

Capital Newspapers

Sample Multiple Plan Offering - Defined Contribution

Benefit Plan	Plan 1	Plan 2	Plan 3	Plan 4
In-Network	EPO	Trans. EPO	Trans. EPO	HD EPO
Deductible	N/A	\$500	\$500	\$2,000
Coinsurance	N/A	90%	80%	90%
Out of Pocket Maximum	N/A	\$1,500	\$2,500	\$4,000
Preventive Services	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Office Visit	\$25 Co-pay	\$35 Co-pay	\$35 Co-pay	Deductible/Coins.
Inpatient	\$500 Co-pay	Deductible/Coins.	Deductible/Coins.	Deductible/Coins.
Prescription Drug Co-pay	\$10/\$35/\$70 Co-pay	\$10/\$35/\$70 Co-pay	\$10/\$35/\$70 Co-pay	\$10/\$25/\$50 Co-pay After Ded.
Emergency Room	\$100 Co-pay	\$100 Co-pay	\$100 Co-pay	Deductible/Coins.
Outpatient Surgery	\$100 Co-pay	Deductible/Coins.	Deductible/Coins.	Deductible/Coins.
Monthly Premium Rates				
Single	\$458.52	\$448.42	\$434.34	\$372.12
Double	\$894.12	\$847.43	\$846.96	\$725.64
Family	\$1,329.71	\$1,300.43	\$1,259.58	\$1,079.15
Monthly Employer Contribution				
Single	\$328.33	\$328.33	\$328.33	\$328.33
Double	\$640.25	\$640.25	\$640.25	\$640.25
Family	\$952.16	\$952.16	\$952.16	\$952.16
Weekly Employee Contribution				
Single	\$30.04	\$27.71	\$24.46	\$10.11
Double	\$58.58	\$47.81	\$47.70	\$19.71
Family	\$87.13	\$80.37	\$70.94	\$29.31