



**Group Proposal
for CLOSE CONSTRUCTION INC**

Proposal Expiration Date
02/27/2008

Coverage Effective Date
05/01/2008

Presented by
PRITCHARDS AND ASSOCIATES, INC.



Benefits and Rates Summary

Health Product - Package 38	BlueOptions	BlueOptions
Plan Number	Predictable Cost Plan 3462	Predictable Cost Plan 3461
Office Services		
Physician Office Services		
E-Office Visit In-Network Family Physician / PCP	\$10 Copayment	\$10 Copayment
E-Office Visit In-Network Specialist	\$10 Copayment	\$10 Copayment
In-Network Family Physician / PCP	\$15 Copayment	\$20 Copayment
In-Network Specialist	\$35 Copayment	\$40 Copayment
Out-of-Network Provider	CYD + Coinsurance	CYD + Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
In-Network Family Physician / PCP	\$100 Copayment	\$150 Copayment
In-Network Specialist	\$100 Copayment	\$150 Copayment
Maternity (due at initial visit only)		
In-Network Specialist	\$35 Copayment	\$40 Copayment
Out-of-Network Provider	CYD + Coinsurance	CYD + Coinsurance
Allergy Injections (rendered by an In-Network Family Physician)		
	\$10 Copayment	\$10 Copayment
Preventive Care		
Adult Wellness Benefit Maximum (PCY^ Max)	No Maximum	No Maximum
Out-of-Network Benefit Maximum for Routine Adult Physical Exams and Immunizations	\$150	\$150
Routine Adult Physical Exam and Immunizations (Applies towards Adult Wellness PCY max, if applicable)		
In-Network Family Physician / PCP	\$15 Copayment	\$20 Copayment
In-Network Specialist	\$35 Copayment	\$40 Copayment
Out-of-Network Provider	Coinsurance	Coinsurance
Well Woman Exam (e.g. Annual GYN) (Applies towards Adult Wellness PCY max, if applicable)		
In-Network Family Physician / PCP	\$15 Copayment	\$20 Copayment
In-Network Specialist	\$35 Copayment	\$40 Copayment
Out-of-Network Provider	Coinsurance	Coinsurance
Mammograms (member cost; In and out-of-network)		
	\$0	\$0
Well Child (No PCY max)		
In-Network Family Physician / PCP	\$15 Copayment	\$20 Copayment
In-Network Specialist	\$35 Copayment	\$40 Copayment
Out-of-Network Provider	Coinsurance	Coinsurance
Prescription Drug Program		
	BlueScript ^{RX1}	BlueScript ^{RX1}
Deductible	\$0	\$0
Generic/Brand/Non-preferred/Self-Admin. Injectables	\$15 / \$35 / \$55 / 20%	\$15 / \$50 / \$80 / NA
Self-Admin. Injectables Out-of-Pocket Max	Not Applicable	Not Applicable
Mail Order (90 days) - Generic/Brand/Non-preferred	\$40 / \$90 / \$140	\$40 / \$125 / \$200
Emergency Medical Care		
Urgent Care Centers		
In-Network	\$40 Copayment	\$45 Copayment
Out-of-Network	CYD + Coinsurance	CYD + Coinsurance
Emergency Room Facility Services (per visit; copayment waived if admitted)		
In-Network / Out-of-Network	\$100/\$200	\$200/\$300

Health Product - Package 38	BlueOptions	BlueOptions
Plan Number	Predictable Cost Plan 3462	Predictable Cost Plan 3461
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility (includes Provider Services)		
In-Network	\$50 Copayment	\$50 Copayment
In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	\$100 Copayment	\$150 Copayment
Out-of-Network	CYD + Coinsurance	CYD + Coinsurance
Independent Clinical Lab		
In-Network	\$0	\$0
Out-of-Network	CYD + Coinsurance	CYD + Coinsurance
Outpatient Hospital Facility Services (per visit)		
In-Network	Option 1 - \$250 Option 2 - \$350	Option 1 - \$200 Option 2 - \$300
Out-of-Network	CYD + Coinsurance	CYD + Coinsurance
Mental Health/Substance Dependency		
Mental Health (PCY Max; inpatient/outpatient)	30 Days / 20 Visits	30 Days / 20 Visits
Inpatient Hospital Facility Services (per admit)		
In-Network	Option 1 - \$600 Option 2 - \$1,000 CYD + Coinsurance	Option 1 - \$750 Option 2 - \$1,200 CYD + Coinsurance
Out-of-Network		
Outpatient Office Visit		
In-Network Family Physician / PCP	\$15 Copayment	\$20 Copayment
In-Network Specialist	\$35 Copayment	\$40 Copayment
Out-of-Network Provider	CYD + Coinsurance	CYD + Coinsurance
Substance Dependency (Lifetime Max)	\$2,500	\$2,500
Inpatient Hospital Facility Services (per admit)		
In-Network	Option 1 - \$600 Option 2 - \$1,000 CYD + Coinsurance	Option 1 - \$750 Option 2 - \$1,200 CYD + Coinsurance
Out-of-Network		
Outpatient Office Visit		
In-Network Family Physician / PCP	\$15 Copayment	\$20 Copayment
In-Network Specialist	\$35 Copayment	\$40 Copayment
Out-of-Network Provider	CYD + Coinsurance	CYD + Coinsurance
Other Provider Services		
Provider Services at Hospital and ER		
In-Network	\$0	CYD + Coinsurance
Out-of-Network	\$0	CYD + In-network Coins
Radiology, Pathology and Anesthesiology		
Provider Services at an Ambulatory Surgical Center		
In-Network	\$35 Copayment	CYD + Coinsurance
Out-of-Network	\$35 Copayment	CYD + In-network Coins
Provider Services at Locations other than Office, Hospital and ER		
In-Network Family Physician / PCP	\$15 Copayment	CYD + Coinsurance
In-Network Specialist	\$35 Copayment	CYD + Coinsurance
Out-of-Network Provider	CYD + Coinsurance	CYD + Coinsurance
Hospital/Surgical		
Ambulatory Surgical Center (ASC)		
In-Network Facility	\$100 Copayment	\$100 Copayment
Out-of-Network Facility	CYD + Coinsurance	CYD + Coinsurance

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Inpatient Hospital Facility Services (per admit)		
In-Network	Option 1 - \$600 Option 2 - \$1,000 CYD + Coinsurance	Option 1 - \$750 Option 2 - \$1,200 CYD + Coinsurance
Out-of-Network		
Outpatient Hospital Facility Services (per visit)		
In-Network	Option 1 - \$250 Option 2 - \$350 CYD + Coinsurance	Option 1 - \$200 Option 2 - \$300 CYD + Coinsurance
Out-of-Network		
Emergency Room Facility Services (per visit; copayment waived if admitted)		
In-Network / Out-of-Network	\$100/\$200	\$200/\$300
Financial Features		
Annual Benefit Maximum	Not Applicable	Not Applicable
Calendar Year Deductible (CYD) (per Person / Family Aggregate)		
In-Network	\$500 / \$1,500	\$1,000 / \$3,000
Out-of-Network	\$1,000/\$3,000	\$1,500/\$4,500
Coinsurance (percentage of covered services paid by Plan / Member)		
In-Network Provider	80% / 20%	80% / 20%
Out-of-Network Provider	50% / 50%	60% / 40%
Out-of-Pocket Maximum (per Person / Family Aggregate)	Includes CYD, Coins, & Copays; excludes Rx	Includes CYD, Coins, & Copays; excludes Rx
In-Network	\$2,500 / \$5,000	\$3,000 / \$6,000
Out-of-Network	\$5,000 / \$10,000	\$5,000 / \$10,000
Total Lifetime Maximum Benefit	\$5,000,000	\$5,000,000
Rates		
Employee Census		
Employee Only (12)	\$476.33	\$433.33
Employee + Spouse (3)	\$986.01	\$897.00
Employee + Children (0)	\$895.51	\$814.67
Family (0)	\$1,512.36	\$1,375.82

^ PCY = Per Calendar Year.

RX1 : Pharmacy plan is creditable for Medicare-eligible employees and covered dependents for Medicare Part D.