

		Plan A	Plan B	Plan C	Plan E	Plan F	Plan G	HDHP	SHDHP	
Individual/Family Deductible		\$100/\$300	\$250/\$750	\$500/\$1500	\$1000/\$3000	\$1500/\$3000	\$3000/\$6000	\$1500/\$300	\$6500/\$13300	
In-network co-insurance		80%							100%	
Out-of-network co-insurance		125% of medicare								
Individual/Family Out of Pocket		\$1100/\$3300	\$2250/\$6750	\$2500/\$7500	\$4000/\$12000	\$4500/\$9000	\$6000/\$12000	\$5000/\$10000	\$6500/\$13300	
	EE	209	\$1,202.00	\$1,156.00	\$1,140.00	\$1,053.00	\$1,034.00	\$954.00	\$960.00	\$877.00
	ES	209	\$2,523.00	\$2,426.00	\$2,393.00	\$2,211.00	\$2,172.00	\$2,004.00	\$2,016.00	\$1,843.00
	EC	107	\$2,332.00	\$2,242.00	\$2,211.00	\$2,042.00	\$2,005.00	\$1,850.00	\$1,862.00	\$1,704.00
	ESC	559	\$3,653.00	\$3,512.00	\$3,464.00	\$3,200.00	\$3,143.00	\$2,900.00	\$2,918.00	\$2,670.00
Monthly		1084	\$3,070,076.00	\$2,951,740.00	\$2,911,350.00	\$2,689,470.00	\$2,641,526.00	\$2,437,272.00	\$2,452,380.00	\$2,243,338.00
Composite			\$2,832.17	\$2,723.01	\$2,685.75	\$2,481.06	\$2,436.83	\$2,248.41	\$2,262.34	\$2,069.50

		Dental A	Dental B	Ortho
Deductible		\$50/\$150	\$75/\$225	
Co-insurance		100%/80%/50%		50%
Annual Max		\$3,000	\$2,000	\$2000 lifetime max
EE	209	\$57.70	\$54.90	\$9.60
ES	209	\$121.30	\$115.30	\$20.10
EC	107	\$129.90	\$123.50	\$21.60
ESC	559	\$193.50	\$183.90	\$32.10
	1084	\$159,476.80	\$151,586.40	\$26,462.40
		\$147.12	\$139.84	\$24.41