

Georgetown Charter Township

Medical Plan Illustration

	Current Priority Rates	Renewal Priority 100% HMO \$15 OV; \$15 Rx	Priority 100% HMO \$20 OV; \$20 Rx
Deductible			
<i>Individual</i>		\$0	\$0
<i>Family</i>		\$0	\$0
Plan Pays Each Calendar Year (of eligible charges)		100%	100%
Out of Pocket Maximum (Including <i>Individual</i> deductibles) <i>Family</i>		\$0 \$0	\$0 \$0
Physicians Office Visits		100% after \$15 Copay	100% after \$20 Copay
Preventative Care		100% after \$15 Copay	100% after \$20 Copay
Hospitalization		100%	100%
Hospital Emergency Room		100% after \$50 Copay per visit	100% after \$50 Copay per visit
Prescriptions			
<i>Generic</i>		\$15	\$20
<i>Brand Name/Formulary</i>		\$15	\$20
Contraceptive Medication Mail Order		excluded	excluded
	1 copay for 90 day supply	2 copays for 90 day supply	2 copays for 90 day supply
Premium			
<i>Single</i> 14	\$322.15	\$369.25	\$343.66
<i>2 Person</i> 8	\$763.48	\$812.36	\$756.06
<i>Family</i> 10	\$818.30	\$1,015.45	\$945.06
Monthly Medical	\$18,800.94	\$21,822.88	\$20,310.32
TOTAL Annual	\$225,611.28	\$261,874.56	\$243,723.84
Percentage Differential		16.07%	8.03%

Terms and Conditions

- 1 Premium illustration based on employee census provided.
- 2 All quotes are subject to final underwriting.
- 3 Open Enrollment for Priority Health is the month in which the group renews.
- 4 Rates illustrated for a renewal date of 8/1/2005.

EB
EMPLOYEE BENEFIT™