

Product Comparison

Plan Name	BlueCare Direct	Century Preferred Direct 80/20	Century Preferred Direct 100	Century Preferred Direct HSA
Plan Type	HMO	PPO	PPO	PPO
Deductible Choices (Individual/Family)	\$1,500/\$3,000	\$250/\$500	\$1,500/\$3,000, \$5,000/\$10,000 or \$10,000/\$20,000	\$1,250/\$2,500, \$2,500/\$5,000 or \$4,000/\$8,000
Out-of-State Benefits	No - except for urgent or emergency care	Yes	Yes	Yes
Out-of-Network Benefits	No - except for urgent or emergency care	Yes - subject to higher coinsurance	Yes - subject to higher coinsurance	Yes - subject to higher coinsurance
Lifetime Maximum	\$5 million	\$5 million	\$5 million	\$5 million
Member Cost Shares	In-Network You Pay	In-Network You Pay	In-Network You Pay	In-Network You Pay
Individual Deductible (per person, per calendar year)	\$1,500 applies only to Hospital Care, including outpatient surgery performed in a hospital or surgical center	\$250 applies to services in-and-out-of-network combined	\$1,500, \$5,000 or \$10,000 applies to services in-and-out-of-network combined	\$1,250, \$2,500 or \$4,000 applies to services in-and-out-of-network combined
Family Deductible	\$3,000	\$500	\$3,000, \$10,000 or \$20,000	\$2,500, \$5,000 or \$8,000
Preventive Care (Including routine physicals)	\$20 copay per visit	20% coinsurance after deductible	No charge after deductible	No charge
Prescription Drugs (per person, per calendar year)	Yes (\$10GE/\$25LB/\$40NLB* copay with \$500 or \$2,000 calendar year max.) Not subject to deductible	Optional (\$10GE/\$25LB/\$40NLB* copay with \$2,000 calendar year max.) Not subject to deductible	Optional (\$10GE/\$25LB/\$40NLB* copay with \$2,000 calendar year max.) Not subject to deductible	Optional (No charge after deductible)
Vision Rider (Not subject to deductible)				
Routine Eye Exam (per person, per 12 months)	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit**
Choice of: Frames and Lenses every 24 months – (\$120 allowance on frames) or Contact Lenses every 24 months – (\$105 allowance)	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
Maternity Care	<i>Physician:</i> \$30 copay for initial visit <i>Hospital:</i> No charge after deductible	Not covered	Not covered	Not covered
Office Visits	\$20 copay per visit	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Specialist Visits	\$30 copay per visit	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Diagnostic Services (MRI, MRA, CAT, CTA, PET and SPECT)	\$200 copay per visit	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Lab /X-Ray	No charge	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Outpatient Surgery (In a hospital or surgi-center)	No charge after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Emergency Room	\$75 copay per visit (waived if admitted)	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Hospitalization	No charge after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Infertility Services				
Office Visit	Office visit copay	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Outpatient Hospital	No charge after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Inpatient Hospital	No charge after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
Infertility Drugs (with infertility diagnosis)	No charge	40% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible

*GE = Generic Drugs; LB = Listed Brand Drugs; NLB = Non-Listed Brand Drugs

** No charge using the Century Preferred Direct Health Savings Account (HSA) 100% Preventive Benefit.

See Outline of Coverage for a more detailed description of benefits.

For help or questions call 1-866-508-0618 - Creative Health Insurance

BlueCare Direct \$1,500 Deductible (Non-Gatekeeper HMO)

Rates effective January 1, 2009

ALL RATING AREAS

	\$10/\$25/\$40 Rx with \$500 Annual Max				\$10/\$25/\$40 Rx with \$2,000 Annual Max			
	Single		Two - Person	Family	Single		Two - Person	Family
	Male	Female			Male	Female		
Under 30	\$211.44	\$381.22	\$628.56	\$1,013.34	\$224.99	\$405.64	\$668.83	\$1,078.27
30-39	\$281.48	\$426.44	\$637.87	\$1,136.58	\$299.51	\$453.76	\$678.74	\$1,209.39
40-44	\$363.94	\$461.46	\$699.49	\$1,211.49	\$387.26	\$491.02	\$744.31	\$1,289.10
45-49	\$421.12	\$508.01	\$776.63	\$1,263.36	\$448.10	\$540.56	\$826.38	\$1,344.30
50-54	\$573.17	\$589.56	\$1,005.79	\$1,398.56	\$609.89	\$627.33	\$1,070.23	\$1,488.16
55-59	\$749.58	\$744.70	\$1,313.45	\$1,693.32	\$797.60	\$792.41	\$1,397.60	\$1,801.81
60-64	\$993.32	\$882.71	\$1,666.74	\$1,996.53	\$1,071.65	\$945.72	\$1,773.52	\$2,124.44
65+	\$963.08	\$859.10	\$1,650.32	\$1,895.45	\$1,037.22	\$918.84	\$1,756.05	\$2,016.89

Note: Two-Person and Family deductibles are two times the single deductible. For example: With the \$1,500/\$3,000 deductible plan, the \$1,500 equals the individual deductible; the \$3,000 equals the two person or family deductible.

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Century Preferred Direct 2009 Rates

Rates effective January 1, 2009

\$10/\$25/\$40 COPAY PRESCRIPTION DRUG PLAN WITH \$2000 ANNUAL MAX

	Option One – \$250/\$500				Option Two \$1,500/\$3,000			
	Single		Two - Person	Family	Single		Two - Person	Family
	Male	Female			Male	Female		
Under 30	\$198.64	\$281.63	\$514.07	\$875.52	\$166.10	\$235.51	\$429.87	\$732.12
30-39	\$264.70	\$324.10	\$522.72	\$991.18	\$221.34	\$271.02	\$437.12	\$828.84
40-44	\$341.79	\$357.15	\$580.54	\$1,061.56	\$285.81	\$298.65	\$485.46	\$887.70
45-49	\$395.69	\$400.78	\$652.91	\$1,110.34	\$330.87	\$335.14	\$545.97	\$928.48
50-54	\$538.47	\$553.79	\$944.75	\$1,313.69	\$450.27	\$463.09	\$790.03	\$1,098.53
55-59	\$704.04	\$699.32	\$1,233.86	\$1,590.59	\$588.74	\$584.78	\$1,031.76	\$1,330.07
60-64	\$945.93	\$835.02	\$1,565.42	\$1,875.35	\$791.01	\$698.26	\$1,309.02	\$1,568.19
65+	\$915.26	\$811.02	\$1,550.07	\$1,780.57	\$765.36	\$678.20	\$1,296.19	\$1,488.93

	Option Three - \$5,000/\$10,000				Option Four - \$10,000/\$20,000			
	Single		Two - Person	Family	Single		Two - Person	Family
	Male	Female			Male	Female		
Under 30	\$115.90	\$164.33	\$299.95	\$510.86	\$9743	\$138.14	\$252.16	\$429.46
30-39	\$154.44	\$189.10	\$305.02	\$578.34	\$129.83	\$158.97	\$256.41	\$486.19
40-44	\$199.43	\$208.39	\$338.74	\$619.42	\$167.65	\$175.18	\$284.77	\$520.72
45-49	\$230.87	\$233.86	\$380.97	\$647.88	\$194.09	\$196.59	\$320.26	\$544.65
50-54	\$314.19	\$323.13	\$551.27	\$766.53	\$264.12	\$271.64	\$463.42	\$644.39
55-59	\$410.80	\$408.06	\$719.94	\$928.09	\$345.35	\$343.03	\$605.23	\$780.21
60-64	\$551.95	\$487.24	\$913.42	\$1,094.25	\$464.00	\$409.60	\$767.86	\$919.90
65+	\$534.06	\$473.24	\$904.47	\$1,038.95	\$448.96	\$397.82	\$760.35	\$873.40

NO DRUG BENEFIT

	Option One - \$250/\$500				Option Two \$1,500/\$3,000			
	Single		Two - Person	Family	Single		Two - Person	Family
	Male	Female			Male	Female		
Under 30	\$168.31	\$238.63	\$435.58	\$741.85	\$135.77	\$192.51	\$351.38	\$598.45
30-39	\$224.29	\$274.62	\$442.91	\$839.85	\$180.93	\$221.54	\$357.31	\$677.51
40-44	\$289.61	\$302.62	\$491.91	\$899.49	\$233.63	\$244.12	\$396.83	\$725.63
45-49	\$335.28	\$339.59	\$553.23	\$940.82	\$270.46	\$273.95	\$446.29	\$758.96
50-54	\$456.26	\$469.24	\$800.51	\$1,113.12	\$368.06	\$378.54	\$645.79	\$897.96
55-59	\$596.55	\$592.55	\$1,045.48	\$1,347.75	\$481.25	\$478.01	\$843.38	\$1,087.23
60-64	\$801.51	\$707.53	\$1,326.42	\$1,589.03	\$646.59	\$570.77	\$1,070.02	\$1,281.87
65+	\$775.52	\$687.20	\$1,313.41	\$1,508.72	\$625.62	\$554.38	\$1,059.53	\$1,217.08

	Option Three - \$5,000/\$10,000				Option Four - \$10,000/\$20,000			
	Single		Two - Person	Family	Single		Two - Person	Family
	Male	Female			Male	Female		
Under 30	\$85.57	\$121.33	\$221.46	\$377.19	\$67.10	\$95.14	\$173.67	\$295.79
30-39	\$114.03	\$139.62	\$225.21	\$427.01	\$89.42	\$109.49	\$176.60	\$334.86
40-44	\$147.25	\$153.86	\$250.11	\$457.35	\$115.47	\$120.65	\$196.14	\$358.65
45-49	\$170.46	\$172.67	\$281.29	\$478.36	\$133.68	\$135.40	\$220.58	\$375.13
50-54	\$231.98	\$238.58	\$407.03	\$565.96	\$181.91	\$187.09	\$319.18	\$443.82
55-59	\$303.31	\$301.29	\$531.56	\$685.25	\$237.86	\$236.26	\$416.85	\$537.37
60-64	\$407.53	\$359.75	\$674.42	\$807.93	\$319.58	\$282.11	\$528.86	\$633.58
65+	\$394.32	\$349.42	\$667.81	\$767.10	\$309.22	\$274.00	\$523.69	\$601.55

Note: Two-Person and Family deductibles are two times the single deductible. For example: With the \$1,500/\$3,000 deductible plan, the \$1,500 equals the individual deductible; the \$3,000 equals the two person or family deductible.

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Lumenos 2009 Rates

Rates effective January 1, 2009

LUMENOS HEALTH SAVINGS ACCOUNTS WITHOUT INCENTIVES

	HSA \$1,250/2,500 100%/70%				HSA \$2,500/5,000 80%/60%			
	Single		Two - Person	Family	Single		Two - Person	Family
	Male	Female			Male	Female		
Under 30	\$140.64	\$199.40	\$327.58	\$619.90	\$104.84	\$148.66	\$244.22	\$462.16
30-39	\$187.42	\$229.46	\$333.10	\$701.76	\$139.72	\$171.08	\$248.34	\$523.20
40-44	\$242.00	\$252.86	\$369.94	\$751.62	\$180.42	\$188.52	\$275.80	\$560.36
45-49	\$280.16	\$283.78	\$416.06	\$786.14	\$208.86	\$211.56	\$310.18	\$586.12
50-54	\$381.24	\$392.10	\$602.04	\$930.12	\$284.24	\$292.32	\$448.84	\$693.46
55-59	\$498.48	\$495.14	\$786.26	\$1,126.18	\$371.64	\$369.14	\$586.18	\$839.62
60-64	\$669.74	\$591.22	\$997.54	\$1,327.80	\$499.32	\$440.78	\$743.70	\$989.94
65+	\$648.02	\$574.22	\$987.78	\$1,260.68	\$483.14	\$428.12	\$736.42	\$939.90

	HSA \$2,500/5,000 100%/70%				HSA \$5,000/10,000 100%/70%			
	Single Male	Female	Two - Person	Family	Single Male	Female	Two - Person	Family
	Under 30	\$118.86	\$168.52	\$276.84	\$523.92	\$93.18	\$132.10	\$217.04
30-39	\$158.40	\$193.94	\$281.50	\$593.10	\$124.16	\$152.02	\$220.70	\$464.94
40-44	\$204.52	\$213.70	\$312.64	\$635.24	\$160.34	\$167.52	\$245.10	\$497.96
45-49	\$236.78	\$239.84	\$351.62	\$664.42	\$185.60	\$188.00	\$275.66	\$520.84
50-54	\$322.20	\$331.38	\$508.80	\$786.10	\$252.58	\$259.78	\$398.88	\$616.24
55-59	\$421.30	\$418.48	\$664.48	\$951.80	\$330.26	\$328.04	\$520.94	\$746.12
60-64	\$566.04	\$499.66	\$843.04	\$1,122.20	\$443.72	\$391.70	\$660.92	\$879.70
65+	\$547.68	\$485.32	\$834.78	\$1,065.48	\$429.34	\$380.44	\$654.44	\$835.24

LUMENOS HEALTH INCENTIVE ACCOUNTS

	HIA \$2,500/5,000 80%/60%				HIA \$1,500/3,000 80%/60%			
	Single		Two - Person	Family	Single		Two - Person	Family
	Male	Female			Male	Female		
Under 30	\$108.78	\$153.50	\$252.80	\$475.36	\$128.22	\$181.08	\$298.08	\$561.06
30-39	\$144.38	\$176.40	\$257.00	\$537.70	\$170.30	\$208.12	\$303.04	\$634.72
40-44	\$185.94	\$194.22	\$285.06	\$575.64	\$219.40	\$229.18	\$336.18	\$679.56
45-49	\$215.00	\$217.74	\$320.16	\$601.94	\$253.72	\$256.98	\$377.66	\$710.62
50-54	\$291.96	\$300.22	\$461.74	\$711.54	\$344.66	\$354.44	\$544.96	\$840.14
55-59	\$381.22	\$378.68	\$602.00	\$860.80	\$450.14	\$447.12	\$710.66	\$1,016.50
60-64	\$511.60	\$451.82	\$762.86	\$1,014.32	\$604.20	\$533.56	\$900.74	\$1,197.88
65+	\$495.08	\$438.88	\$755.42	\$963.22	\$584.66	\$518.28	\$891.94	\$1,137.50

LUMENOS HEALTH INCENTIVE ACCOUNTS PLUS

	HIA Plus \$2,500/5,000 80%/60% \$200 Contribution			
	Single		Two - Person	Family
	Male	Female		
Under 30	\$120.99	\$165.71	\$277.22	\$499.78
30-39	\$156.59	\$188.61	\$281.42	\$562.12
40-44	\$198.15	\$206.43	\$309.48	\$600.06
45-49	\$227.21	\$229.95	\$344.58	\$626.36
50-54	\$304.17	\$312.43	\$486.16	\$735.96
55-59	\$393.43	\$390.89	\$626.42	\$885.22
60-64	\$523.81	\$464.03	\$787.28	\$1,038.74
65+	\$507.29	\$451.09	\$779.84	\$987.64

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