Primary	\$148	\$400	\$216	\$468
65 + Medicare Secondary	\$255	\$507	\$323	\$575

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	\$286	\$303	\$456
30 to 39	\$163	\$343	\$328	\$508
40 to 49	\$195	\$389	\$351	\$545
50 to 54	\$246	\$489	\$396	\$639
55 to 59	\$301	\$601	\$439	\$739
60 to 64	\$375	\$751	\$503	\$879
65 + Medicare Primary	\$283	\$739	\$403	\$859
65 + Medicare Secondary	\$452	\$908	\$572	\$1028

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	\$264	\$282	\$424
30 to 39	\$148	\$313	\$303	\$468
40 to 49	\$175	\$348	\$321	\$494
50 to 54	\$220	\$437	\$360	\$577
55 to 59	\$269	\$536	\$397	\$664
60 to 64	\$335	\$670	\$453	\$788
65 + Medicare Primary	\$236	\$643	\$346	\$753
65 + Medicare Secondary	\$405	\$812	\$515	\$922

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	\$240	\$259	\$389
30 to 39	\$133	\$282	\$278	\$427
40 to 49	\$155	\$307	\$291	\$443
50 to 54	\$194	\$384	\$324	\$514
55 to 59	\$237	\$471	\$355	\$589
60 to 64	\$294	\$587	\$401	\$694
65 + Medicare Primary	\$188	\$545	\$288	\$645
65 + Medicare Secondary	\$356	\$713	\$456	\$813

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$124	\$264	\$277	\$417
30 to 39	\$152	\$317	\$301	\$466
40 to 49	\$182	\$362	\$324	\$504
50 to 54	\$230	\$456	\$367	\$593
55 to 59	\$281	\$560	\$408	\$687
60 to 64	\$350	\$700	\$468	\$818
65 + Medicare Primary	\$274	\$698	\$385	\$809
65 + Medicare Secondary	\$421	\$845	\$532	\$956

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$112	\$240	\$255	\$383
30 to 39	\$137	\$287	\$276	\$426
40 to 49	\$162	\$322	\$294	\$454
50 to 54	\$204	\$404	\$331	\$531
55 to 59	\$249	\$496	\$366	\$613
60 to 64	\$310	\$619	\$418	\$727
65 + Medicare Primary	\$227	\$602	\$328	\$703
65 + Medicare Secondary	\$374	\$749	\$475	\$850

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$101	\$217	\$234	\$350
30 to 39	\$122	\$257	\$251	\$386
40 to 49	\$142	\$281	\$263	\$402
50 to 54	\$178	\$351	\$294	\$467
55 to 59	\$217	\$430	\$323	\$536
60 to 64	\$269	\$536	\$366	\$633
65 + Medicare Primary	\$178	\$503	\$269	\$594
65 + Medicare Secondary	\$326	\$651	\$417	\$742

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$168	\$368	\$378	\$578
30 to 39	\$205	\$438	\$409	\$642
40 to 49	\$242	\$486	\$434	\$678
50 to 54	\$306	\$611	\$491	\$796
55 to 59	\$375	\$751	\$544	\$920
60 to 64	\$467	\$938	\$622	\$1093
65 + Medicare Primary	\$324	\$896	\$469	\$1041
65 + Medicare Secondary	\$565	\$1137	\$710	\$1282

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$157	\$345	\$357	\$545
30 to 39	\$190	\$407	\$384	\$601
40 to 49	\$222	\$445	\$404	\$627
50 to 54	\$280	\$559	\$455	\$734
55 to 59	\$343	\$686	\$502	\$845
60 to 64	\$427	\$857	\$572	\$1002
65 + Medicare Primary	\$277	\$800	\$412	\$935
65 + Medicare Secondary	\$518	\$1041	\$653	\$1176

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$145	\$321	\$335	\$511
30 to 39	\$175	\$377	\$359	\$561
40 to 49	\$202	\$404	\$374	\$576
50 to 54	\$254	\$506	\$418	\$670
55 to 59	\$311	\$621	\$460	\$770
60 to 64	\$387	\$775	\$521	\$909
65 + Medicare Primary	\$228	\$701	\$352	\$825
65 + Medicare Secondary	\$469	\$942	\$593	\$1066

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$158	\$345	\$350	\$537
30 to 39	\$193	\$411	\$380	\$598
40 to 49	\$229	\$459	\$405	\$635
50 to 54	\$290	\$578	\$460	\$748
55 to 59	\$355	\$710	\$511	\$866
60 to 64	\$442	\$887	\$586	\$1031
65 + Medicare Primary	\$315	\$855	\$450	\$990
65 + Medicare Secondary	\$534	\$1074	\$669	\$1209

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$147	\$322	\$329	\$504
30 to 39	\$179	\$382	\$356	\$559
40 to 49	\$209	\$419	\$375	\$585
50 to 54	\$264	\$526	\$424	\$686
55 to 59	\$323	\$646	\$469	\$792
60 to 64	\$402	\$806	\$536	\$940
65 + Medicare Primary	\$267	\$759	\$392	\$884
65 + Medicare Secondary	\$487	\$979	\$612	\$1104

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$135	\$298	\$307	\$470
30 to 39	\$163	\$350	\$329	\$516
40 to 49	\$189	\$378	\$345	\$534
50 to 54	\$238	\$473	\$388	\$623
55 to 59	\$291	\$580	\$427	\$716
60 to 64	\$362	\$724	\$485	\$847
65 + Medicare Primary	\$219	\$661	\$334	\$776
65 + Medicare Secondary	\$439	\$881	\$554	\$996

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$91	\$188	\$198	\$295
30 to 39	\$112	\$228	\$217	\$333
40 to 49	\$136	\$268	\$236	\$368
50 to 54	\$171	\$337	\$267	\$433
55 to 59	\$209	\$414	\$299	\$504
60 to 64	\$260	\$517	\$344	\$601
65 + Medicare Primary	\$226	\$537	\$305	\$616
65 + Medicare Secondary	\$311	\$622	\$390	\$701

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$80	\$165	\$177	\$262
30 to 39	\$97	\$198	\$192	\$293
40 to 49	\$116	\$227	\$206	\$317
50 to 54	\$146	\$286	\$232	\$372
55 to 59	\$178	\$351	\$258	\$431
60 to 64	\$220	\$437	\$294	\$511
65 + Medicare Primary	\$178	\$440	\$247	\$509
65 + Medicare Secondary	\$264	\$526	\$333	\$595

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$68	\$141	\$155	\$228
30 to 39	\$82	\$167	\$166	\$251
40 to 49	\$96	\$186	\$175	\$265
50 to 54	\$120	\$233	\$196	\$309
55 to 59	\$145	\$284	\$214	\$353
60 to 64	\$179	\$354	\$242	\$417
65 + Medicare Primary	\$130	\$342	\$189	\$401
65 + Medicare Secondary	\$216	\$428	\$275	\$487

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$82	\$166	\$174	\$258
30 to 39	\$100	\$202	\$190	\$292
40 to 49	\$123	\$241	\$209	\$327
50 to 54	\$155	\$305	\$239	\$389
55 to 59	\$189	\$374	\$268	\$453
60 to 64	\$235	\$467	\$310	\$542
65 + Medicare Primary	\$216	\$495	\$287	\$566
65 + Medicare Secondary	\$281	\$560	\$352	\$631

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$70	\$142	\$152	\$224
30 to 39	\$86	\$172	\$166	\$252
40 to 49	\$104	\$202	\$180	\$278
50 to 54	\$130	\$253	\$204	\$327
55 to 59	\$158	\$310	\$227	\$379
60 to 64	\$195	\$386	\$260	\$451
65 + Medicare Primary	\$169	\$399	\$230	\$460
65 + Medicare Secondary	\$233	\$463	\$294	\$524

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$59	\$119	\$131	\$191
30 to 39	\$70	\$141	\$140	\$211
40 to 49	\$83	\$160	\$149	\$226
50 to 54	\$103	\$199	\$167	\$263
55 to 59	\$125	\$244	\$184	\$303
60 to 64	\$154	\$303	\$208	\$357
65 + Medicare Primary	\$121	\$301	\$172	\$352
65 + Medicare Secondary	\$185	\$365	\$236	\$416

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$114	\$241	\$262	\$389
30 to 39	\$139	\$290	\$283	\$434
40 to 49	\$168	\$333	\$305	\$470
50 to 54	\$211	\$419	\$343	\$551
55 to 59	\$258	\$514	\$379	\$635
60 to 64	\$322	\$643	\$434	\$755
65 + Medicare Primary	\$256	\$644	\$361	\$749
65 + Medicare Secondary	\$387	\$775	\$492	\$880

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$103	\$219	\$242	\$358
30 to 39	\$125	\$261	\$259	\$395
40 to 49	\$148	\$293	\$275	\$420
50 to 54	\$186	\$367	\$308	\$489
55 to 59	\$227	\$451	\$338	\$562
60 to 64	\$282	\$562	\$384	\$664
65 + Medicare Primary	\$208	\$548	\$303	\$643
65 + Medicare Secondary	\$340	\$680	\$435	\$775

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$91	\$195	\$219	\$323
30 to 39	\$110	\$230	\$234	\$354
40 to 49	\$128	\$252	\$244	\$368
50 to 54	\$160	\$314	\$271	\$425
55 to 59	\$194	\$384	\$295	\$485
60 to 64	\$241	\$479	\$332	\$570
65 + Medicare Primary	\$160	\$450	\$245	\$535
65 + Medicare Secondary	\$291	\$581	\$376	\$666

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$104	\$218	\$224	\$338
30 to 39	\$128	\$264	\$245	\$381
40 to 49	\$155	\$306	\$267	\$418
50 to 54	\$195	\$386	\$303	\$494
55 to 59	\$238	\$473	\$339	\$574
60 to 64	\$297	\$592	\$391	\$686
65 + Medicare Primary	\$246	\$603	\$336	\$693
65 + Medicare Secondary	\$356	\$713	\$446	\$803

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$93	\$196	\$203	\$306
30 to 39	\$113	\$234	\$220	\$341
40 to 49	\$135	\$266	\$237	\$368
50 to 54	\$170	\$335	\$268	\$433
55 to 59	\$207	\$410	\$298	\$501
60 to 64	\$257	\$511	\$341	\$595
65 + Medicare Primary	\$199	\$507	\$279	\$587
65 + Medicare Secondary	\$309	\$617	\$389	\$697

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$81	\$172	\$180	\$271
30 to 39	\$98	\$203	\$195	\$300
40 to 49	\$115	\$225	\$206	\$316
50 to 54	\$143	\$281	\$231	\$369
55 to 59	\$174	\$343	\$255	\$424
60 to 64	\$216	\$428	\$290	\$502
65 + Medicare Primary	\$151	\$409	\$220	\$478
65 + Medicare Secondary	\$261	\$519	\$330	\$588

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	\$297	\$314	\$473
30 to 39	\$169	\$356	\$340	\$527
40 to 49	\$202	\$403	\$364	\$565
50 to 54	\$255	\$507	\$411	\$663
55 to 59	\$312	\$623	\$455	\$766
60 to 64	\$388	\$778	\$520	\$910
65 + Medicare Primary	\$293	\$765	\$417	\$889
65 + Medicare Secondary	\$468	\$940	\$592	\$1064

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	\$273	\$291	\$438
30 to 39	\$154	\$325	\$315	\$486
40 to 49	\$181	\$361	\$333	\$513
50 to 54	\$228	\$453	\$374	\$599
55 to 59	\$279	\$556	\$412	\$689
60 to 64	\$347	\$694	\$469	\$816
65 + Medicare Primary	\$244	\$666	\$358	\$780
65 + Medicare Secondary	\$419	\$841	\$533	\$955

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	\$248	\$269	\$403
30 to 39	\$138	\$293	\$288	\$443
40 to 49	\$160	\$318	\$301	\$459
50 to 54	\$201	\$398	\$336	\$533
55 to 59	\$245	\$488	\$367	\$610
60 to 64	\$305	\$609	\$416	\$720
65 + Medicare Primary	\$194	\$564	\$297	\$667
65 + Medicare Secondary	\$369	\$739	\$472	\$842

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$128	\$273	\$286	\$431
30 to 39	\$157	\$329	\$311	\$483
40 to 49	\$189	\$376	\$336	\$523
50 to 54	\$238	\$473	\$380	\$615
55 to 59	\$291	\$581	\$422	\$712
60 to 64	\$362	\$725	\$484	\$847
65 + Medicare Primary	\$284	\$724	\$399	\$839
65 + Medicare Secondary	\$437	\$877	\$552	\$992

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$116	\$249	\$264	\$397
30 to 39	\$142	\$298	\$286	\$442
40 to 49	\$168	\$334	\$304	\$470
50 to 54	\$211	\$418	\$342	\$549
55 to 59	\$258	\$514	\$379	\$635
60 to 64	\$321	\$642	\$433	\$754
65 + Medicare Primary	\$235	\$624	\$340	\$729
65 + Medicare Secondary	\$388	\$777	\$493	\$882

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$104	\$225	\$241	\$362
30 to 39	\$126	\$266	\$259	\$399
40 to 49	\$147	\$291	\$273	\$417
50 to 54	\$184	\$364	\$305	\$485
55 to 59	\$225	\$446	\$335	\$556
60 to 64	\$279	\$556	\$380	\$657
65 + Medicare Primary	\$185	\$522	\$279	\$616
65 + Medicare Secondary	\$337	\$674	\$431	\$768

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$174	\$381	\$392	\$599
30 to 39	\$212	\$453	\$424	\$665
40 to 49	\$251	\$504	\$450	\$703
50 to 54	\$317	\$633	\$508	\$824
55 to 59	\$388	\$777	\$563	\$952
60 to 64	\$484	\$972	\$644	\$1132
65 + Medicare Primary	\$335	\$928	\$485	\$1078
65 + Medicare Secondary	\$585	\$1178	\$735	\$1328

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$162	\$357	\$369	\$564
30 to 39	\$197	\$422	\$398	\$623
40 to 49	\$230	\$461	\$419	\$650
50 to 54	\$290	\$579	\$471	\$760
55 to 59	\$355	\$711	\$520	\$876
60 to 64	\$443	\$889	\$593	\$1039
65 + Medicare Primary	\$286	\$828	\$426	\$968
65 + Medicare Secondary	\$536	\$1078	\$676	\$1218

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$150	\$333	\$347	\$530
30 to 39	\$181	\$390	\$372	\$581
40 to 49	\$209	\$419	\$387	\$597
50 to 54	\$263	\$524	\$433	\$694
55 to 59	\$322	\$643	\$476	\$797
60 to 64	\$401	\$803	\$540	\$942
65 + Medicare Primary	\$236	\$727	\$365	\$856
65 + Medicare Secondary	\$486	\$977	\$615	\$1106

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$164	\$358	\$363	\$557
30 to 39	\$200	\$426	\$393	\$619
40 to 49	\$237	\$475	\$420	\$658
50 to 54	\$300	\$599	\$476	\$775
55 to 59	\$367	\$735	\$529	\$897
60 to 64	\$458	\$919	\$607	\$1068
65 + Medicare Primary	\$326	\$886	\$466	\$1026
65 + Medicare Secondary	\$554	\$1114	\$694	\$1254

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$152	\$334	\$340	\$522
30 to 39	\$185	\$395	\$368	\$578
40 to 49	\$217	\$434	\$390	\$607
50 to 54	\$273	\$544	\$439	\$710
55 to 59	\$334	\$668	\$485	\$819
60 to 64	\$417	\$836	\$556	\$975
65 + Medicare Primary	\$277	\$787	\$407	\$917
65 + Medicare Secondary	\$505	\$1015	\$635	\$1145

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$140	\$309	\$318	\$487
30 to 39	\$169	\$363	\$341	\$535
40 to 49	\$196	\$391	\$358	\$553
50 to 54	\$246	\$489	\$401	\$644
55 to 59	\$301	\$601	\$442	\$742
60 to 64	\$375	\$751	\$503	\$879
65 + Medicare Primary	\$227	\$685	\$346	\$804
65 + Medicare Secondary	\$454	\$912	\$573	\$1031

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$94	\$194	\$205	\$305
30 to 39	\$116	\$237	\$224	\$345
40 to 49	\$141	\$278	\$244	\$381
50 to 54	\$177	\$349	\$277	\$449
55 to 59	\$217	\$430	\$310	\$523
60 to 64	\$269	\$536	\$356	\$623
65 + Medicare Primary	\$234	\$556	\$316	\$638
65 + Medicare Secondary	\$322	\$644	\$404	\$726

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$82	\$170	\$183	\$271
30 to 39	\$100	\$205	\$198	\$303
40 to 49	\$120	\$235	\$213	\$328
50 to 54	\$151	\$296	\$241	\$386
55 to 59	\$184	\$363	\$267	\$446
60 to 64	\$228	\$453	\$304	\$529
65 + Medicare Primary	\$185	\$457	\$257	\$529
65 + Medicare Secondary	\$273	\$545	\$345	\$617

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$70	\$146	\$160	\$236
30 to 39	\$85	\$174	\$172	\$261
40 to 49	\$99	\$193	\$181	\$275
50 to 54	\$124	\$241	\$203	\$320
55 to 59	\$150	\$294	\$222	\$366
60 to 64	\$186	\$367	\$252	\$433
65 + Medicare Primary	\$134	\$354	\$195	\$415
65 + Medicare Secondary	\$223	\$443	\$284	\$504

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$84	\$171	\$179	\$266
30 to 39	\$104	\$209	\$197	\$302
40 to 49	\$128	\$250	\$218	\$340
50 to 54	\$160	\$315	\$247	\$402
55 to 59	\$196	\$387	\$278	\$469
60 to 64	\$243	\$483	\$320	\$560
65 + Medicare Primary	\$224	\$513	\$298	\$587
65 + Medicare Secondary	\$291	\$580	\$365	\$654

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$72	\$147	\$157	\$232
30 to 39	\$88	\$178	\$171	\$261
40 to 49	\$107	\$208	\$186	\$287
50 to 54	\$134	\$262	\$211	\$339
55 to 59	\$163	\$321	\$235	\$393
60 to 64	\$202	\$400	\$269	\$467
65 + Medicare Primary	\$175	\$414	\$239	\$478
65 + Medicare Secondary	\$242	\$481	\$306	\$545

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$60	\$122	\$134	\$196
30 to 39	\$73	\$146	\$145	\$218
40 to 49	\$86	\$165	\$155	\$234
50 to 54	\$107	\$207	\$173	\$273
55 to 59	\$129	\$252	\$190	\$313
60 to 64	\$160	\$314	\$216	\$370
65 + Medicare Primary	\$125	\$312	\$178	\$365
65 + Medicare Secondary	\$191	\$378	\$244	\$431

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$118	\$250	\$272	\$404
30 to 39	\$144	\$300	\$294	\$450
40 to 49	\$174	\$345	\$316	\$487
50 to 54	\$219	\$434	\$355	\$570
55 to 59	\$268	\$533	\$394	\$659
60 to 64	\$333	\$666	\$449	\$782
65 + Medicare Primary	\$265	\$668	\$374	\$777
65 + Medicare Secondary	\$401	\$804	\$510	\$913

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$106	\$226	\$250	\$370
30 to 39	\$129	\$270	\$268	\$409
40 to 49	\$153	\$303	\$284	\$434
50 to 54	\$192	\$380	\$318	\$506
55 to 59	\$235	\$467	\$350	\$582
60 to 64	\$292	\$583	\$397	\$688
65 + Medicare Primary	\$216	\$568	\$314	\$666
65 + Medicare Secondary	\$352	\$704	\$450	\$802

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$94	\$202	\$227	\$335
30 to 39	\$113	\$237	\$242	\$366
40 to 49	\$132	\$260	\$253	\$381
50 to 54	\$165	\$325	\$280	\$440
55 to 59	\$201	\$398	\$305	\$502
60 to 64	\$250	\$497	\$345	\$592
65 + Medicare Primary	\$165	\$465	\$253	\$553
65 + Medicare Secondary	\$302	\$602	\$390	\$690

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$108	\$226	\$232	\$350
30 to 39	\$132	\$273	\$253	\$394
40 to 49	\$160	\$317	\$276	\$433
50 to 54	\$202	\$400	\$314	\$512
55 to 59	\$247	\$491	\$352	\$596
60 to 64	\$307	\$613	\$405	\$711
65 + Medicare Primary	\$255	\$625	\$348	\$718
65 + Medicare Secondary	\$369	\$739	\$462	\$832

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$96	\$202	\$210	\$316
30 to 39	\$117	\$242	\$228	\$353
40 to 49	\$140	\$276	\$245	\$381
50 to 54	\$175	\$346	\$277	\$448
55 to 59	\$214	\$424	\$308	\$518
60 to 64	\$266	\$530	\$353	\$617
65 + Medicare Primary	\$206	\$525	\$289	\$608
65 + Medicare Secondary	\$320	\$639	\$403	\$722

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$84	\$178	\$187	\$281
30 to 39	\$101	\$210	\$201	\$310
40 to 49	\$119	\$233	\$214	\$328
50 to 54	\$148	\$291	\$239	\$382
55 to 59	\$180	\$356	\$264	\$440
60 to 64	\$224	\$444	\$301	\$521
65 + Medicare Primary	\$156	\$424	\$228	\$496
65 + Medicare Secondary	\$270	\$538	\$342	\$610

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	\$305	\$323	\$486
30 to 39	\$173	\$365	\$349	\$541
40 to 49	\$207	\$414	\$373	\$580
50 to 54	\$262	\$521	\$422	\$681
55 to 59	\$320	\$640	\$468	\$788
60 to 64	\$399	\$800	\$535	\$936
65 + Medicare Primary	\$301	\$787	\$429	\$915
65 + Medicare Secondary	\$481	\$967	\$609	\$1095

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	\$280	\$299	\$450
30 to 39	\$158	\$334	\$323	\$499
40 to 49	\$186	\$371	\$342	\$527
50 to 54	\$234	\$465	\$384	\$615
55 to 59	\$287	\$572	\$424	\$709
60 to 64	\$357	\$714	\$482	\$839
65 + Medicare Primary	\$251	\$685	\$368	\$802
65 + Medicare Secondary	\$431	\$865	\$548	\$982

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	\$255	\$276	\$414
30 to 39	\$141	\$300	\$295	\$454
40 to 49	\$164	\$326	\$309	\$471
50 to 54	\$206	\$409	\$345	\$548
55 to 59	\$252	\$501	\$378	\$627
60 to 64	\$313	\$626	\$427	\$740
65 + Medicare Primary	\$199	\$580	\$305	\$686
65 + Medicare Secondary	\$379	\$760	\$485	\$866

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$131	\$280	\$294	\$443
30 to 39	\$161	\$337	\$320	\$496
40 to 49	\$194	\$386	\$345	\$537
50 to 54	\$244	\$485	\$390	\$631
55 to 59	\$299	\$597	\$434	\$732
60 to 64	\$372	\$745	\$497	\$870
65 + Medicare Primary	\$292	\$744	\$411	\$863
65 + Medicare Secondary	\$449	\$901	\$568	\$1020

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$119	\$256	\$271	\$408
30 to 39	\$145	\$305	\$293	\$453
40 to 49	\$172	\$342	\$312	\$482
50 to 54	\$217	\$430	\$352	\$565
55 to 59	\$265	\$528	\$389	\$652
60 to 64	\$330	\$660	\$445	\$775
65 + Medicare Primary	\$241	\$641	\$349	\$749
65 + Medicare Secondary	\$398	\$798	\$506	\$906

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$107	\$231	\$248	\$372
30 to 39	\$129	\$273	\$266	\$410
40 to 49	\$151	\$299	\$280	\$428
50 to 54	\$189	\$374	\$313	\$498
55 to 59	\$231	\$458	\$344	\$571
60 to 64	\$287	\$572	\$391	\$676
65 + Medicare Primary	\$190	\$537	\$287	\$634
65 + Medicare Secondary	\$347	\$694	\$444	\$791

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$178	\$391	\$402	\$615
30 to 39	\$218	\$466	\$436	\$684
40 to 49	\$258	\$518	\$463	\$723
50 to 54	\$325	\$650	\$522	\$847
55 to 59	\$399	\$800	\$579	\$980
60 to 64	\$497	\$999	\$662	\$1164
65 + Medicare Primary	\$345	\$955	\$499	\$1109
65 + Medicare Secondary	\$602	\$1212	\$756	\$1366

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$166	\$367	\$379	\$580
30 to 39	\$202	\$434	\$409	\$641
40 to 49	\$236	\$474	\$430	\$668
50 to 54	\$298	\$595	\$484	\$781
55 to 59	\$365	\$731	\$534	\$900
60 to 64	\$455	\$914	\$609	\$1068
65 + Medicare Primary	\$294	\$852	\$437	\$995
65 + Medicare Secondary	\$551	\$1109	\$694	\$1252

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$154	\$342	\$356	\$544
30 to 39	\$186	\$401	\$382	\$597
40 to 49	\$215	\$431	\$398	\$614
50 to 54	\$270	\$538	\$445	\$713
55 to 59	\$330	\$660	\$488	\$818
60 to 64	\$412	\$826	\$555	\$969
65 + Medicare Primary	\$243	\$748	\$376	\$881
65 + Medicare Secondary	\$500	\$1005	\$633	\$1138

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$168	\$367	\$372	\$571
30 to 39	\$206	\$438	\$405	\$637
40 to 49	\$244	\$489	\$432	\$677
50 to 54	\$308	\$615	\$489	\$796
55 to 59	\$377	\$756	\$543	\$922
60 to 64	\$471	\$946	\$624	\$1099
65 + Medicare Primary	\$335	\$911	\$479	\$1055
65 + Medicare Secondary	\$569	\$1145	\$713	\$1289

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$156	\$343	\$350	\$537
30 to 39	\$190	\$406	\$378	\$594
40 to 49	\$223	\$446	\$400	\$623
50 to 54	\$281	\$560	\$451	\$730
55 to 59	\$344	\$688	\$500	\$844
60 to 64	\$428	\$859	\$571	\$1002
65 + Medicare Primary	\$284	\$808	\$417	\$941
65 + Medicare Secondary	\$519	\$1043	\$652	\$1176

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$144	\$318	\$327	\$501
30 to 39	\$174	\$374	\$351	\$551
40 to 49	\$201	\$402	\$368	\$569
50 to 54	\$253	\$503	\$412	\$662
55 to 59	\$309	\$617	\$454	\$762
60 to 64	\$385	\$771	\$517	\$903
65 + Medicare Primary	\$233	\$704	\$355	\$826
65 + Medicare Secondary	\$467	\$938	\$589	\$1060

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$96	\$199	\$210	\$313
30 to 39	\$119	\$243	\$230	\$354
40 to 49	\$145	\$285	\$251	\$391
50 to 54	\$182	\$359	\$285	\$462
55 to 59	\$222	\$441	\$318	\$537
60 to 64	\$276	\$550	\$365	\$639
65 + Medicare Primary	\$240	\$571	\$325	\$656
65 + Medicare Secondary	\$331	\$662	\$416	\$747

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$84	\$175	\$188	\$279
30 to 39	\$103	\$211	\$204	\$312
40 to 49	\$123	\$242	\$219	\$338
50 to 54	\$155	\$304	\$247	\$396
55 to 59	\$189	\$373	\$274	\$458
60 to 64	\$234	\$465	\$313	\$544
65 + Medicare Primary	\$190	\$469	\$264	\$543
65 + Medicare Secondary	\$281	\$560	\$355	\$634

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$72	\$150	\$165	\$243
30 to 39	\$87	\$178	\$177	\$268
40 to 49	\$102	\$198	\$187	\$283
50 to 54	\$127	\$248	\$208	\$329
55 to 59	\$154	\$303	\$228	\$377
60 to 64	\$191	\$377	\$259	\$445
65 + Medicare Primary	\$138	\$364	\$201	\$427
65 + Medicare Secondary	\$229	\$455	\$292	\$518

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$86	\$175	\$184	\$273
30 to 39	\$106	\$214	\$202	\$310
40 to 49	\$131	\$257	\$223	\$349
50 to 54	\$165	\$324	\$255	\$414
55 to 59	\$201	\$398	\$285	\$482
60 to 64	\$250	\$497	\$330	\$577
65 + Medicare Primary	\$230	\$527	\$306	\$603
65 + Medicare Secondary	\$299	\$596	\$375	\$672

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$74	\$151	\$161	\$238
30 to 39	\$91	\$183	\$176	\$268
40 to 49	\$110	\$214	\$191	\$295
50 to 54	\$137	\$268	\$216	\$347
55 to 59	\$167	\$329	\$241	\$403
60 to 64	\$207	\$410	\$276	\$479
65 + Medicare Primary	\$180	\$426	\$246	\$492
65 + Medicare Secondary	\$248	\$494	\$314	\$560

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$62	\$126	\$138	\$202
30 to 39	\$74	\$149	\$148	\$223
40 to 49	\$88	\$170	\$158	\$240
50 to 54	\$110	\$213	\$178	\$281
55 to 59	\$133	\$260	\$196	\$323
60 to 64	\$164	\$323	\$222	\$381
65 + Medicare Primary	\$128	\$320	\$183	\$375
65 + Medicare Secondary	\$197	\$389	\$252	\$444

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$121	\$257	\$279	\$415
30 to 39	\$148	\$309	\$302	\$463
40 to 49	\$178	\$354	\$324	\$500
50 to 54	\$225	\$446	\$365	\$586
55 to 59	\$275	\$548	\$404	\$677
60 to 64	\$342	\$684	\$461	\$803
65 + Medicare Primary	\$272	\$686	\$384	\$798
65 + Medicare Secondary	\$412	\$826	\$524	\$938

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$109	\$232	\$257	\$380
30 to 39	\$132	\$277	\$275	\$420
40 to 49	\$157	\$311	\$292	\$446
50 to 54	\$198	\$391	\$328	\$521
55 to 59	\$241	\$479	\$359	\$597
60 to 64	\$300	\$599	\$408	\$707
65 + Medicare Primary	\$222	\$584	\$323	\$685
65 + Medicare Secondary	\$362	\$724	\$463	\$825

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$96	\$207	\$233	\$344
30 to 39	\$116	\$244	\$248	\$376
40 to 49	\$135	\$267	\$259	\$391
50 to 54	\$170	\$335	\$289	\$454
55 to 59	\$207	\$410	\$314	\$517
60 to 64	\$257	\$511	\$354	\$608
65 + Medicare Primary	\$170	\$479	\$260	\$569
65 + Medicare Secondary	\$310	\$619	\$400	\$709

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$111	\$233	\$238	\$360
30 to 39	\$136	\$281	\$261	\$406
40 to 49	\$165	\$326	\$284	\$445
50 to 54	\$207	\$410	\$322	\$525
55 to 59	\$254	\$505	\$361	\$612
60 to 64	\$315	\$630	\$416	\$731
65 + Medicare Primary	\$262	\$642	\$358	\$738
65 + Medicare Secondary	\$379	\$759	\$475	\$855

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$98	\$207	\$215	\$324
30 to 39	\$120	\$249	\$234	\$363
40 to 49	\$143	\$283	\$251	\$391
50 to 54	\$180	\$355	\$285	\$460
55 to 59	\$220	\$436	\$317	\$533
60 to 64	\$273	\$544	\$363	\$634
65 + Medicare Primary	\$212	\$540	\$297	\$625
65 + Medicare Secondary	\$329	\$657	\$414	\$742

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$86	\$183	\$192	\$289
30 to 39	\$104	\$216	\$207	\$319
40 to 49	\$122	\$239	\$219	\$336
50 to 54	\$152	\$299	\$246	\$393
55 to 59	\$185	\$366	\$271	\$452
60 to 64	\$230	\$456	\$309	\$535
65 + Medicare Primary	\$160	\$435	\$234	\$509
65 + Medicare Secondary	\$277	\$552	\$351	\$626

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	\$313	\$331	\$499
30 to 39	\$178	\$375	\$359	\$556
40 to 49	\$213	\$425	\$384	\$596
50 to 54	\$269	\$535	\$434	\$700
55 to 59	\$329	\$658	\$481	\$810
60 to 64	\$410	\$822	\$550	\$962
65 + Medicare Primary	\$310	\$809	\$442	\$941
65 + Medicare Secondary	\$494	\$993	\$626	\$1125

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	\$288	\$308	\$463
30 to 39	\$162	\$343	\$332	\$513
40 to 49	\$191	\$381	\$351	\$541
50 to 54	\$241	\$479	\$395	\$633
55 to 59	\$294	\$587	\$435	\$728
60 to 64	\$366	\$733	\$495	\$862
65 + Medicare Primary	\$258	\$704	\$379	\$825
65 + Medicare Secondary	\$443	\$889	\$564	\$1010

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	\$262	\$284	\$426
30 to 39	\$145	\$309	\$304	\$468
40 to 49	\$169	\$336	\$318	\$485
50 to 54	\$212	\$420	\$355	\$563
55 to 59	\$259	\$515	\$388	\$644
60 to 64	\$322	\$643	\$440	\$761
65 + Medicare Primary	\$205	\$596	\$314	\$705
65 + Medicare Secondary	\$390	\$781	\$499	\$890

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$135	\$288	\$302	\$455
30 to 39	\$165	\$346	\$328	\$509
40 to 49	\$199	\$396	\$354	\$551
50 to 54	\$251	\$499	\$401	\$649
55 to 59	\$307	\$613	\$446	\$752
60 to 64	\$382	\$766	\$511	\$895
65 + Medicare Primary	\$299	\$763	\$421	\$885
65 + Medicare Secondary	\$461	\$925	\$583	\$1047

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$122	\$263	\$278	\$419
30 to 39	\$149	\$314	\$301	\$466
40 to 49	\$177	\$352	\$321	\$496
50 to 54	\$223	\$442	\$362	\$581
55 to 59	\$272	\$542	\$400	\$670
60 to 64	\$339	\$678	\$457	\$796
65 + Medicare Primary	\$248	\$659	\$359	\$770
65 + Medicare Secondary	\$409	\$820	\$520	\$931

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$109	\$237	\$254	\$382
30 to 39	\$132	\$280	\$273	\$421
40 to 49	\$155	\$307	\$288	\$440
50 to 54	\$194	\$384	\$322	\$512
55 to 59	\$237	\$471	\$354	\$588
60 to 64	\$294	\$587	\$401	\$694
65 + Medicare Primary	\$195	\$551	\$295	\$651
65 + Medicare Secondary	\$356	\$712	\$456	\$812

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$183	\$402	\$413	\$632
30 to 39	\$224	\$479	\$448	\$703
40 to 49	\$264	\$531	\$475	\$742
50 to 54	\$334	\$668	\$536	\$870
55 to 59	\$409	\$821	\$594	\$1006
60 to 64	\$511	\$1027	\$680	\$1196
65 + Medicare Primary	\$354	\$980	\$512	\$1138
65 + Medicare Secondary	\$618	\$1244	\$776	\$1402

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$171	\$377	\$390	\$596
30 to 39	\$207	\$445	\$420	\$658
40 to 49	\$243	\$488	\$443	\$688
50 to 54	\$306	\$611	\$497	\$802
55 to 59	\$375	\$751	\$549	\$925
60 to 64	\$467	\$938	\$625	\$1096
65 + Medicare Primary	\$302	\$875	\$449	\$1022
65 + Medicare Secondary	\$566	\$1139	\$713	\$1286

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$158	\$351	\$366	\$559
30 to 39	\$191	\$412	\$392	\$613
40 to 49	\$220	\$442	\$409	\$631
50 to 54	\$277	\$553	\$457	\$733
55 to 59	\$339	\$678	\$502	\$841
60 to 64	\$423	\$848	\$570	\$995
65 + Medicare Primary	\$249	\$767	\$385	\$903
65 + Medicare Secondary	\$513	\$1031	\$649	\$1167

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$172	\$377	\$382	\$587
30 to 39	\$211	\$450	\$415	\$654
40 to 49	\$250	\$502	\$443	\$695
50 to 54	\$316	\$632	\$502	\$818
55 to 59	\$388	\$777	\$559	\$948
60 to 64	\$483	\$971	\$640	\$1128
65 + Medicare Primary	\$344	\$936	\$492	\$1084
65 + Medicare Secondary	\$584	\$1176	\$732	\$1324

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$160	\$352	\$359	\$551
30 to 39	\$195	\$417	\$388	\$610
40 to 49	\$229	\$459	\$411	\$641
50 to 54	\$288	\$575	\$463	\$750
55 to 59	\$353	\$706	\$513	\$866
60 to 64	\$440	\$883	\$587	\$1030
65 + Medicare Primary	\$292	\$831	\$429	\$968
65 + Medicare Secondary	\$533	\$1072	\$670	\$1209

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$147	\$326	\$335	\$514
30 to 39	\$178	\$383	\$360	\$565
40 to 49	\$206	\$413	\$377	\$584
50 to 54	\$260	\$517	\$424	\$681
55 to 59	\$317	\$634	\$466	\$783
60 to 64	\$395	\$792	\$530	\$927
65 + Medicare Primary	\$239	\$723	\$365	\$849
65 + Medicare Secondary	\$480	\$964	\$606	\$1090

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$99	\$205	\$216	\$322
30 to 39	\$122	\$249	\$237	\$364
40 to 49	\$148	\$292	\$257	\$401
50 to 54	\$187	\$369	\$293	\$475
55 to 59	\$228	\$453	\$326	\$551
60 to 64	\$284	\$566	\$376	\$658
65 + Medicare Primary	\$246	\$586	\$333	\$673
65 + Medicare Secondary	\$340	\$680	\$427	\$767

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$86	\$179	\$192	\$285
30 to 39	\$105	\$216	\$209	\$320
40 to 49	\$127	\$249	\$225	\$347
50 to 54	\$159	\$312	\$254	\$407
55 to 59	\$194	\$383	\$281	\$470
60 to 64	\$240	\$477	\$321	\$558
65 + Medicare Primary	\$194	\$481	\$270	\$557
65 + Medicare Secondary	\$288	\$575	\$364	\$651

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$74	\$154	\$169	\$249
30 to 39	\$89	\$183	\$181	\$275
40 to 49	\$104	\$203	\$191	\$290
50 to 54	\$130	\$254	\$213	\$337
55 to 59	\$158	\$311	\$234	\$387
60 to 64	\$196	\$387	\$265	\$456
65 + Medicare Primary	\$141	\$373	\$206	\$438
65 + Medicare Secondary	\$235	\$467	\$300	\$532

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$88	\$180	\$189	\$281
30 to 39	\$109	\$220	\$208	\$319
40 to 49	\$134	\$263	\$229	\$358
50 to 54	\$169	\$333	\$261	\$425
55 to 59	\$206	\$408	\$293	\$495
60 to 64	\$256	\$510	\$338	\$592
65 + Medicare Primary	\$236	\$542	\$314	\$620
65 + Medicare Secondary	\$307	\$613	\$385	\$691

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$76	\$155	\$166	\$245
30 to 39	\$93	\$188	\$181	\$276
40 to 49	\$112	\$219	\$196	\$303
50 to 54	\$141	\$276	\$222	\$357
55 to 59	\$172	\$339	\$248	\$415
60 to 64	\$213	\$422	\$284	\$493
65 + Medicare Primary	\$184	\$436	\$251	\$503
65 + Medicare Secondary	\$255	\$507	\$322	\$574

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$63	\$129	\$141	\$207
30 to 39	\$76	\$154	\$152	\$230
40 to 49	\$90	\$174	\$162	\$246
50 to 54	\$112	\$217	\$182	\$287
55 to 59	\$136	\$266	\$200	\$330
60 to 64	\$168	\$331	\$228	\$391
65 + Medicare Primary	\$131	\$329	\$187	\$385
65 + Medicare Secondary	\$202	\$400	\$258	\$456

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$124	\$264	\$287	\$427
30 to 39	\$152	\$317	\$310	\$475
40 to 49	\$183	\$364	\$333	\$514
50 to 54	\$231	\$458	\$375	\$602
55 to 59	\$282	\$563	\$415	\$696
60 to 64	\$351	\$703	\$473	\$825
65 + Medicare Primary	\$279	\$704	\$394	\$819
65 + Medicare Secondary	\$423	\$848	\$538	\$963

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$111	\$238	\$263	\$390
30 to 39	\$136	\$285	\$283	\$432
40 to 49	\$161	\$319	\$300	\$458
50 to 54	\$203	\$402	\$336	\$535
55 to 59	\$248	\$493	\$370	\$615
60 to 64	\$308	\$615	\$419	\$726
65 + Medicare Primary	\$227	\$599	\$331	\$703
65 + Medicare Secondary	\$371	\$743	\$475	\$847

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$99	\$213	\$239	\$353
30 to 39	\$119	\$250	\$255	\$386
40 to 49	\$139	\$274	\$267	\$402
50 to 54	\$174	\$343	\$296	\$465
55 to 59	\$212	\$420	\$322	\$530
60 to 64	\$263	\$524	\$363	\$624
65 + Medicare Primary	\$174	\$491	\$267	\$584
65 + Medicare Secondary	\$318	\$635	\$411	\$728

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$113	\$238	\$244	\$369
30 to 39	\$139	\$288	\$267	\$416
40 to 49	\$169	\$335	\$291	\$457
50 to 54	\$213	\$422	\$331	\$540
55 to 59	\$260	\$518	\$370	\$628
60 to 64	\$324	\$647	\$427	\$750
65 + Medicare Primary	\$269	\$660	\$367	\$758
65 + Medicare Secondary	\$389	\$780	\$487	\$878

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$101	\$213	\$221	\$333
30 to 39	\$123	\$255	\$240	\$372
40 to 49	\$147	\$290	\$258	\$401
50 to 54	\$185	\$365	\$292	\$472
55 to 59	\$226	\$448	\$326	\$548
60 to 64	\$280	\$559	\$372	\$651
65 + Medicare Primary	\$217	\$555	\$304	\$642
65 + Medicare Secondary	\$338	\$676	\$425	\$763

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$88	\$187	\$197	\$296
30 to 39	\$106	\$221	\$212	\$327
40 to 49	\$125	\$245	\$225	\$345
50 to 54	\$156	\$307	\$252	\$403
55 to 59	\$190	\$376	\$278	\$464
60 to 64	\$236	\$469	\$317	\$550
65 + Medicare Primary	\$164	\$447	\$240	\$523
65 + Medicare Secondary	\$284	\$567	\$360	\$643

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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	\$317	\$335	\$505
30 to 39	\$180	\$380	\$363	\$563
40 to 49	\$215	\$430	\$388	\$603
50 to 54	\$272	\$542	\$439	\$709
55 to 59	\$333	\$666	\$487	\$820
60 to 64	\$415	\$832	\$557	\$974
65 + Medicare Primary	\$314	\$820	\$447	\$953
65 + Medicare Secondary	\$501	\$1007	\$634	\$1140

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	\$291	\$311	\$468
30 to 39	\$164	\$347	\$336	\$519
40 to 49	\$193	\$385	\$355	\$547
50 to 54	\$244	\$485	\$400	\$641
55 to 59	\$298	\$595	\$441	\$738
60 to 64	\$371	\$743	\$502	\$874
65 + Medicare Primary	\$261	\$713	\$383	\$835
65 + Medicare Secondary	\$449	\$901	\$571	\$1023

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	\$265	\$287	\$431
30 to 39	\$147	\$313	\$308	\$474
40 to 49	\$171	\$340	\$322	\$491
50 to 54	\$215	\$426	\$359	\$570
55 to 59	\$262	\$522	\$393	\$653
60 to 64	\$326	\$651	\$445	\$770
65 + Medicare Primary	\$207	\$603	\$318	\$714
65 + Medicare Secondary	\$395	\$791	\$506	\$902

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$136	\$292	\$306	\$462
30 to 39	\$167	\$351	\$332	\$516
40 to 49	\$201	\$401	\$358	\$558
50 to 54	\$254	\$505	\$406	\$657
55 to 59	\$311	\$621	\$452	\$762
60 to 64	\$387	\$776	\$518	\$907
65 + Medicare Primary	\$303	\$774	\$427	\$898
65 + Medicare Secondary	\$467	\$938	\$591	\$1062

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$124	\$267	\$283	\$426
30 to 39	\$151	\$318	\$305	\$472
40 to 49	\$179	\$356	\$325	\$502
50 to 54	\$226	\$448	\$367	\$589
55 to 59	\$276	\$550	\$406	\$680
60 to 64	\$343	\$686	\$463	\$806
65 + Medicare Primary	\$251	\$668	\$363	\$780
65 + Medicare Secondary	\$414	\$831	\$526	\$943

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$111	\$240	\$258	\$387
30 to 39	\$134	\$284	\$277	\$427
40 to 49	\$156	\$310	\$291	\$445
50 to 54	\$197	\$389	\$326	\$518
55 to 59	\$240	\$477	\$358	\$595
60 to 64	\$298	\$595	\$406	\$703
65 + Medicare Primary	\$197	\$558	\$298	\$659
65 + Medicare Secondary	\$361	\$722	\$462	\$823

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$185	\$407	\$418	\$640
30 to 39	\$226	\$484	\$453	\$711
40 to 49	\$268	\$539	\$482	\$753
50 to 54	\$338	\$676	\$543	\$881
55 to 59	\$415	\$832	\$602	\$1019
60 to 64	\$517	\$1040	\$689	\$1212
65 + Medicare Primary	\$358	\$993	\$518	\$1153
65 + Medicare Secondary	\$626	\$1261	\$786	\$1421

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$173	\$382	\$395	\$604
30 to 39	\$210	\$451	\$425	\$666
40 to 49	\$246	\$494	\$448	\$696
50 to 54	\$310	\$619	\$504	\$813
55 to 59	\$380	\$761	\$556	\$937
60 to 64	\$473	\$951	\$634	\$1112
65 + Medicare Primary	\$306	\$887	\$455	\$1036
65 + Medicare Secondary	\$574	\$1155	\$723	\$1304

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$160	\$356	\$371	\$567
30 to 39	\$193	\$417	\$397	\$621
40 to 49	\$223	\$448	\$414	\$639
50 to 54	\$281	\$560	\$464	\$743
55 to 59	\$344	\$688	\$509	\$853
60 to 64	\$428	\$859	\$577	\$1008
65 + Medicare Primary	\$252	\$777	\$390	\$915
65 + Medicare Secondary	\$520	\$1045	\$658	\$1183

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$175	\$382	\$388	\$595
30 to 39	\$214	\$456	\$421	\$663
40 to 49	\$254	\$509	\$450	\$705
50 to 54	\$320	\$640	\$509	\$829
55 to 59	\$393	\$787	\$566	\$960
60 to 64	\$490	\$984	\$650	\$1144
65 + Medicare Primary	\$348	\$948	\$498	\$1098
65 + Medicare Secondary	\$592	\$1192	\$742	\$1342

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$162	\$356	\$364	\$558
30 to 39	\$197	\$422	\$393	\$618
40 to 49	\$231	\$464	\$416	\$649
50 to 54	\$292	\$583	\$469	\$760
55 to 59	\$357	\$715	\$519	\$877
60 to 64	\$446	\$895	\$594	\$1043
65 + Medicare Primary	\$296	\$842	\$435	\$981
65 + Medicare Secondary	\$540	\$1086	\$679	\$1225

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$149	\$330	\$339	\$520
30 to 39	\$180	\$388	\$365	\$573
40 to 49	\$209	\$418	\$382	\$591
50 to 54	\$263	\$524	\$429	\$690
55 to 59	\$321	\$642	\$472	\$793
60 to 64	\$400	\$802	\$537	\$939
65 + Medicare Primary	\$242	\$732	\$369	\$859
65 + Medicare Secondary	\$486	\$976	\$613	\$1103

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$100	\$208	\$219	\$327
30 to 39	\$123	\$252	\$239	\$368
40 to 49	\$150	\$296	\$261	\$407
50 to 54	\$189	\$374	\$296	\$481
55 to 59	\$231	\$459	\$331	\$559
60 to 64	\$287	\$573	\$380	\$666
65 + Medicare Primary	\$249	\$594	\$337	\$682
65 + Medicare Secondary	\$345	\$690	\$433	\$778

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$87	\$182	\$195	\$290
30 to 39	\$107	\$219	\$212	\$324
40 to 49	\$128	\$251	\$228	\$351
50 to 54	\$161	\$316	\$257	\$412
55 to 59	\$196	\$388	\$285	\$477
60 to 64	\$243	\$483	\$325	\$565
65 + Medicare Primary	\$197	\$488	\$274	\$565
65 + Medicare Secondary	\$292	\$583	\$369	\$660

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$75	\$156	\$171	\$252
30 to 39	\$90	\$185	\$184	\$279
40 to 49	\$105	\$205	\$193	\$293
50 to 54	\$132	\$257	\$217	\$342
55 to 59	\$160	\$315	\$237	\$392
60 to 64	\$198	\$392	\$268	\$462
65 + Medicare Primary	\$143	\$378	\$209	\$444
65 + Medicare Secondary	\$238	\$473	\$304	\$539

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$89	\$182	\$191	\$284
30 to 39	\$110	\$223	\$210	\$323
40 to 49	\$136	\$267	\$232	\$363
50 to 54	\$171	\$337	\$264	\$430
55 to 59	\$209	\$414	\$297	\$502
60 to 64	\$260	\$517	\$343	\$600
65 + Medicare Primary	\$239	\$549	\$318	\$628
65 + Medicare Secondary	\$311	\$621	\$390	\$700

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$77	\$157	\$168	\$248
30 to 39	\$94	\$190	\$183	\$279
40 to 49	\$114	\$222	\$199	\$307
50 to 54	\$143	\$280	\$225	\$362
55 to 59	\$174	\$343	\$251	\$420
60 to 64	\$216	\$428	\$288	\$500
65 + Medicare Primary	\$187	\$443	\$255	\$511
65 + Medicare Secondary	\$258	\$514	\$326	\$582

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$64	\$131	\$143	\$210
30 to 39	\$77	\$156	\$154	\$233
40 to 49	\$91	\$176	\$164	\$249
50 to 54	\$114	\$221	\$185	\$292
55 to 59	\$138	\$270	\$203	\$335
60 to 64	\$170	\$335	\$230	\$395
65 + Medicare Primary	\$133	\$333	\$190	\$390
65 + Medicare Secondary	\$204	\$404	\$261	\$461

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$125	\$266	\$290	\$431
30 to 39	\$154	\$321	\$314	\$481
40 to 49	\$185	\$368	\$337	\$520
50 to 54	\$234	\$464	\$380	\$610
55 to 59	\$286	\$570	\$420	\$704
60 to 64	\$356	\$712	\$480	\$836
65 + Medicare Primary	\$283	\$714	\$399	\$830
65 + Medicare Secondary	\$429	\$860	\$545	\$976

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$113	\$241	\$267	\$395
30 to 39	\$137	\$288	\$286	\$437
40 to 49	\$163	\$324	\$304	\$465
50 to 54	\$205	\$406	\$340	\$541
55 to 59	\$251	\$499	\$374	\$622
60 to 64	\$312	\$623	\$425	\$736
65 + Medicare Primary	\$230	\$607	\$335	\$712
65 + Medicare Secondary	\$376	\$753	\$481	\$858

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$100	\$215	\$242	\$357
30 to 39	\$121	\$254	\$259	\$392
40 to 49	\$141	\$278	\$270	\$407
50 to 54	\$176	\$347	\$300	\$471
55 to 59	\$215	\$426	\$327	\$538
60 to 64	\$267	\$532	\$368	\$633
65 + Medicare Primary	\$176	\$498	\$270	\$592
65 + Medicare Secondary	\$322	\$644	\$416	\$738

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$115	\$242	\$248	\$375
30 to 39	\$141	\$292	\$271	\$422
40 to 49	\$171	\$339	\$295	\$463
50 to 54	\$216	\$428	\$336	\$548
55 to 59	\$264	\$525	\$376	\$637
60 to 64	\$328	\$656	\$433	\$761
65 + Medicare Primary	\$273	\$669	\$373	\$769
65 + Medicare Secondary	\$394	\$790	\$494	\$890

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$102	\$216	\$224	\$338
30 to 39	\$125	\$259	\$244	\$378
40 to 49	\$149	\$294	\$262	\$407
50 to 54	\$187	\$370	\$296	\$479
55 to 59	\$229	\$454	\$330	\$555
60 to 64	\$284	\$566	\$378	\$660
65 + Medicare Primary	\$220	\$562	\$309	\$651
65 + Medicare Secondary	\$342	\$684	\$431	\$773

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$89	\$190	\$199	\$300
30 to 39	\$108	\$225	\$215	\$332
40 to 49	\$126	\$248	\$227	\$349
50 to 54	\$158	\$311	\$255	\$408
55 to 59	\$193	\$381	\$282	\$470
60 to 64	\$239	\$475	\$321	\$557
65 + Medicare Primary	\$166	\$453	\$243	\$530
65 + Medicare Secondary	\$288	\$575	\$365	\$652

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	\$321	\$340	\$512
30 to 39	\$182	\$385	\$368	\$571
40 to 49	\$218	\$436	\$394	\$612
50 to 54	\$276	\$550	\$445	\$719
55 to 59	\$337	\$674	\$493	\$830
60 to 64	\$420	\$843	\$564	\$987
65 + Medicare Primary	\$318	\$831	\$453	\$966
65 + Medicare Secondary	\$507	\$1020	\$642	\$1155

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	\$295	\$315	\$474
30 to 39	\$166	\$352	\$340	\$526
40 to 49	\$196	\$391	\$360	\$555
50 to 54	\$247	\$491	\$405	\$649
55 to 59	\$302	\$603	\$446	\$747
60 to 64	\$376	\$753	\$508	\$885
65 + Medicare Primary	\$264	\$722	\$388	\$846
65 + Medicare Secondary	\$454	\$912	\$578	\$1036

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	\$269	\$291	\$437
30 to 39	\$149	\$317	\$312	\$480
40 to 49	\$173	\$344	\$326	\$497
50 to 54	\$217	\$431	\$363	\$577
55 to 59	\$265	\$528	\$398	\$661
60 to 64	\$330	\$660	\$451	\$781
65 + Medicare Primary	\$210	\$612	\$322	\$724
65 + Medicare Secondary	\$400	\$802	\$512	\$914

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$138	\$296	\$310	\$468
30 to 39	\$169	\$355	\$337	\$523
40 to 49	\$204	\$407	\$363	\$566
50 to 54	\$257	\$512	\$411	\$666
55 to 59	\$315	\$629	\$458	\$772
60 to 64	\$392	\$786	\$524	\$918
65 + Medicare Primary	\$307	\$784	\$432	\$909
65 + Medicare Secondary	\$473	\$950	\$598	\$1075

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$125	\$269	\$286	\$430
30 to 39	\$153	\$322	\$309	\$478
40 to 49	\$181	\$361	\$329	\$509
50 to 54	\$228	\$453	\$371	\$596
55 to 59	\$279	\$557	\$410	\$688
60 to 64	\$348	\$696	\$469	\$817
65 + Medicare Primary	\$254	\$676	\$368	\$790
65 + Medicare Secondary	\$420	\$842	\$534	\$956

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

Plan 1000 Standard Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$112	\$243	\$261	\$392
30 to 39	\$136	\$287	\$281	\$432
40 to 49	\$158	\$314	\$294	\$450
50 to 54	\$199	\$394	\$330	\$525
55 to 59	\$243	\$483	\$363	\$603
60 to 64	\$302	\$603	\$412	\$713
65 + Medicare Primary	\$199	\$565	\$301	\$667
65 + Medicare Secondary	\$365	\$731	\$467	\$833

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$188	\$413	\$424	\$649
30 to 39	\$229	\$491	\$459	\$721
40 to 49	\$271	\$545	\$487	\$761
50 to 54	\$343	\$686	\$551	\$894
55 to 59	\$420	\$843	\$610	\$1033
60 to 64	\$524	\$1054	\$698	\$1228
65 + Medicare Primary	\$363	\$1006	\$526	\$1169
65 + Medicare Secondary	\$634	\$1277	\$797	\$1440

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$175	\$387	\$400	\$612
30 to 39	\$213	\$458	\$431	\$676
40 to 49	\$249	\$500	\$454	\$705
50 to 54	\$314	\$627	\$511	\$824
55 to 59	\$385	\$771	\$564	\$950
60 to 64	\$480	\$964	\$643	\$1127
65 + Medicare Primary	\$310	\$899	\$461	\$1050
65 + Medicare Secondary	\$581	\$1170	\$732	\$1321

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

Plan 1500 Superior Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$162	\$360	\$376	\$574
30 to 39	\$196	\$423	\$403	\$630
40 to 49	\$226	\$453	\$420	\$647
50 to 54	\$285	\$568	\$470	\$753
55 to 59	\$348	\$696	\$515	\$863
60 to 64	\$434	\$871	\$585	\$1022
65 + Medicare Primary	\$255	\$787	\$395	\$927
65 + Medicare Secondary	\$527	\$1059	\$667	\$1199

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$177	\$387	\$393	\$603
30 to 39	\$216	\$461	\$426	\$671
40 to 49	\$257	\$516	\$456	\$715
50 to 54	\$325	\$649	\$516	\$840
55 to 59	\$398	\$797	\$574	\$973
60 to 64	\$496	\$997	\$658	\$1159
65 + Medicare Primary	\$353	\$961	\$505	\$1113
65 + Medicare Secondary	\$600	\$1208	\$752	\$1360

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$164	\$361	\$369	\$566
30 to 39	\$200	\$428	\$399	\$627
40 to 49	\$234	\$470	\$421	\$657
50 to 54	\$296	\$590	\$476	\$770
55 to 59	\$362	\$725	\$526	\$889
60 to 64	\$451	\$906	\$601	\$1056
65 + Medicare Primary	\$300	\$853	\$441	\$994
65 + Medicare Secondary	\$547	\$1100	\$688	\$1241

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

Plan 1500 Superior Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$151	\$335	\$344	\$528
30 to 39	\$183	\$394	\$370	\$581
40 to 49	\$211	\$423	\$387	\$599
50 to 54	\$266	\$530	\$434	\$698
55 to 59	\$326	\$651	\$479	\$804
60 to 64	\$406	\$814	\$545	\$953
65 + Medicare Primary	\$245	\$742	\$374	\$871
65 + Medicare Secondary	\$492	\$989	\$621	\$1118

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$101	\$210	\$221	\$330
30 to 39	\$125	\$256	\$243	\$374
40 to 49	\$152	\$300	\$264	\$412
50 to 54	\$192	\$379	\$300	\$487
55 to 59	\$234	\$465	\$335	\$566
60 to 64	\$291	\$581	\$385	\$675
65 + Medicare Primary	\$253	\$602	\$342	\$691
65 + Medicare Secondary	\$349	\$698	\$438	\$787

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$89	\$185	\$198	\$294
30 to 39	\$108	\$222	\$214	\$328
40 to 49	\$130	\$255	\$231	\$356
50 to 54	\$163	\$320	\$260	\$417
55 to 59	\$199	\$393	\$289	\$483
60 to 64	\$246	\$490	\$329	\$573
65 + Medicare Primary	\$199	\$494	\$277	\$572
65 + Medicare Secondary	\$296	\$591	\$374	\$669

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

Plan 500 Value Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$75	\$157	\$173	\$255
30 to 39	\$91	\$187	\$186	\$282
40 to 49	\$107	\$208	\$196	\$297
50 to 54	\$133	\$260	\$219	\$346
55 to 59	\$162	\$319	\$240	\$397
60 to 64	\$201	\$397	\$272	\$468
65 + Medicare Primary	\$145	\$383	\$212	\$450
65 + Medicare Secondary	\$241	\$479	\$308	\$546

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$90	\$184	\$193	\$287
30 to 39	\$112	\$226	\$213	\$327
40 to 49	\$138	\$271	\$235	\$368
50 to 54	\$173	\$341	\$267	\$435
55 to 59	\$212	\$420	\$301	\$509
60 to 64	\$263	\$524	\$347	\$608
65 + Medicare Primary	\$242	\$556	\$322	\$636
65 + Medicare Secondary	\$315	\$629	\$395	\$709

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$78	\$159	\$170	\$251
30 to 39	\$95	\$192	\$185	\$282
40 to 49	\$115	\$225	\$201	\$311
50 to 54	\$144	\$283	\$227	\$366
55 to 59	\$176	\$347	\$254	\$425
60 to 64	\$218	\$433	\$291	\$506
65 + Medicare Primary	\$189	\$448	\$258	\$517
65 + Medicare Secondary	\$261	\$520	\$330	\$589

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

Plan 500 Value Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$65	\$133	\$146	\$214
30 to 39	\$78	\$158	\$156	\$236
40 to 49	\$92	\$178	\$166	\$252
50 to 54	\$115	\$223	\$187	\$295
55 to 59	\$140	\$273	\$206	\$339
60 to 64	\$172	\$339	\$233	\$400
65 + Medicare Primary	\$134	\$337	\$192	\$395
65 + Medicare Secondary	\$207	\$410	\$265	\$468

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$127	\$270	\$294	\$437
30 to 39	\$156	\$326	\$319	\$489
40 to 49	\$188	\$374	\$342	\$528
50 to 54	\$237	\$471	\$385	\$619
55 to 59	\$290	\$578	\$426	\$714
60 to 64	\$361	\$722	\$486	\$847
65 + Medicare Primary	\$286	\$723	\$404	\$841
65 + Medicare Secondary	\$434	\$871	\$552	\$989

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$114	\$244	\$270	\$400
30 to 39	\$139	\$292	\$290	\$443
40 to 49	\$165	\$328	\$308	\$471
50 to 54	\$208	\$412	\$345	\$549
55 to 59	\$254	\$505	\$379	\$630
60 to 64	\$316	\$631	\$430	\$745
65 + Medicare Primary	\$233	\$615	\$340	\$722
65 + Medicare Secondary	\$381	\$763	\$488	\$870

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

Plan 750 Basic Deductible = \$250 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$101	\$218	\$245	\$362
30 to 39	\$122	\$257	\$262	\$397
40 to 49	\$142	\$281	\$273	\$412
50 to 54	\$178	\$352	\$303	\$477
55 to 59	\$217	\$431	\$330	\$544
60 to 64	\$270	\$538	\$373	\$641
65 + Medicare Primary	\$179	\$505	\$274	\$600
65 + Medicare Secondary	\$326	\$652	\$421	\$747

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$116	\$245	\$251	\$380
30 to 39	\$143	\$296	\$274	\$427
40 to 49	\$173	\$343	\$298	\$468
50 to 54	\$218	\$433	\$340	\$555
55 to 59	\$267	\$532	\$380	\$645
60 to 64	\$332	\$664	\$438	\$770
65 + Medicare Primary	\$276	\$677	\$377	\$778
65 + Medicare Secondary	\$400	\$801	\$501	\$902

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$103	\$218	\$226	\$341
30 to 39	\$126	\$262	\$246	\$382
40 to 49	\$151	\$298	\$265	\$412
50 to 54	\$190	\$375	\$300	\$485
55 to 59	\$231	\$459	\$333	\$561
60 to 64	\$288	\$574	\$383	\$669
65 + Medicare Primary	\$223	\$570	\$313	\$660
65 + Medicare Secondary	\$346	\$693	\$436	\$783

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

Plan 750 Basic Deductible = \$500 RAF = 1				
Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$90	\$192	\$202	\$304
30 to 39	\$109	\$227	\$218	\$336
40 to 49	\$128	\$252	\$231	\$355
50 to 54	\$160	\$315	\$259	\$414
55 to 59	\$195	\$386	\$286	\$477
60 to 64	\$242	\$481	\$325	\$564
65 + Medicare Primary	\$168	\$458	\$246	\$536
65 + Medicare Secondary	\$292	\$582	\$370	\$660