

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$205	\$501	\$438	\$734
30 to 39	\$264	\$607	\$487	\$830
40 to 49	\$336	\$676	\$539	\$879
50 to 54	\$446	\$876	\$636	\$1066
55 to 59	\$594	\$1177	\$757	\$1340
60 to 64	\$748	\$1489	\$887	\$1628
65 + Medicare Primary	\$428	\$1320	\$552	\$1444
65 + Medicare Secondary	\$906	\$1798	\$1030	\$1922

PLAN: Cost Saver Plus
 PPO Network: First Health
 Office Visit Copay Benefit: Cost Saver
 Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$213	\$518	\$458	\$763
30 to 39	\$276	\$632	\$511	\$867
40 to 49	\$354	\$712	\$568	\$926
50 to 54	\$470	\$923	\$670	\$1123
55 to 59	\$627	\$1242	\$799	\$1414
60 to 64	\$790	\$1575	\$936	\$1721
65 + Medicare Primary	\$476	\$1414	\$607	\$1545
65 + Medicare Secondary	\$954	\$1892	\$1085	\$2023

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$197	\$483	\$418	\$704
30 to 39	\$253	\$583	\$465	\$795
40 to 49	\$319	\$640	\$512	\$833
50 to 54	\$422	\$829	\$602	\$1009
55 to 59	\$562	\$1112	\$717	\$1267
60 to 64	\$705	\$1403	\$837	\$1535
65 + Medicare Primary	\$380	\$1225	\$497	\$1342
65 + Medicare Secondary	\$859	\$1704	\$976	\$1821

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$184	\$454	\$385	\$655
30 to 39	\$233	\$541	\$426	\$734
40 to 49	\$290	\$581	\$465	\$756
50 to 54	\$382	\$751	\$546	\$915
55 to 59	\$507	\$1003	\$648	\$1144
60 to 64	\$635	\$1261	\$755	\$1381
65 + Medicare Primary	\$300	\$1068	\$406	\$1174
65 + Medicare Secondary	\$779	\$1547	\$885	\$1653

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$219	\$535	\$487	\$803
30 to 39	\$282	\$649	\$538	\$905
40 to 49	\$358	\$721	\$591	\$954
50 to 54	\$475	\$935	\$693	\$1153
55 to 59	\$634	\$1256	\$821	\$1443
60 to 64	\$797	\$1588	\$956	\$1747
65 + Medicare Primary	\$453	\$1406	\$595	\$1548
65 + Medicare Secondary	\$967	\$1920	\$1109	\$2062

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$227	\$553	\$507	\$833
30 to 39	\$293	\$673	\$560	\$940
40 to 49	\$376	\$757	\$620	\$1001
50 to 54	\$499	\$981	\$727	\$1209
55 to 59	\$667	\$1322	\$863	\$1518
60 to 64	\$840	\$1674	\$1006	\$1840
65 + Medicare Primary	\$501	\$1500	\$650	\$1649
65 + Medicare Secondary	\$1015	\$2014	\$1164	\$2163

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$211	\$518	\$467	\$774
30 to 39	\$270	\$624	\$515	\$869
40 to 49	\$341	\$685	\$564	\$908
50 to 54	\$451	\$888	\$660	\$1097
55 to 59	\$601	\$1191	\$780	\$1370
60 to 64	\$755	\$1503	\$907	\$1655
65 + Medicare Primary	\$406	\$1312	\$541	\$1447
65 + Medicare Secondary	\$920	\$1826	\$1055	\$1961

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$197	\$488	\$433	\$724
30 to 39	\$251	\$583	\$477	\$809
40 to 49	\$312	\$626	\$518	\$832
50 to 54	\$411	\$809	\$603	\$1001
55 to 59	\$546	\$1081	\$711	\$1246
60 to 64	\$684	\$1360	\$824	\$1500
65 + Medicare Primary	\$326	\$1155	\$450	\$1279
65 + Medicare Secondary	\$840	\$1669	\$964	\$1793

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$176	\$426	\$363	\$613
30 to 39	\$226	\$516	\$404	\$694
40 to 49	\$288	\$576	\$451	\$739
50 to 54	\$381	\$747	\$533	\$899
55 to 59	\$507	\$1003	\$638	\$1134
60 to 64	\$638	\$1269	\$749	\$1380
65 + Medicare Primary	\$369	\$1126	\$469	\$1226
65 + Medicare Secondary	\$771	\$1528	\$871	\$1628

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$184	\$443	\$383	\$642
30 to 39	\$238	\$541	\$428	\$731
40 to 49	\$305	\$612	\$478	\$785
50 to 54	\$405	\$793	\$567	\$955
55 to 59	\$540	\$1068	\$679	\$1207
60 to 64	\$681	\$1355	\$799	\$1473
65 + Medicare Primary	\$417	\$1220	\$524	\$1327
65 + Medicare Secondary	\$819	\$1622	\$926	\$1729

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$168	\$408	\$343	\$583
30 to 39	\$214	\$491	\$381	\$658
40 to 49	\$270	\$540	\$422	\$692
50 to 54	\$357	\$700	\$499	\$842
55 to 59	\$475	\$938	\$597	\$1060
60 to 64	\$596	\$1184	\$700	\$1288
65 + Medicare Primary	\$321	\$1031	\$414	\$1124
65 + Medicare Secondary	\$723	\$1433	\$816	\$1526

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$154	\$378	\$309	\$533
30 to 39	\$195	\$451	\$343	\$599
40 to 49	\$241	\$481	\$376	\$616
50 to 54	\$317	\$621	\$443	\$747
55 to 59	\$420	\$829	\$528	\$937
60 to 64	\$526	\$1042	\$618	\$1134
65 + Medicare Primary	\$242	\$875	\$323	\$956
65 + Medicare Secondary	\$644	\$1277	\$725	\$1358

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$191	\$465	\$389	\$663
30 to 39	\$246	\$564	\$436	\$754
40 to 49	\$313	\$628	\$486	\$801
50 to 54	\$414	\$813	\$576	\$975
55 to 59	\$553	\$1094	\$692	\$1233
60 to 64	\$695	\$1383	\$813	\$1501
65 + Medicare Primary	\$396	\$1223	\$502	\$1329
65 + Medicare Secondary	\$841	\$1668	\$947	\$1774

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$199	\$483	\$409	\$693
30 to 39	\$258	\$589	\$459	\$790
40 to 49	\$330	\$663	\$513	\$846
50 to 54	\$438	\$860	\$609	\$1031
55 to 59	\$586	\$1160	\$733	\$1307
60 to 64	\$738	\$1470	\$863	\$1595
65 + Medicare Primary	\$444	\$1318	\$557	\$1431
65 + Medicare Secondary	\$889	\$1763	\$1002	\$1876

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$183	\$448	\$369	\$634
30 to 39	\$235	\$540	\$413	\$718
40 to 49	\$296	\$593	\$458	\$755
50 to 54	\$390	\$766	\$542	\$918
55 to 59	\$520	\$1028	\$650	\$1158
60 to 64	\$653	\$1298	\$764	\$1409
65 + Medicare Primary	\$349	\$1130	\$448	\$1229
65 + Medicare Secondary	\$794	\$1575	\$893	\$1674

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$170	\$419	\$337	\$586
30 to 39	\$215	\$499	\$374	\$658
40 to 49	\$266	\$532	\$411	\$677
50 to 54	\$350	\$688	\$486	\$824
55 to 59	\$465	\$919	\$581	\$1035
60 to 64	\$582	\$1155	\$681	\$1254
65 + Medicare Primary	\$269	\$972	\$356	\$1059
65 + Medicare Secondary	\$714	\$1417	\$801	\$1504

AREA 2

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$213	\$521	\$456	\$764
30 to 39	\$275	\$632	\$507	\$864
40 to 49	\$350	\$704	\$562	\$916
50 to 54	\$464	\$912	\$662	\$1110
55 to 59	\$619	\$1226	\$789	\$1396
60 to 64	\$778	\$1550	\$923	\$1695
65 + Medicare Primary	\$445	\$1374	\$574	\$1503
65 + Medicare Secondary	\$943	\$1872	\$1072	\$2001

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$222	\$540	\$477	\$795
30 to 39	\$287	\$657	\$531	\$901
40 to 49	\$368	\$741	\$591	\$964
50 to 54	\$489	\$961	\$697	\$1169
55 to 59	\$653	\$1294	\$832	\$1473
60 to 64	\$822	\$1639	\$974	\$1791
65 + Medicare Primary	\$495	\$1472	\$631	\$1608
65 + Medicare Secondary	\$993	\$1970	\$1129	\$2106

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$205	\$503	\$436	\$734
30 to 39	\$263	\$606	\$483	\$826
40 to 49	\$332	\$667	\$533	\$868
50 to 54	\$439	\$863	\$627	\$1051
55 to 59	\$584	\$1157	\$745	\$1318
60 to 64	\$734	\$1461	\$871	\$1598
65 + Medicare Primary	\$395	\$1275	\$517	\$1397
65 + Medicare Secondary	\$893	\$1773	\$1015	\$1895

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$191	\$472	\$401	\$682
30 to 39	\$243	\$564	\$444	\$765
40 to 49	\$301	\$604	\$484	\$787
50 to 54	\$397	\$781	\$568	\$952
55 to 59	\$527	\$1043	\$674	\$1190
60 to 64	\$661	\$1313	\$786	\$1438
65 + Medicare Primary	\$312	\$1111	\$422	\$1221
65 + Medicare Secondary	\$810	\$1609	\$920	\$1719

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$227	\$556	\$506	\$835
30 to 39	\$293	\$675	\$560	\$942
40 to 49	\$373	\$751	\$616	\$994
50 to 54	\$494	\$973	\$721	\$1200
55 to 59	\$659	\$1307	\$854	\$1502
60 to 64	\$830	\$1654	\$996	\$1820
65 + Medicare Primary	\$472	\$1464	\$620	\$1612
65 + Medicare Secondary	\$1007	\$1999	\$1155	\$2147

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$236	\$575	\$527	\$866
30 to 39	\$305	\$700	\$583	\$978
40 to 49	\$391	\$788	\$645	\$1042
50 to 54	\$519	\$1021	\$756	\$1258
55 to 59	\$694	\$1376	\$898	\$1580
60 to 64	\$874	\$1743	\$1047	\$1916
65 + Medicare Primary	\$521	\$1562	\$676	\$1717
65 + Medicare Secondary	\$1057	\$2098	\$1212	\$2253

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$219	\$538	\$485	\$804
30 to 39	\$281	\$649	\$536	\$904
40 to 49	\$355	\$714	\$587	\$946
50 to 54	\$469	\$924	\$686	\$1141
55 to 59	\$625	\$1239	\$811	\$1425
60 to 64	\$786	\$1565	\$944	\$1723
65 + Medicare Primary	\$422	\$1366	\$563	\$1507
65 + Medicare Secondary	\$957	\$1901	\$1098	\$2042

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$205	\$508	\$451	\$754
30 to 39	\$261	\$607	\$496	\$842
40 to 49	\$324	\$651	\$538	\$865
50 to 54	\$427	\$842	\$627	\$1042
55 to 59	\$568	\$1125	\$740	\$1297
60 to 64	\$712	\$1416	\$858	\$1562
65 + Medicare Primary	\$339	\$1202	\$468	\$1331
65 + Medicare Secondary	\$874	\$1737	\$1003	\$1866

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$182	\$442	\$376	\$636
30 to 39	\$235	\$537	\$421	\$723
40 to 49	\$299	\$599	\$468	\$768
50 to 54	\$396	\$777	\$554	\$935
55 to 59	\$528	\$1044	\$664	\$1180
60 to 64	\$664	\$1321	\$780	\$1437
65 + Medicare Primary	\$384	\$1172	\$488	\$1276
65 + Medicare Secondary	\$802	\$1590	\$906	\$1694

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$191	\$461	\$398	\$668
30 to 39	\$247	\$562	\$445	\$760
40 to 49	\$317	\$636	\$497	\$816
50 to 54	\$421	\$826	\$589	\$994
55 to 59	\$562	\$1112	\$707	\$1257
60 to 64	\$708	\$1410	\$831	\$1533
65 + Medicare Primary	\$434	\$1271	\$545	\$1382
65 + Medicare Secondary	\$852	\$1689	\$963	\$1800

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$174	\$424	\$356	\$606
30 to 39	\$223	\$512	\$397	\$686
40 to 49	\$281	\$562	\$439	\$720
50 to 54	\$371	\$728	\$519	\$876
55 to 59	\$494	\$976	\$621	\$1103
60 to 64	\$620	\$1232	\$728	\$1340
65 + Medicare Primary	\$334	\$1074	\$431	\$1171
65 + Medicare Secondary	\$753	\$1493	\$850	\$1590

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$160	\$393	\$321	\$554
30 to 39	\$203	\$469	\$357	\$623
40 to 49	\$250	\$500	\$390	\$640
50 to 54	\$329	\$646	\$460	\$777
55 to 59	\$437	\$863	\$550	\$976
60 to 64	\$547	\$1085	\$643	\$1181
65 + Medicare Primary	\$251	\$910	\$336	\$995
65 + Medicare Secondary	\$670	\$1329	\$755	\$1414

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$199	\$485	\$406	\$692
30 to 39	\$256	\$587	\$453	\$784
40 to 49	\$325	\$653	\$505	\$833
50 to 54	\$431	\$847	\$599	\$1015
55 to 59	\$575	\$1138	\$719	\$1282
60 to 64	\$723	\$1440	\$846	\$1563
65 + Medicare Primary	\$412	\$1273	\$522	\$1383
65 + Medicare Secondary	\$876	\$1737	\$986	\$1847

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$207	\$503	\$426	\$722
30 to 39	\$268	\$613	\$477	\$822
40 to 49	\$344	\$691	\$535	\$882
50 to 54	\$456	\$896	\$634	\$1074
55 to 59	\$609	\$1206	\$762	\$1359
60 to 64	\$768	\$1530	\$898	\$1660
65 + Medicare Primary	\$462	\$1372	\$579	\$1489
65 + Medicare Secondary	\$925	\$1835	\$1042	\$1952

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$190	\$466	\$384	\$660
30 to 39	\$244	\$562	\$430	\$748
40 to 49	\$307	\$616	\$476	\$785
50 to 54	\$406	\$798	\$564	\$956
55 to 59	\$541	\$1070	\$677	\$1206
60 to 64	\$679	\$1351	\$794	\$1466
65 + Medicare Primary	\$363	\$1176	\$466	\$1279
65 + Medicare Secondary	\$826	\$1639	\$929	\$1742

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$177	\$436	\$350	\$609
30 to 39	\$224	\$520	\$390	\$686
40 to 49	\$277	\$554	\$428	\$705
50 to 54	\$364	\$716	\$505	\$857
55 to 59	\$484	\$957	\$605	\$1078
60 to 64	\$606	\$1203	\$709	\$1306
65 + Medicare Primary	\$280	\$1012	\$371	\$1103
65 + Medicare Secondary	\$743	\$1475	\$834	\$1566

AREA 3

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$221	\$541	\$474	\$794
30 to 39	\$285	\$656	\$526	\$897
40 to 49	\$363	\$731	\$583	\$951
50 to 54	\$482	\$948	\$688	\$1154
55 to 59	\$643	\$1274	\$820	\$1451
60 to 64	\$809	\$1612	\$959	\$1762
65 + Medicare Primary	\$462	\$1428	\$596	\$1562
65 + Medicare Secondary	\$980	\$1946	\$1114	\$2080

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$230	\$560	\$496	\$826
30 to 39	\$298	\$683	\$552	\$937
40 to 49	\$382	\$769	\$613	\$1000
50 to 54	\$508	\$999	\$724	\$1215
55 to 59	\$678	\$1344	\$864	\$1530
60 to 64	\$854	\$1703	\$1012	\$1861
65 + Medicare Primary	\$514	\$1530	\$656	\$1672
65 + Medicare Secondary	\$1032	\$2048	\$1174	\$2190

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$213	\$523	\$453	\$763
30 to 39	\$273	\$630	\$502	\$859
40 to 49	\$344	\$692	\$553	\$901
50 to 54	\$455	\$896	\$650	\$1091
55 to 59	\$607	\$1203	\$775	\$1371
60 to 64	\$763	\$1519	\$906	\$1662
65 + Medicare Primary	\$410	\$1325	\$537	\$1452
65 + Medicare Secondary	\$928	\$1843	\$1055	\$1970

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$198	\$490	\$416	\$708
30 to 39	\$252	\$586	\$460	\$794
40 to 49	\$313	\$628	\$503	\$818
50 to 54	\$412	\$812	\$590	\$990
55 to 59	\$548	\$1085	\$701	\$1238
60 to 64	\$686	\$1364	\$816	\$1494
65 + Medicare Primary	\$324	\$1155	\$438	\$1269
65 + Medicare Secondary	\$842	\$1673	\$956	\$1787

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$236	\$578	\$526	\$868
30 to 39	\$304	\$701	\$581	\$978
40 to 49	\$387	\$780	\$640	\$1033
50 to 54	\$513	\$1011	\$749	\$1247
55 to 59	\$685	\$1359	\$888	\$1562
60 to 64	\$862	\$1719	\$1034	\$1891
65 + Medicare Primary	\$490	\$1522	\$644	\$1676
65 + Medicare Secondary	\$1046	\$2078	\$1200	\$2232

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit: Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$244	\$597	\$547	\$900
30 to 39	\$317	\$728	\$607	\$1018
40 to 49	\$406	\$818	\$670	\$1082
50 to 54	\$539	\$1061	\$786	\$1308
55 to 59	\$721	\$1430	\$933	\$1642
60 to 64	\$908	\$1811	\$1088	\$1991
65 + Medicare Primary	\$542	\$1624	\$703	\$1785
65 + Medicare Secondary	\$1098	\$2180	\$1259	\$2341

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$227	\$559	\$504	\$836
30 to 39	\$292	\$675	\$557	\$940
40 to 49	\$368	\$741	\$609	\$982
50 to 54	\$487	\$960	\$713	\$1186
55 to 59	\$649	\$1287	\$843	\$1481
60 to 64	\$816	\$1626	\$981	\$1791
65 + Medicare Primary	\$438	\$1419	\$584	\$1565
65 + Medicare Secondary	\$995	\$1976	\$1141	\$2122

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$213	\$528	\$468	\$783
30 to 39	\$271	\$631	\$515	\$875
40 to 49	\$337	\$677	\$560	\$900
50 to 54	\$444	\$875	\$652	\$1083
55 to 59	\$590	\$1170	\$769	\$1349
60 to 64	\$740	\$1472	\$892	\$1624
65 + Medicare Primary	\$352	\$1249	\$486	\$1383
65 + Medicare Secondary	\$908	\$1805	\$1042	\$1939

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$189	\$459	\$391	\$661
30 to 39	\$244	\$558	\$437	\$751
40 to 49	\$310	\$622	\$486	\$798
50 to 54	\$411	\$807	\$576	\$972
55 to 59	\$548	\$1085	\$689	\$1226
60 to 64	\$690	\$1373	\$810	\$1493
65 + Medicare Primary	\$399	\$1218	\$507	\$1326
65 + Medicare Secondary	\$834	\$1653	\$942	\$1761

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit: Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$198	\$479	\$413	\$694
30 to 39	\$256	\$584	\$461	\$789
40 to 49	\$329	\$661	\$516	\$848
50 to 54	\$437	\$858	\$612	\$1033
55 to 59	\$584	\$1156	\$734	\$1306
60 to 64	\$736	\$1466	\$864	\$1594
65 + Medicare Primary	\$450	\$1320	\$565	\$1435
65 + Medicare Secondary	\$886	\$1756	\$1001	\$1871

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$181	\$441	\$370	\$630
30 to 39	\$231	\$531	\$412	\$712
40 to 49	\$291	\$583	\$456	\$748
50 to 54	\$385	\$756	\$539	\$910
55 to 59	\$513	\$1014	\$645	\$1146
60 to 64	\$644	\$1281	\$757	\$1394
65 + Medicare Primary	\$347	\$1116	\$447	\$1216
65 + Medicare Secondary	\$782	\$1551	\$882	\$1651

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$166	\$409	\$334	\$577
30 to 39	\$210	\$487	\$370	\$647
40 to 49	\$260	\$520	\$406	\$666
50 to 54	\$342	\$672	\$479	\$809
55 to 59	\$453	\$896	\$570	\$1013
60 to 64	\$568	\$1127	\$668	\$1227
65 + Medicare Primary	\$260	\$945	\$348	\$1033
65 + Medicare Secondary	\$696	\$1381	\$784	\$1469

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$206	\$503	\$421	\$718
30 to 39	\$266	\$610	\$471	\$815
40 to 49	\$338	\$679	\$525	\$866
50 to 54	\$448	\$880	\$623	\$1055
55 to 59	\$597	\$1183	\$747	\$1333
60 to 64	\$752	\$1497	\$880	\$1625
65 + Medicare Primary	\$428	\$1324	\$542	\$1438
65 + Medicare Secondary	\$910	\$1806	\$1024	\$1920

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$215	\$522	\$443	\$750
30 to 39	\$278	\$636	\$496	\$854
40 to 49	\$357	\$718	\$555	\$916
50 to 54	\$474	\$931	\$660	\$1117
55 to 59	\$633	\$1254	\$792	\$1413
60 to 64	\$798	\$1590	\$933	\$1725
65 + Medicare Primary	\$480	\$1426	\$602	\$1548
65 + Medicare Secondary	\$962	\$1908	\$1084	\$2030

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$197	\$484	\$399	\$686
30 to 39	\$253	\$583	\$446	\$776
40 to 49	\$319	\$640	\$495	\$816
50 to 54	\$422	\$830	\$586	\$994
55 to 59	\$562	\$1112	\$703	\$1253
60 to 64	\$706	\$1405	\$826	\$1525
65 + Medicare Primary	\$377	\$1222	\$484	\$1329
65 + Medicare Secondary	\$858	\$1703	\$965	\$1810

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$183	\$452	\$363	\$632
30 to 39	\$232	\$539	\$404	\$711
40 to 49	\$287	\$575	\$444	\$732
50 to 54	\$378	\$744	\$525	\$891
55 to 59	\$502	\$994	\$628	\$1120
60 to 64	\$630	\$1251	\$737	\$1358
65 + Medicare Primary	\$290	\$1051	\$385	\$1146
65 + Medicare Secondary	\$772	\$1533	\$867	\$1628

AREA 4

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$229	\$561	\$491	\$823
30 to 39	\$296	\$681	\$547	\$932
40 to 49	\$377	\$759	\$605	\$987
50 to 54	\$499	\$983	\$713	\$1197
55 to 59	\$667	\$1322	\$850	\$1505
60 to 64	\$839	\$1672	\$995	\$1828
65 + Medicare Primary	\$479	\$1481	\$618	\$1620
65 + Medicare Secondary	\$1017	\$2019	\$1156	\$2158

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$238	\$581	\$514	\$857
30 to 39	\$309	\$709	\$573	\$973
40 to 49	\$396	\$798	\$636	\$1038
50 to 54	\$526	\$1035	\$751	\$1260
55 to 59	\$704	\$1396	\$897	\$1589
60 to 64	\$887	\$1769	\$1051	\$1933
65 + Medicare Primary	\$533	\$1588	\$680	\$1735
65 + Medicare Secondary	\$1071	\$2126	\$1218	\$2273

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$220	\$541	\$469	\$790
30 to 39	\$283	\$654	\$521	\$892
40 to 49	\$357	\$718	\$574	\$935
50 to 54	\$472	\$930	\$675	\$1133
55 to 59	\$630	\$1248	\$804	\$1422
60 to 64	\$791	\$1576	\$939	\$1724
65 + Medicare Primary	\$426	\$1376	\$558	\$1508
65 + Medicare Secondary	\$963	\$1913	\$1095	\$2045

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$205	\$508	\$431	\$734
30 to 39	\$261	\$608	\$477	\$824
40 to 49	\$324	\$651	\$521	\$848
50 to 54	\$427	\$842	\$612	\$1027
55 to 59	\$568	\$1125	\$726	\$1283
60 to 64	\$712	\$1416	\$847	\$1551
65 + Medicare Primary	\$336	\$1199	\$455	\$1318
65 + Medicare Secondary	\$874	\$1737	\$993	\$1856

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$244	\$600	\$545	\$901
30 to 39	\$315	\$727	\$603	\$1015
40 to 49	\$401	\$809	\$663	\$1071
50 to 54	\$532	\$1049	\$777	\$1294
55 to 59	\$711	\$1410	\$922	\$1621
60 to 64	\$895	\$1784	\$1074	\$1963
65 + Medicare Primary	\$508	\$1579	\$668	\$1739
65 + Medicare Secondary	\$1086	\$2157	\$1246	\$2317

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$253	\$619	\$568	\$934
30 to 39	\$328	\$755	\$629	\$1056
40 to 49	\$421	\$849	\$695	\$1123
50 to 54	\$559	\$1101	\$815	\$1357
55 to 59	\$748	\$1484	\$968	\$1704
60 to 64	\$942	\$1880	\$1129	\$2067
65 + Medicare Primary	\$562	\$1685	\$729	\$1852
65 + Medicare Secondary	\$1140	\$2263	\$1307	\$2430

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$235	\$580	\$523	\$868
30 to 39	\$302	\$700	\$577	\$975
40 to 49	\$382	\$769	\$633	\$1020
50 to 54	\$505	\$996	\$739	\$1230
55 to 59	\$674	\$1337	\$875	\$1538
60 to 64	\$847	\$1688	\$1018	\$1859
65 + Medicare Primary	\$454	\$1473	\$606	\$1625
65 + Medicare Secondary	\$1032	\$2051	\$1184	\$2203

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$220	\$547	\$485	\$812
30 to 39	\$281	\$655	\$534	\$908
40 to 49	\$349	\$702	\$580	\$933
50 to 54	\$460	\$908	\$676	\$1124
55 to 59	\$612	\$1214	\$797	\$1399
60 to 64	\$768	\$1528	\$926	\$1686
65 + Medicare Primary	\$365	\$1296	\$504	\$1435
65 + Medicare Secondary	\$943	\$1874	\$1082	\$2013

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$196	\$477	\$406	\$687
30 to 39	\$252	\$578	\$452	\$778
40 to 49	\$322	\$646	\$505	\$829
50 to 54	\$426	\$837	\$597	\$1008
55 to 59	\$569	\$1126	\$716	\$1273
60 to 64	\$716	\$1426	\$841	\$1551
65 + Medicare Primary	\$413	\$1264	\$525	\$1376
65 + Medicare Secondary	\$865	\$1716	\$977	\$1828

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit: Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$205	\$497	\$428	\$720
30 to 39	\$266	\$606	\$479	\$819
40 to 49	\$341	\$686	\$535	\$880
50 to 54	\$453	\$890	\$635	\$1072
55 to 59	\$606	\$1200	\$762	\$1356
60 to 64	\$764	\$1522	\$897	\$1655
65 + Medicare Primary	\$467	\$1370	\$587	\$1490
65 + Medicare Secondary	\$919	\$1822	\$1039	\$1942

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$187	\$457	\$383	\$653
30 to 39	\$239	\$550	\$427	\$738
40 to 49	\$302	\$606	\$473	\$777
50 to 54	\$399	\$784	\$559	\$944
55 to 59	\$532	\$1053	\$669	\$1190
60 to 64	\$669	\$1330	\$786	\$1447
65 + Medicare Primary	\$360	\$1158	\$464	\$1262
65 + Medicare Secondary	\$812	\$1610	\$916	\$1714

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$172	\$424	\$346	\$598
30 to 39	\$218	\$505	\$384	\$671
40 to 49	\$269	\$539	\$421	\$691
50 to 54	\$354	\$696	\$496	\$838
55 to 59	\$470	\$930	\$592	\$1052
60 to 64	\$589	\$1169	\$692	\$1272
65 + Medicare Primary	\$270	\$981	\$361	\$1072
65 + Medicare Secondary	\$722	\$1433	\$813	\$1524

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$214	\$522	\$437	\$745
30 to 39	\$275	\$632	\$488	\$845
40 to 49	\$350	\$704	\$544	\$898
50 to 54	\$464	\$913	\$646	\$1095
55 to 59	\$620	\$1228	\$776	\$1384
60 to 64	\$780	\$1554	\$913	\$1687
65 + Medicare Primary	\$444	\$1374	\$563	\$1493
65 + Medicare Secondary	\$944	\$1874	\$1063	\$1993

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$223	\$542	\$459	\$778
30 to 39	\$288	\$660	\$514	\$886
40 to 49	\$370	\$745	\$576	\$951
50 to 54	\$491	\$966	\$684	\$1159
55 to 59	\$657	\$1302	\$822	\$1467
60 to 64	\$828	\$1650	\$969	\$1791
65 + Medicare Primary	\$498	\$1480	\$625	\$1607
65 + Medicare Secondary	\$998	\$1980	\$1125	\$2107

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$205	\$502	\$415	\$712
30 to 39	\$262	\$605	\$462	\$805
40 to 49	\$331	\$665	\$514	\$848
50 to 54	\$437	\$860	\$608	\$1031
55 to 59	\$583	\$1154	\$730	\$1301
60 to 64	\$732	\$1457	\$857	\$1582
65 + Medicare Primary	\$390	\$1267	\$501	\$1378
65 + Medicare Secondary	\$890	\$1767	\$1001	\$1878

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$190	\$469	\$377	\$656
30 to 39	\$240	\$559	\$419	\$738
40 to 49	\$298	\$597	\$461	\$760
50 to 54	\$392	\$772	\$544	\$924
55 to 59	\$521	\$1031	\$652	\$1162
60 to 64	\$653	\$1298	\$764	\$1409
65 + Medicare Primary	\$301	\$1091	\$399	\$1189
65 + Medicare Secondary	\$801	\$1591	\$899	\$1689

AREA 5

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$237	\$581	\$509	\$853
30 to 39	\$306	\$705	\$566	\$965
40 to 49	\$390	\$786	\$627	\$1023
50 to 54	\$517	\$1018	\$739	\$1240
55 to 59	\$691	\$1370	\$881	\$1560
60 to 64	\$869	\$1733	\$1031	\$1895
65 + Medicare Primary	\$496	\$1535	\$641	\$1680
65 + Medicare Secondary	\$1054	\$2093	\$1199	\$2238

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$246	\$602	\$532	\$888
30 to 39	\$320	\$734	\$593	\$1007
40 to 49	\$410	\$827	\$659	\$1076
50 to 54	\$545	\$1073	\$778	\$1306
55 to 59	\$729	\$1446	\$929	\$1646
60 to 64	\$919	\$1833	\$1089	\$2003
65 + Medicare Primary	\$552	\$1646	\$705	\$1799
65 + Medicare Secondary	\$1110	\$2204	\$1263	\$2357

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$228	\$561	\$486	\$819
30 to 39	\$293	\$677	\$540	\$924
40 to 49	\$370	\$744	\$595	\$969
50 to 54	\$489	\$964	\$699	\$1174
55 to 59	\$652	\$1293	\$832	\$1473
60 to 64	\$820	\$1634	\$973	\$1787
65 + Medicare Primary	\$441	\$1426	\$578	\$1563
65 + Medicare Secondary	\$998	\$1983	\$1135	\$2120

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$212	\$526	\$447	\$761
30 to 39	\$270	\$629	\$494	\$853
40 to 49	\$336	\$675	\$540	\$879
50 to 54	\$443	\$873	\$634	\$1064
55 to 59	\$588	\$1166	\$752	\$1330
60 to 64	\$738	\$1468	\$878	\$1608
65 + Medicare Primary	\$348	\$1242	\$471	\$1365
65 + Medicare Secondary	\$906	\$1800	\$1029	\$1923

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$253	\$622	\$565	\$934
30 to 39	\$326	\$753	\$624	\$1051
40 to 49	\$416	\$839	\$688	\$1111
50 to 54	\$552	\$1088	\$806	\$1342
55 to 59	\$737	\$1462	\$955	\$1680
60 to 64	\$927	\$1849	\$1113	\$2035
65 + Medicare Primary	\$526	\$1636	\$692	\$1802
65 + Medicare Secondary	\$1125	\$2235	\$1291	\$2401

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit: Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$262	\$642	\$588	\$968
30 to 39	\$340	\$782	\$652	\$1094
40 to 49	\$436	\$880	\$720	\$1164
50 to 54	\$580	\$1142	\$846	\$1408
55 to 59	\$775	\$1538	\$1003	\$1766
60 to 64	\$976	\$1948	\$1170	\$2142
65 + Medicare Primary	\$582	\$1747	\$756	\$1921
65 + Medicare Secondary	\$1181	\$2346	\$1355	\$2520

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$244	\$601	\$542	\$899
30 to 39	\$313	\$725	\$598	\$1010
40 to 49	\$395	\$796	\$655	\$1056
50 to 54	\$524	\$1033	\$767	\$1276
55 to 59	\$698	\$1385	\$907	\$1594
60 to 64	\$878	\$1750	\$1055	\$1927
65 + Medicare Primary	\$471	\$1527	\$628	\$1684
65 + Medicare Secondary	\$1070	\$2126	\$1227	\$2283

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$228	\$567	\$503	\$842
30 to 39	\$290	\$677	\$553	\$940
40 to 49	\$361	\$727	\$600	\$966
50 to 54	\$477	\$941	\$701	\$1165
55 to 59	\$634	\$1258	\$826	\$1450
60 to 64	\$795	\$1583	\$959	\$1747
65 + Medicare Primary	\$378	\$1344	\$522	\$1488
65 + Medicare Secondary	\$977	\$1943	\$1121	\$2087

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$203	\$494	\$420	\$711
30 to 39	\$261	\$599	\$469	\$807
40 to 49	\$333	\$669	\$522	\$858
50 to 54	\$442	\$868	\$619	\$1045
55 to 59	\$589	\$1167	\$741	\$1319
60 to 64	\$742	\$1478	\$871	\$1607
65 + Medicare Primary	\$428	\$1310	\$544	\$1426
65 + Medicare Secondary	\$897	\$1779	\$1013	\$1895

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$212	\$514	\$443	\$745
30 to 39	\$275	\$628	\$496	\$849
40 to 49	\$353	\$710	\$555	\$912
50 to 54	\$470	\$923	\$659	\$1112
55 to 59	\$628	\$1244	\$790	\$1406
60 to 64	\$791	\$1577	\$929	\$1715
65 + Medicare Primary	\$484	\$1420	\$608	\$1544
65 + Medicare Secondary	\$952	\$1888	\$1076	\$2012

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$193	\$473	\$397	\$677
30 to 39	\$248	\$571	\$443	\$766
40 to 49	\$313	\$628	\$490	\$805
50 to 54	\$414	\$813	\$580	\$979
55 to 59	\$551	\$1091	\$693	\$1233
60 to 64	\$693	\$1378	\$814	\$1499
65 + Medicare Primary	\$372	\$1200	\$480	\$1308
65 + Medicare Secondary	\$841	\$1669	\$949	\$1777

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$178	\$439	\$358	\$619
30 to 39	\$225	\$523	\$397	\$695
40 to 49	\$279	\$558	\$436	\$715
50 to 54	\$367	\$722	\$514	\$869
55 to 59	\$487	\$963	\$613	\$1089
60 to 64	\$610	\$1212	\$717	\$1319
65 + Medicare Primary	\$279	\$1016	\$374	\$1111
65 + Medicare Secondary	\$748	\$1485	\$843	\$1580

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$221	\$541	\$452	\$772
30 to 39	\$285	\$656	\$506	\$877
40 to 49	\$363	\$730	\$564	\$931
50 to 54	\$481	\$946	\$669	\$1134
55 to 59	\$642	\$1272	\$804	\$1434
60 to 64	\$808	\$1610	\$946	\$1748
65 + Medicare Primary	\$460	\$1424	\$583	\$1547
65 + Medicare Secondary	\$978	\$1942	\$1101	\$2065

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$230	\$561	\$475	\$806
30 to 39	\$298	\$684	\$532	\$918
40 to 49	\$383	\$771	\$597	\$985
50 to 54	\$509	\$1001	\$709	\$1201
55 to 59	\$680	\$1348	\$851	\$1519
60 to 64	\$858	\$1711	\$1004	\$1857
65 + Medicare Primary	\$516	\$1534	\$647	\$1665
65 + Medicare Secondary	\$1034	\$2052	\$1165	\$2183

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$212	\$520	\$429	\$737
30 to 39	\$271	\$627	\$479	\$835
40 to 49	\$342	\$688	\$531	\$877
50 to 54	\$453	\$892	\$630	\$1069
55 to 59	\$604	\$1196	\$756	\$1348
60 to 64	\$759	\$1511	\$888	\$1640
65 + Medicare Primary	\$404	\$1314	\$519	\$1429
65 + Medicare Secondary	\$923	\$1833	\$1038	\$1948

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$196	\$486	\$390	\$680
30 to 39	\$249	\$580	\$434	\$765
40 to 49	\$308	\$618	\$477	\$787
50 to 54	\$406	\$800	\$564	\$958
55 to 59	\$540	\$1069	\$676	\$1205
60 to 64	\$677	\$1345	\$792	\$1460
65 + Medicare Primary	\$312	\$1131	\$414	\$1233
65 + Medicare Secondary	\$830	\$1649	\$932	\$1751

AREA 6

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$245	\$602	\$527	\$884
30 to 39	\$317	\$731	\$586	\$1000
40 to 49	\$403	\$813	\$648	\$1058
50 to 54	\$535	\$1054	\$764	\$1283
55 to 59	\$715	\$1418	\$912	\$1615
60 to 64	\$900	\$1795	\$1068	\$1963
65 + Medicare Primary	\$514	\$1590	\$664	\$1740
65 + Medicare Secondary	\$1091	\$2167	\$1241	\$2317

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$255	\$623	\$551	\$919
30 to 39	\$331	\$760	\$614	\$1043
40 to 49	\$424	\$856	\$682	\$1114
50 to 54	\$564	\$1111	\$805	\$1352
55 to 59	\$754	\$1497	\$961	\$1704
60 to 64	\$951	\$1898	\$1127	\$2074
65 + Medicare Primary	\$571	\$1703	\$729	\$1861
65 + Medicare Secondary	\$1149	\$2281	\$1307	\$2439

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$236	\$581	\$503	\$848
30 to 39	\$303	\$701	\$558	\$956
40 to 49	\$382	\$770	\$615	\$1003
50 to 54	\$506	\$998	\$724	\$1216
55 to 59	\$675	\$1339	\$862	\$1526
60 to 64	\$849	\$1692	\$1008	\$1851
65 + Medicare Primary	\$456	\$1476	\$597	\$1617
65 + Medicare Secondary	\$1033	\$2053	\$1174	\$2194

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$219	\$545	\$462	\$788
30 to 39	\$279	\$651	\$511	\$883
40 to 49	\$347	\$698	\$559	\$910
50 to 54	\$458	\$903	\$656	\$1101
55 to 59	\$609	\$1207	\$779	\$1377
60 to 64	\$764	\$1520	\$909	\$1665
65 + Medicare Primary	\$360	\$1286	\$487	\$1413
65 + Medicare Secondary	\$937	\$1863	\$1064	\$1990

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$261	\$643	\$584	\$966
30 to 39	\$338	\$780	\$647	\$1089
40 to 49	\$430	\$867	\$712	\$1149
50 to 54	\$571	\$1126	\$834	\$1389
55 to 59	\$762	\$1513	\$988	\$1739
60 to 64	\$959	\$1914	\$1151	\$2106
65 + Medicare Primary	\$545	\$1695	\$716	\$1866
65 + Medicare Secondary	\$1165	\$2315	\$1336	\$2486

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$271	\$664	\$609	\$1002
30 to 39	\$352	\$810	\$675	\$1133
40 to 49	\$451	\$911	\$745	\$1205
50 to 54	\$600	\$1182	\$875	\$1457
55 to 59	\$802	\$1592	\$1038	\$1828
60 to 64	\$1011	\$2018	\$1212	\$2219
65 + Medicare Primary	\$602	\$1808	\$782	\$1988
65 + Medicare Secondary	\$1223	\$2429	\$1403	\$2609

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$252	\$622	\$561	\$931
30 to 39	\$324	\$751	\$619	\$1046
40 to 49	\$409	\$825	\$678	\$1094
50 to 54	\$542	\$1069	\$794	\$1321
55 to 59	\$722	\$1433	\$938	\$1649
60 to 64	\$908	\$1811	\$1092	\$1995
65 + Medicare Primary	\$487	\$1581	\$650	\$1744
65 + Medicare Secondary	\$1107	\$2201	\$1270	\$2364

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$236	\$587	\$521	\$872
30 to 39	\$300	\$701	\$572	\$973
40 to 49	\$374	\$753	\$622	\$1001
50 to 54	\$493	\$974	\$725	\$1206
55 to 59	\$656	\$1302	\$855	\$1501
60 to 64	\$823	\$1639	\$992	\$1808
65 + Medicare Primary	\$391	\$1391	\$540	\$1540
65 + Medicare Secondary	\$1011	\$2011	\$1160	\$2160

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$210	\$511	\$435	\$736
30 to 39	\$270	\$620	\$485	\$835
40 to 49	\$344	\$692	\$540	\$888
50 to 54	\$457	\$898	\$640	\$1081
55 to 59	\$610	\$1208	\$767	\$1365
60 to 64	\$768	\$1530	\$902	\$1664
65 + Medicare Primary	\$443	\$1356	\$563	\$1476
65 + Medicare Secondary	\$928	\$1841	\$1048	\$1961

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$219	\$532	\$459	\$772
30 to 39	\$284	\$649	\$513	\$878
40 to 49	\$366	\$736	\$575	\$945
50 to 54	\$486	\$955	\$681	\$1150
55 to 59	\$650	\$1287	\$818	\$1455
60 to 64	\$819	\$1633	\$962	\$1776
65 + Medicare Primary	\$500	\$1469	\$629	\$1598
65 + Medicare Secondary	\$986	\$1955	\$1115	\$2084

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$200	\$490	\$411	\$701
30 to 39	\$256	\$590	\$457	\$791
40 to 49	\$323	\$649	\$507	\$833
50 to 54	\$428	\$841	\$600	\$1013
55 to 59	\$570	\$1129	\$717	\$1276
60 to 64	\$717	\$1427	\$842	\$1552
65 + Medicare Primary	\$385	\$1242	\$497	\$1354
65 + Medicare Secondary	\$870	\$1727	\$982	\$1839

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$184	\$455	\$371	\$642
30 to 39	\$233	\$542	\$411	\$720
40 to 49	\$288	\$577	\$451	\$740
50 to 54	\$380	\$747	\$532	\$899
55 to 59	\$504	\$997	\$635	\$1128
60 to 64	\$632	\$1255	\$743	\$1366
65 + Medicare Primary	\$289	\$1052	\$387	\$1150
65 + Medicare Secondary	\$774	\$1537	\$872	\$1635

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$228	\$559	\$467	\$798
30 to 39	\$295	\$679	\$524	\$908
40 to 49	\$375	\$755	\$584	\$964
50 to 54	\$498	\$980	\$693	\$1175
55 to 59	\$664	\$1317	\$831	\$1484
60 to 64	\$836	\$1667	\$978	\$1809
65 + Medicare Primary	\$476	\$1474	\$604	\$1602
65 + Medicare Secondary	\$1013	\$2011	\$1141	\$2139

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$238	\$581	\$492	\$835
30 to 39	\$309	\$708	\$552	\$951
40 to 49	\$396	\$798	\$617	\$1019
50 to 54	\$527	\$1036	\$734	\$1243
55 to 59	\$704	\$1396	\$882	\$1574
60 to 64	\$888	\$1771	\$1039	\$1922
65 + Medicare Primary	\$534	\$1588	\$670	\$1724
65 + Medicare Secondary	\$1070	\$2124	\$1206	\$2260

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$219	\$538	\$444	\$763
30 to 39	\$281	\$649	\$496	\$864
40 to 49	\$354	\$712	\$550	\$908
50 to 54	\$469	\$923	\$652	\$1106
55 to 59	\$625	\$1238	\$782	\$1395
60 to 64	\$785	\$1564	\$919	\$1698
65 + Medicare Primary	\$418	\$1360	\$537	\$1479
65 + Medicare Secondary	\$955	\$1897	\$1074	\$2016

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$203	\$503	\$404	\$704
30 to 39	\$257	\$599	\$449	\$791
40 to 49	\$319	\$640	\$494	\$815
50 to 54	\$420	\$828	\$584	\$992
55 to 59	\$558	\$1106	\$699	\$1247
60 to 64	\$700	\$1392	\$820	\$1512
65 + Medicare Primary	\$322	\$1170	\$427	\$1275
65 + Medicare Secondary	\$859	\$1707	\$964	\$1812

AREA 7

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$252	\$618	\$541	\$907
30 to 39	\$325	\$750	\$602	\$1027
40 to 49	\$414	\$835	\$666	\$1087
50 to 54	\$550	\$1083	\$786	\$1319
55 to 59	\$734	\$1456	\$936	\$1658
60 to 64	\$924	\$1843	\$1096	\$2015
65 + Medicare Primary	\$527	\$1633	\$681	\$1787
65 + Medicare Secondary	\$1121	\$2227	\$1275	\$2381

PLAN: Cost Saver Plus
 PPO Network: First Health
 Office Visit Copay Benefit: Cost Saver
 Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$261	\$639	\$565	\$943
30 to 39	\$339	\$780	\$630	\$1071
40 to 49	\$436	\$879	\$701	\$1144
50 to 54	\$579	\$1141	\$827	\$1389
55 to 59	\$775	\$1538	\$988	\$1751
60 to 64	\$977	\$1950	\$1158	\$2131
65 + Medicare Primary	\$587	\$1750	\$749	\$1912
65 + Medicare Secondary	\$1180	\$2343	\$1342	\$2505

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$242	\$596	\$516	\$870
30 to 39	\$311	\$720	\$573	\$982
40 to 49	\$392	\$790	\$631	\$1029
50 to 54	\$520	\$1025	\$744	\$1249
55 to 59	\$693	\$1375	\$885	\$1567
60 to 64	\$872	\$1738	\$1035	\$1901
65 + Medicare Primary	\$468	\$1516	\$613	\$1661
65 + Medicare Secondary	\$1061	\$2109	\$1206	\$2254

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$225	\$560	\$475	\$810
30 to 39	\$287	\$669	\$526	\$908
40 to 49	\$356	\$717	\$574	\$935
50 to 54	\$470	\$928	\$674	\$1132
55 to 59	\$625	\$1240	\$800	\$1415
60 to 64	\$784	\$1561	\$933	\$1710
65 + Medicare Primary	\$369	\$1321	\$500	\$1452
65 + Medicare Secondary	\$963	\$1915	\$1094	\$2046

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$268	\$660	\$600	\$992
30 to 39	\$347	\$802	\$664	\$1119
40 to 49	\$441	\$890	\$730	\$1179
50 to 54	\$586	\$1156	\$857	\$1427
55 to 59	\$783	\$1554	\$1015	\$1786
60 to 64	\$985	\$1966	\$1182	\$2163
65 + Medicare Primary	\$559	\$1740	\$735	\$1916
65 + Medicare Secondary	\$1196	\$2377	\$1372	\$2553

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$278	\$682	\$625	\$1029
30 to 39	\$361	\$831	\$693	\$1163
40 to 49	\$463	\$935	\$765	\$1237
50 to 54	\$616	\$1214	\$899	\$1497
55 to 59	\$824	\$1636	\$1067	\$1879
60 to 64	\$1038	\$2072	\$1244	\$2278
65 + Medicare Primary	\$619	\$1858	\$804	\$2043
65 + Medicare Secondary	\$1256	\$2495	\$1441	\$2680

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$258	\$638	\$575	\$955
30 to 39	\$332	\$771	\$635	\$1074
40 to 49	\$420	\$847	\$696	\$1123
50 to 54	\$556	\$1097	\$815	\$1356
55 to 59	\$742	\$1473	\$964	\$1695
60 to 64	\$933	\$1860	\$1122	\$2049
65 + Medicare Primary	\$500	\$1624	\$668	\$1792
65 + Medicare Secondary	\$1137	\$2261	\$1305	\$2429

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$242	\$602	\$535	\$895
30 to 39	\$308	\$720	\$588	\$1000
40 to 49	\$384	\$773	\$639	\$1028
50 to 54	\$507	\$1001	\$745	\$1239
55 to 59	\$674	\$1338	\$879	\$1543
60 to 64	\$845	\$1683	\$1019	\$1857
65 + Medicare Primary	\$401	\$1428	\$554	\$1581
65 + Medicare Secondary	\$1038	\$2065	\$1191	\$2218

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$215	\$525	\$446	\$756
30 to 39	\$277	\$636	\$498	\$857
40 to 49	\$354	\$711	\$556	\$913
50 to 54	\$469	\$922	\$658	\$1111
55 to 59	\$626	\$1241	\$788	\$1403
60 to 64	\$789	\$1572	\$927	\$1710
65 + Medicare Primary	\$455	\$1393	\$578	\$1516
65 + Medicare Secondary	\$953	\$1891	\$1076	\$2014

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$225	\$547	\$471	\$793
30 to 39	\$292	\$667	\$527	\$902
40 to 49	\$375	\$755	\$589	\$969
50 to 54	\$499	\$981	\$700	\$1182
55 to 59	\$667	\$1322	\$839	\$1494
60 to 64	\$841	\$1677	\$987	\$1823
65 + Medicare Primary	\$514	\$1510	\$646	\$1642
65 + Medicare Secondary	\$1012	\$2008	\$1144	\$2140

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$205	\$503	\$422	\$720
30 to 39	\$263	\$607	\$470	\$814
40 to 49	\$332	\$667	\$521	\$856
50 to 54	\$439	\$864	\$615	\$1040
55 to 59	\$585	\$1159	\$736	\$1310
60 to 64	\$736	\$1465	\$865	\$1594
65 + Medicare Primary	\$395	\$1275	\$510	\$1390
65 + Medicare Secondary	\$894	\$1774	\$1009	\$1889

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$189	\$467	\$381	\$659
30 to 39	\$239	\$556	\$422	\$739
40 to 49	\$296	\$593	\$463	\$760
50 to 54	\$390	\$767	\$546	\$923
55 to 59	\$517	\$1024	\$651	\$1158
60 to 64	\$649	\$1289	\$763	\$1403
65 + Medicare Primary	\$297	\$1081	\$398	\$1182
65 + Medicare Secondary	\$795	\$1579	\$896	\$1680

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$234	\$574	\$480	\$820
30 to 39	\$302	\$696	\$537	\$931
40 to 49	\$385	\$775	\$599	\$989
50 to 54	\$511	\$1006	\$711	\$1206
55 to 59	\$682	\$1353	\$854	\$1525
60 to 64	\$859	\$1713	\$1005	\$1859
65 + Medicare Primary	\$489	\$1514	\$620	\$1645
65 + Medicare Secondary	\$1040	\$2065	\$1171	\$2196

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit: Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$244	\$596	\$505	\$857
30 to 39	\$317	\$727	\$566	\$976
40 to 49	\$407	\$820	\$634	\$1047
50 to 54	\$541	\$1064	\$753	\$1276
55 to 59	\$723	\$1434	\$905	\$1616
60 to 64	\$912	\$1819	\$1067	\$1974
65 + Medicare Primary	\$548	\$1631	\$688	\$1771
65 + Medicare Secondary	\$1099	\$2182	\$1239	\$2322

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$224	\$552	\$455	\$783
30 to 39	\$288	\$666	\$509	\$887
40 to 49	\$363	\$731	\$564	\$932
50 to 54	\$481	\$948	\$669	\$1136
55 to 59	\$641	\$1271	\$803	\$1433
60 to 64	\$807	\$1607	\$944	\$1744
65 + Medicare Primary	\$429	\$1397	\$552	\$1520
65 + Medicare Secondary	\$981	\$1949	\$1104	\$2072

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$208	\$516	\$414	\$722
30 to 39	\$264	\$616	\$461	\$813
40 to 49	\$327	\$657	\$507	\$837
50 to 54	\$431	\$850	\$599	\$1018
55 to 59	\$573	\$1136	\$717	\$1280
60 to 64	\$719	\$1430	\$842	\$1553
65 + Medicare Primary	\$331	\$1202	\$439	\$1310
65 + Medicare Secondary	\$882	\$1753	\$990	\$1861

AREA 8

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$258	\$634	\$555	\$931
30 to 39	\$333	\$769	\$617	\$1053
40 to 49	\$425	\$857	\$684	\$1116
50 to 54	\$564	\$1112	\$806	\$1354
55 to 59	\$753	\$1495	\$961	\$1703
60 to 64	\$948	\$1892	\$1125	\$2069
65 + Medicare Primary	\$541	\$1676	\$699	\$1834
65 + Medicare Secondary	\$1150	\$2285	\$1308	\$2443

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$268	\$656	\$580	\$968
30 to 39	\$348	\$800	\$646	\$1098
40 to 49	\$447	\$902	\$719	\$1174
50 to 54	\$595	\$1172	\$849	\$1426
55 to 59	\$795	\$1578	\$1013	\$1796
60 to 64	\$1002	\$2001	\$1188	\$2187
65 + Medicare Primary	\$602	\$1796	\$769	\$1963
65 + Medicare Secondary	\$1211	\$2405	\$1378	\$2572

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$248	\$612	\$530	\$894
30 to 39	\$319	\$739	\$588	\$1008
40 to 49	\$403	\$812	\$648	\$1057
50 to 54	\$533	\$1051	\$763	\$1281
55 to 59	\$711	\$1411	\$908	\$1608
60 to 64	\$895	\$1784	\$1063	\$1952
65 + Medicare Primary	\$480	\$1556	\$629	\$1705
65 + Medicare Secondary	\$1089	\$2165	\$1238	\$2314

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$231	\$574	\$487	\$830
30 to 39	\$294	\$687	\$539	\$932
40 to 49	\$366	\$736	\$589	\$959
50 to 54	\$482	\$952	\$691	\$1161
55 to 59	\$642	\$1273	\$821	\$1452
60 to 64	\$805	\$1602	\$958	\$1755
65 + Medicare Primary	\$379	\$1356	\$513	\$1490
65 + Medicare Secondary	\$988	\$1965	\$1122	\$2099

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$275	\$678	\$616	\$1019
30 to 39	\$355	\$822	\$681	\$1148
40 to 49	\$453	\$914	\$750	\$1211
50 to 54	\$601	\$1186	\$879	\$1464
55 to 59	\$803	\$1595	\$1041	\$1833
60 to 64	\$1011	\$2018	\$1214	\$2221
65 + Medicare Primary	\$574	\$1787	\$755	\$1968
65 + Medicare Secondary	\$1228	\$2441	\$1409	\$2622

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$285	\$700	\$641	\$1056
30 to 39	\$370	\$853	\$710	\$1193
40 to 49	\$475	\$960	\$785	\$1270
50 to 54	\$632	\$1246	\$922	\$1536
55 to 59	\$845	\$1678	\$1094	\$1927
60 to 64	\$1065	\$2127	\$1277	\$2339
65 + Medicare Primary	\$635	\$1907	\$825	\$2097
65 + Medicare Secondary	\$1289	\$2561	\$1479	\$2751

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$265	\$655	\$591	\$981
30 to 39	\$341	\$791	\$652	\$1102
40 to 49	\$431	\$869	\$715	\$1153
50 to 54	\$571	\$1127	\$836	\$1392
55 to 59	\$761	\$1511	\$989	\$1739
60 to 64	\$957	\$1909	\$1151	\$2103
65 + Medicare Primary	\$513	\$1666	\$685	\$1838
65 + Medicare Secondary	\$1167	\$2320	\$1339	\$2492

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$248	\$618	\$548	\$918
30 to 39	\$316	\$739	\$603	\$1026
40 to 49	\$394	\$794	\$656	\$1056
50 to 54	\$520	\$1027	\$765	\$1272
55 to 59	\$692	\$1373	\$902	\$1583
60 to 64	\$868	\$1729	\$1047	\$1908
65 + Medicare Primary	\$412	\$1467	\$569	\$1624
65 + Medicare Secondary	\$1066	\$2121	\$1223	\$2278

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$220	\$538	\$457	\$775
30 to 39	\$284	\$653	\$511	\$880
40 to 49	\$363	\$730	\$570	\$937
50 to 54	\$481	\$946	\$675	\$1140
55 to 59	\$643	\$1274	\$809	\$1440
60 to 64	\$809	\$1612	\$950	\$1753
65 + Medicare Primary	\$466	\$1429	\$593	\$1556
65 + Medicare Secondary	\$978	\$1941	\$1105	\$2068

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$230	\$560	\$483	\$813
30 to 39	\$299	\$684	\$541	\$926
40 to 49	\$385	\$775	\$605	\$995
50 to 54	\$512	\$1006	\$718	\$1212
55 to 59	\$684	\$1356	\$861	\$1533
60 to 64	\$863	\$1721	\$1013	\$1871
65 + Medicare Primary	\$527	\$1550	\$663	\$1686
65 + Medicare Secondary	\$1039	\$2062	\$1175	\$2198

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$210	\$516	\$432	\$738
30 to 39	\$270	\$623	\$482	\$835
40 to 49	\$341	\$685	\$535	\$879
50 to 54	\$451	\$887	\$632	\$1068
55 to 59	\$601	\$1190	\$756	\$1345
60 to 64	\$755	\$1504	\$887	\$1636
65 + Medicare Primary	\$406	\$1310	\$524	\$1428
65 + Medicare Secondary	\$917	\$1821	\$1035	\$1939

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$193	\$478	\$390	\$675
30 to 39	\$245	\$570	\$433	\$758
40 to 49	\$303	\$608	\$475	\$780
50 to 54	\$400	\$787	\$560	\$947
55 to 59	\$531	\$1051	\$669	\$1189
60 to 64	\$666	\$1323	\$783	\$1440
65 + Medicare Primary	\$304	\$1109	\$407	\$1212
65 + Medicare Secondary	\$816	\$1621	\$919	\$1724

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$240	\$589	\$492	\$841
30 to 39	\$310	\$715	\$551	\$956
40 to 49	\$395	\$796	\$615	\$1016
50 to 54	\$524	\$1032	\$730	\$1238
55 to 59	\$700	\$1389	\$877	\$1566
60 to 64	\$882	\$1758	\$1032	\$1908
65 + Medicare Primary	\$501	\$1554	\$636	\$1689
65 + Medicare Secondary	\$1068	\$2121	\$1203	\$2256

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$250	\$611	\$518	\$879
30 to 39	\$325	\$746	\$581	\$1002
40 to 49	\$417	\$841	\$650	\$1074
50 to 54	\$555	\$1092	\$773	\$1310
55 to 59	\$742	\$1472	\$929	\$1659
60 to 64	\$936	\$1867	\$1095	\$2026
65 + Medicare Primary	\$562	\$1674	\$705	\$1817
65 + Medicare Secondary	\$1128	\$2240	\$1271	\$2383

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$230	\$567	\$467	\$804
30 to 39	\$295	\$683	\$522	\$910
40 to 49	\$373	\$751	\$580	\$958
50 to 54	\$494	\$973	\$687	\$1166
55 to 59	\$658	\$1305	\$824	\$1471
60 to 64	\$828	\$1649	\$969	\$1790
65 + Medicare Primary	\$441	\$1434	\$567	\$1560
65 + Medicare Secondary	\$1007	\$2000	\$1133	\$2126

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$213	\$529	\$425	\$741
30 to 39	\$271	\$632	\$474	\$835
40 to 49	\$336	\$675	\$521	\$860
50 to 54	\$443	\$873	\$616	\$1046
55 to 59	\$588	\$1166	\$736	\$1314
60 to 64	\$738	\$1468	\$864	\$1594
65 + Medicare Primary	\$339	\$1234	\$450	\$1345
65 + Medicare Secondary	\$905	\$1800	\$1016	\$1911

AREA 9

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$264	\$650	\$569	\$955
30 to 39	\$342	\$790	\$633	\$1081
40 to 49	\$436	\$879	\$701	\$1144
50 to 54	\$578	\$1140	\$826	\$1388
55 to 59	\$773	\$1534	\$986	\$1747
60 to 64	\$973	\$1941	\$1154	\$2122
65 + Medicare Primary	\$555	\$1720	\$717	\$1882
65 + Medicare Secondary	\$1180	\$2345	\$1342	\$2507

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$275	\$673	\$595	\$993
30 to 39	\$357	\$821	\$663	\$1127
40 to 49	\$458	\$925	\$737	\$1204
50 to 54	\$610	\$1202	\$871	\$1463
55 to 59	\$815	\$1619	\$1039	\$1843
60 to 64	\$1028	\$2052	\$1219	\$2243
65 + Medicare Primary	\$617	\$1842	\$788	\$2013
65 + Medicare Secondary	\$1242	\$2467	\$1413	\$2638

PLAN: Cost Saver Plus

PPO Network: First Health

Office Visit Copay Benefit: Cost Saver

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$254	\$627	\$543	\$916
30 to 39	\$327	\$758	\$603	\$1034
40 to 49	\$413	\$833	\$665	\$1085
50 to 54	\$547	\$1079	\$783	\$1315
55 to 59	\$730	\$1448	\$932	\$1650
60 to 64	\$918	\$1830	\$1090	\$2002
65 + Medicare Primary	\$492	\$1596	\$645	\$1749
65 + Medicare Secondary	\$1117	\$2221	\$1270	\$2374

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

**Plan 1000 Standard Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$237	\$589	\$500	\$852
30 to 39	\$301	\$704	\$552	\$955
40 to 49	\$375	\$755	\$604	\$984
50 to 54	\$495	\$977	\$709	\$1191
55 to 59	\$658	\$1306	\$842	\$1490
60 to 64	\$825	\$1643	\$981	\$1799
65 + Medicare Primary	\$388	\$1390	\$526	\$1528
65 + Medicare Secondary	\$1013	\$2015	\$1151	\$2153

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$282	\$695	\$632	\$1045
30 to 39	\$364	\$843	\$698	\$1177
40 to 49	\$464	\$937	\$769	\$1242
50 to 54	\$617	\$1217	\$902	\$1502
55 to 59	\$824	\$1636	\$1069	\$1881
60 to 64	\$1037	\$2070	\$1245	\$2278
65 + Medicare Primary	\$588	\$1832	\$773	\$2017
65 + Medicare Secondary	\$1260	\$2504	\$1445	\$2689

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit:Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$292	\$718	\$657	\$1083
30 to 39	\$380	\$876	\$729	\$1225
40 to 49	\$487	\$984	\$805	\$1302
50 to 54	\$648	\$1278	\$946	\$1576
55 to 59	\$867	\$1722	\$1123	\$1978
60 to 64	\$1093	\$2183	\$1310	\$2400
65 + Medicare Primary	\$651	\$1956	\$845	\$2150
65 + Medicare Secondary	\$1322	\$2627	\$1516	\$2821

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$271	\$672	\$605	\$1006
30 to 39	\$349	\$811	\$668	\$1130
40 to 49	\$442	\$892	\$733	\$1183
50 to 54	\$585	\$1155	\$857	\$1427
55 to 59	\$781	\$1551	\$1015	\$1785
60 to 64	\$982	\$1959	\$1181	\$2158
65 + Medicare Primary	\$526	\$1709	\$702	\$1885
65 + Medicare Secondary	\$1197	\$2380	\$1373	\$2556

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

**Plan 1500 Superior Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$254	\$634	\$562	\$942
30 to 39	\$324	\$758	\$618	\$1052
40 to 49	\$404	\$814	\$672	\$1082
50 to 54	\$533	\$1053	\$784	\$1304
55 to 59	\$709	\$1408	\$924	\$1623
60 to 64	\$890	\$1773	\$1073	\$1956
65 + Medicare Primary	\$422	\$1504	\$583	\$1665
65 + Medicare Secondary	\$1093	\$2175	\$1254	\$2336

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$226	\$552	\$470	\$796
30 to 39	\$291	\$670	\$524	\$903
40 to 49	\$372	\$749	\$584	\$961
50 to 54	\$493	\$970	\$692	\$1169
55 to 59	\$659	\$1306	\$829	\$1476
60 to 64	\$830	\$1654	\$975	\$1799
65 + Medicare Primary	\$478	\$1466	\$608	\$1596
65 + Medicare Secondary	\$1003	\$1991	\$1133	\$2121

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit: Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$236	\$575	\$495	\$834
30 to 39	\$307	\$702	\$555	\$950
40 to 49	\$395	\$795	\$621	\$1021
50 to 54	\$525	\$1032	\$736	\$1243
55 to 59	\$702	\$1392	\$883	\$1573
60 to 64	\$885	\$1766	\$1039	\$1920
65 + Medicare Primary	\$541	\$1590	\$680	\$1729
65 + Medicare Secondary	\$1066	\$2115	\$1205	\$2254

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$215	\$529	\$443	\$757
30 to 39	\$276	\$638	\$494	\$856
40 to 49	\$349	\$702	\$548	\$901
50 to 54	\$462	\$909	\$648	\$1095
55 to 59	\$616	\$1221	\$775	\$1380
60 to 64	\$775	\$1543	\$911	\$1679
65 + Medicare Primary	\$416	\$1343	\$537	\$1464
65 + Medicare Secondary	\$941	\$1868	\$1062	\$1989

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

**Plan 500 Value Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$198	\$491	\$400	\$693
30 to 39	\$251	\$585	\$444	\$778
40 to 49	\$311	\$624	\$487	\$800
50 to 54	\$410	\$808	\$575	\$973
55 to 59	\$544	\$1078	\$685	\$1219
60 to 64	\$683	\$1357	\$803	\$1477
65 + Medicare Primary	\$312	\$1138	\$418	\$1244
65 + Medicare Secondary	\$837	\$1663	\$943	\$1769

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$246	\$604	\$505	\$863
30 to 39	\$318	\$733	\$566	\$981
40 to 49	\$405	\$816	\$631	\$1042
50 to 54	\$537	\$1058	\$748	\$1269
55 to 59	\$718	\$1424	\$899	\$1605
60 to 64	\$904	\$1803	\$1058	\$1957
65 + Medicare Primary	\$514	\$1594	\$652	\$1732
65 + Medicare Secondary	\$1095	\$2175	\$1233	\$2313

PLAN: Cost Saver Plus
PPO Network: First Health
Office Visit Copay Benefit: Cost Saver
Rx Drug Benefit: Formulary Plan, \$150 Ded, No Annual Max

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$257	\$628	\$532	\$903
30 to 39	\$333	\$765	\$596	\$1028
40 to 49	\$428	\$863	\$667	\$1102
50 to 54	\$569	\$1120	\$793	\$1344
55 to 59	\$761	\$1510	\$953	\$1702
60 to 64	\$960	\$1915	\$1123	\$2078
65 + Medicare Primary	\$577	\$1718	\$724	\$1865
65 + Medicare Secondary	\$1157	\$2298	\$1304	\$2445

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$236	\$582	\$479	\$825
30 to 39	\$303	\$701	\$536	\$934
40 to 49	\$382	\$769	\$594	\$981
50 to 54	\$506	\$997	\$704	\$1195
55 to 59	\$675	\$1339	\$845	\$1509
60 to 64	\$849	\$1692	\$994	\$1837
65 + Medicare Primary	\$452	\$1471	\$581	\$1600
65 + Medicare Secondary	\$1033	\$2052	\$1162	\$2181

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

**Plan 750 Basic Deductible = \$500 Coinsurance = 80/50 Out-Of-Pocket = \$5000/\$5000
 RAF = 1**

Age	Employee Only	Employee + Spouse	Employee + Children	Family
0 to 29	\$218	\$543	\$435	\$760
30 to 39	\$277	\$648	\$485	\$856
40 to 49	\$344	\$692	\$533	\$881
50 to 54	\$454	\$896	\$631	\$1073
55 to 59	\$603	\$1196	\$755	\$1348
60 to 64	\$757	\$1506	\$886	\$1635
65 + Medicare Primary	\$348	\$1266	\$462	\$1380
65 + Medicare Secondary	\$929	\$1847	\$1043	\$1961