

OVERVIEW CHART	HIP SELECT PPO #1	HIP SELECT PPO #2
<b>Monthly Premiums</b>	Member.....\$299.13 +Spouse.....\$567.20 +Child.....\$567.20 Family.....\$896.14	Member.....\$338.81 +Spouse.....\$639.65 +Child.....\$639.65 Family..... \$1011.49
<b>Network Coverage</b>	In and Out-of-Network	In and Out-of-Network
<b>Deductible</b>	\$2,000 In-Network Individual	\$2,000 In-Network Individual
	\$4,000 In-Network Family	\$4,000 In-Network Family
	\$4,000 Out-of-Network Individual	\$4,000 Out-of-Network Individual
	\$8,000 Out-of-Network Family	\$8,000 Out-of-Network Family
<b>Co-Insurance</b>	80/20% In-Network 60/40% Out-of-Network	80/20% In-Network 60/40% Out-of-Network
<b>Annual Out-of-Pocket Max.</b>	\$5,000 In-Network Individual	\$5,000 In-Network Individual
	\$10,000 In-Network Family	\$10,000 In-Network Family
	\$10,000 Out-of-Network Individual	\$10,000 Out-of-Network Individual
	\$20,000 Out-of-Network Family	\$20,000 Out-of-Network Family
<b>Annual Maximum</b>	Unlimited	Unlimited
<b>PCP Office Visits</b>	\$30 co-pay per visit In-Network *Subject to deductible and coinsurance Out-of-Network	\$30 co-pay per visit In-Network *Subject to deductible and coinsurance Out-of-Network
<b>Specialist Office Visits</b>	\$50 co-pay per visit In-Network *Subject to deductible and coinsurance per visit out-of-network	\$50 co-pay per visit In-Network *Subject to deductible and coinsurance per visit out-of-network
<b>Inpatient/Outpatient Hospital Stays</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance
<b>Diagnostic Services</b>	Physician Services subject to co-pay *Actual Test is Subject to deductible and coinsurance	Physician Services subject to co-pay *Actual Test is Subject to deductible and coinsurance
<b>Emergency Room Care Referrals Required</b>	\$150 co-pay per visit No	\$150 co-pay per visit No
<b>Prescription Drugs</b>	\$100 Deductible \$10 generic co-pay after the prescription deductible (subject to drug formulary)	\$300 Deductible \$20 generic/\$30 brand (subject to drug formulary) \$50 Non-Formulary after the prescription deductible
<b>Mental Health Benefits</b>	Outpatient up to 40 visits per calendar year subject to the specialist visit co- pay	Outpatient up to 40 visits per calendar year subject to the specialist visit co-pay
	Out of network subject to deductible and coinsurance	Out of network subject to deductible and coinsurance

Rates are guaranteed through June 1, 2009.