

Employee Only	\$2,200	\$4,000	\$1,000	\$2,000	\$300	\$00
All Other Coverage Levels	\$4,000	\$1,000	\$2,000	\$4,000	\$00	\$1,200

	C	M	A	P	D	M	A	O	M	A	O
Employee Only	\$4,000	\$1,000	\$3,000	\$1,000	\$2,000	\$2,000	\$2,000				
All Other Coverage Levels	\$1,000**	\$1,000	\$1,000	\$14,000	\$1,000	\$1,000					

	C	M	A	P	D	M	A	O	M	A	O
Preventive Care	---	---	---	---	30%	---	---	---	---	---	20%
Doctor's Office Visit	---	10%	---	---	30%	\$20	---	---	\$20	---	20%
Hospital Inpatient	---	10%	---	---	30%	---	10%	---	\$300	---	20%
Hospital Outpatient	---	10%	---	---	30%	---	10%	---	\$100	---	20%
Emergency Room	---	---	---	10%	---	\$100	---	---	\$12	---	---
High Tech Radiology	---	10%	---	---	30%	---	10%	---	\$100	---	20%
Inpatient	---	10%	---	---	30%	---	10%	---	\$300	---	20%
Outpatient	---	10%	---	---	30%	\$20	---	---	\$20	---	20%

