

Blue Cross & Blue Shield			
	Option 1	Option 2	Option 3
E	\$ 45.55	\$ 32.92	\$ 10.50
EC	\$ 118.43	\$ 95.78	\$ 55.35
ES	\$ 163.98	\$ 135.04	\$ 83.37
Family	\$ 236.86	\$ 197.85	\$ 128.22

Ded (in/out)	\$1,500/\$4,500	\$2,500/\$7,500	\$3,500/\$7,500
OPX (in/out)	\$4,500/\$13,500	\$5,500/\$14,700	\$5,000/\$10,000
Coins% (in/out)	80%/60%	70%/50%	80%/60%
Off Copay	\$35/\$70	\$35/\$70	N/A
ER/UC	\$500/\$75	\$500/\$75	N/A
Pharmacy	\$0/\$10/\$50/\$100/ \$150/\$250	\$0/\$10/\$50/\$100/ \$150/\$250	10%/10%/20%/30%/ 40%/50%
Newtwork	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO

Dental				
	PLAN 1		PLAN 2	
EE	\$ 8.10		\$ 6.21	
EC	\$ 21.78		\$ 15.74	
ES	\$ 16.19		\$ 12.43	
FAM	\$ 33.02		\$ 24.14	
Deductible	\$50		\$50	
Annual Max	\$1,500		\$1,500	
CoInsurance	100%/80%/50%		100%/80%/50%	
Orthodontics	50%		NA	

VISION Dearborn National		
EE	\$	1.80
EC	\$	3.42
ES	\$	3.60
FAM	\$	5.30
Exam w/ Dilatation		
		\$10 Copay
Examination		
		once every 12 months
Lenses or Contact Lenses		
		once every 12 months + copay
Frames		
		\$0 copay; Up to \$130, 20% off Balance Over 130