

# Product Comparison

Plan Name	BlueCare Direct	Century Preferred Direct 80/20	Century Preferred Direct 100	Century Preferred Direct HSA
<b>Plan Type</b>	HMO	PPO	PPO	PPO
<b>Deductible Choices</b> (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
<b>Out-of-State Benefits</b>	No - except for urgent or emergency care	Yes	Yes	Yes
<b>Out-of-Network Benefits</b>	No - except for urgent or emergency care	Yes - subject to higher coinsurance	Yes - subject to higher coinsurance	Yes - subject to higher coinsurance
<b>Lifetime Maximum</b>	\$5 million	\$5 million	\$5 million	\$5 million
<b>Member Cost Shares</b>	<b>In-Network You Pay</b>	<b>In-Network You Pay</b>	<b>In-Network You Pay</b>	<b>In-Network You Pay</b>
<b>Individual Deductible</b> (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
<b>Family Deductible</b>	\$3,000	\$500	\$3,000, \$10,000 or \$20,000	\$2,500, \$5,000 or \$8,000
<b>Preventive Care</b> (Including routine physicals)	\$20 copay per visit	20% coinsurance after deductible	No charge after deductible	No charge
<b>Prescription Drugs</b> (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)
<b>Vision Rider</b> (Not subject to deductible)				
<b>Routine Eye Exam</b> (per person, per 12 months)	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit**
<b>Choice of:</b> 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
<b>Maternity Care</b>	<i>Physician:</i> \$30 copay for initial visit <i>Hospital:</i> No charge after deductible	Not covered	Not covered	Not covered
<b>Office Visits</b>	\$20 copay per visit	20% coinsurance after deductible	No charge after deductible	No charge after deductible
<b>Specialist Visits</b>	\$30 copay per visit	20% coinsurance after deductible	No charge after deductible	No charge after deductible
<b>Diagnostic Services</b> (MRI, MRA, CAT, CTA, PET and SPECT)	\$200 copay per visit	20% coinsurance after deductible	No charge after deductible	No charge after deductible
<b>Lab /X-Ray</b>	No charge	20% coinsurance after deductible	No charge after deductible	No charge after deductible
<b>Outpatient Surgery</b> (In a hospital or surgi-center)	No charge after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
<b>Emergency Room</b>	\$75 copay per visit (waived if admitted)	20% coinsurance after deductible	No charge after deductible	No charge after deductible
<b>Hospitalization</b>	No charge after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible
<b>Infertility Services</b>				
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.

ALL RATING AREAS

**BLUECARE DIRECT \$1500 Deductible (Non-Gatekeeper HMO)**

January - December 2008 Effective Dates

	\$10/\$25/\$40 Rx with \$500 Annual Max				\$10/\$25/\$40 Rx with \$2000 Annual Max			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$184.35	\$332.36	\$548.01	\$883.44	\$196.16	\$353.65	\$583.12	\$940.04
30-34	\$245.41	\$371.78	\$556.11	\$990.88	\$261.14	\$395.60	\$591.74	\$1,054.36
35-39	\$245.41	\$371.78	\$556.11	\$990.88	\$261.14	\$395.60	\$591.74	\$1,054.36
40-44	\$317.29	\$402.32	\$609.84	\$1,056.19	\$337.62	\$428.09	\$648.91	\$1,123.86
45-49	\$367.14	\$442.87	\$677.08	\$1,101.42	\$390.66	\$471.25	\$720.46	\$1,171.98
50-54	\$499.69	\$514.00	\$876.87	\$1,219.29	\$531.70	\$546.93	\$933.05	\$1,297.41
55-59	\$653.51	\$649.26	\$1,145.09	\$1,476.28	\$695.38	\$690.86	\$1,218.46	\$1,570.86
60-64	\$872.68	\$774.86	\$1,453.07	\$1,740.62	\$934.29	\$824.50	\$1,546.17	\$1,852.14
65+	\$846.32	\$752.83	\$1,438.79	\$1,652.51	\$904.28	\$801.06	\$1,530.97	\$1,758.38

**CENTURY PREFERRED DIRECT**

with \$10 Generic/\$25 Listed Brand/\$40 Non-Listed Brand Copay Prescription Drug Plan with \$2000 Annual Max

January - December 2008 Effective Dates

	Option One - \$250/\$500				Option Two \$1500/\$3000			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$173.03	\$245.34	\$447.84	\$762.73	\$146.06	\$207.09	\$378.01	\$643.81
30-34	\$230.60	\$282.33	\$455.38	\$863.48	\$194.65	\$238.32	\$384.37	\$728.84
35-39	\$230.60	\$282.33	\$455.38	\$863.48	\$194.65	\$238.32	\$384.37	\$728.84
40-44	\$297.75	\$311.13	\$505.76	\$924.81	\$251.32	\$262.62	\$426.89	\$780.61
45-49	\$344.70	\$349.16	\$568.81	\$967.30	\$290.95	\$294.71	\$480.11	\$816.47
50-54	\$469.08	\$482.45	\$823.05	\$1,144.44	\$395.93	\$407.23	\$694.71	\$965.99
55-59	\$613.35	\$609.23	\$1,074.90	\$1,385.67	\$517.71	\$514.23	\$907.29	\$1,169.61
60-64	\$824.08	\$727.44	\$1,363.74	\$1,633.75	\$695.58	\$614.00	\$1,151.10	\$1,379.00
65+	\$797.35	\$706.55	\$1,350.39	\$1,551.17	\$673.01	\$596.37	\$1,139.83	\$1,309.29

	Option Three - \$5000/\$10000				Option Four - \$10000/\$20000			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$107.31	\$152.14	\$277.72	\$473.01	\$89.59	\$127.04	\$231.88	\$394.91
30-34	\$143.00	\$175.09	\$282.40	\$535.48	\$119.40	\$146.19	\$235.78	\$447.08
35-39	\$143.00	\$175.09	\$282.40	\$535.48	\$119.40	\$146.19	\$235.78	\$447.08
40-44	\$184.65	\$192.95	\$313.64	\$573.51	\$154.17	\$161.09	\$261.86	\$478.83
45-49	\$213.76	\$216.52	\$352.75	\$599.86	\$178.48	\$180.78	\$294.51	\$500.82
50-54	\$290.88	\$299.19	\$510.41	\$709.70	\$242.86	\$249.81	\$426.15	\$592.54
55-59	\$380.37	\$377.81	\$666.58	\$859.31	\$317.57	\$315.43	\$556.54	\$717.45
60-64	\$511.04	\$451.10	\$845.72	\$1,013.15	\$426.68	\$376.64	\$706.10	\$845.89
65+	\$494.47	\$438.15	\$837.43	\$961.93	\$412.83	\$365.83	\$699.17	\$803.13

**CENTURY PREFERRED DIRECT**  
**No Drug Benefit**

January - December 2008 Effective Dates

	Option One - \$250/\$500				Option Two \$1500/\$3000			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<b>Under 30</b>	\$147.76	\$209.51	\$382.44	\$651.34	\$120.79	\$171.26	\$312.61	\$532.42
<b>30-34</b>	\$196.92	\$241.10	\$388.88	\$737.38	\$160.97	\$197.09	\$317.87	\$602.74
<b>35-39</b>	\$196.92	\$241.10	\$388.88	\$737.38	\$160.97	\$197.09	\$317.87	\$602.74
<b>40-44</b>	\$254.27	\$265.69	\$431.90	\$789.75	\$207.84	\$217.18	\$353.03	\$645.55
<b>45-49</b>	\$294.36	\$298.17	\$485.74	\$826.04	\$240.61	\$243.72	\$397.04	\$675.21
<b>50-54</b>	\$400.58	\$411.99	\$702.85	\$977.31	\$327.43	\$336.77	\$574.51	\$798.86
<b>55-59</b>	\$523.78	\$520.26	\$917.92	\$1,183.31	\$428.14	\$425.26	\$750.31	\$967.25
<b>60-64</b>	\$703.73	\$621.21	\$1,164.58	\$1,395.16	\$575.23	\$507.77	\$951.94	\$1,140.41
<b>65+</b>	\$680.91	\$603.37	\$1,153.18	\$1,324.64	\$556.57	\$493.19	\$942.62	\$1,082.76

	Option Three - \$5000/\$10000				Option Four - \$10000/\$20000			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<b>Under 30</b>	\$82.04	\$116.31	\$212.32	\$361.62	\$64.32	\$91.21	\$166.48	\$283.52
<b>30-34</b>	\$109.32	\$133.86	\$215.90	\$409.38	\$85.72	\$104.96	\$169.28	\$320.98
<b>35-39</b>	\$109.32	\$133.86	\$215.90	\$409.38	\$85.72	\$104.96	\$169.28	\$320.98
<b>40-44</b>	\$141.17	\$147.51	\$239.78	\$438.45	\$110.69	\$115.65	\$188.00	\$343.77
<b>45-49</b>	\$163.42	\$165.53	\$269.68	\$458.60	\$128.14	\$129.79	\$211.44	\$359.56
<b>50-54</b>	\$222.38	\$228.73	\$390.21	\$542.57	\$174.36	\$179.35	\$305.95	\$425.41
<b>55-59</b>	\$290.80	\$288.84	\$509.60	\$656.95	\$228.00	\$226.46	\$399.56	\$515.09
<b>60-64</b>	\$390.69	\$344.87	\$646.56	\$774.56	\$306.33	\$270.41	\$506.94	\$607.30
<b>65+</b>	\$378.03	\$334.97	\$640.22	\$735.40	\$296.39	\$262.65	\$501.96	\$576.60

# LUMENOS HEALTH SAVINGS ACCOUNTS without Incentives

January - December 2008 Effective Dates

	HSA \$1250/2500 100%/70%				HSA \$2500/5000 80%/60%			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$146.10	\$207.16	\$340.32	\$644.02	\$114.90	\$162.90	\$267.62	\$506.46
30-34	\$194.72	\$238.40	\$346.04	\$729.08	\$153.12	\$187.48	\$272.12	\$573.36
35-39	\$194.72	\$238.40	\$346.04	\$729.08	\$153.12	\$187.48	\$272.12	\$573.36
40-44	\$251.42	\$262.70	\$384.32	\$780.88	\$197.72	\$206.58	\$302.22	\$614.08
45-49	\$291.06	\$294.82	\$432.24	\$816.76	\$228.88	\$231.84	\$339.90	\$642.28
50-54	\$396.08	\$407.36	\$625.44	\$966.32	\$311.48	\$320.34	\$491.84	\$759.92
55-59	\$517.88	\$514.42	\$816.82	\$1,170.02	\$407.26	\$404.54	\$642.34	\$920.10
60-64	\$695.82	\$614.22	\$1,036.32	\$1,379.48	\$547.18	\$483.02	\$814.94	\$1,084.82
65+	\$673.24	\$596.58	\$1,026.16	\$1,309.76	\$529.44	\$469.14	\$806.96	\$1,029.98

	HSA \$2500/5000 100%/70%				HSA \$5000/10,000 100%/70%			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$123.50	\$175.10	\$287.64	\$544.34	\$99.92	\$141.66	\$232.76	\$440.44
30-34	\$164.58	\$201.50	\$292.48	\$616.24	\$133.16	\$163.04	\$236.66	\$498.60
35-39	\$164.58	\$201.50	\$292.48	\$616.24	\$133.16	\$163.04	\$236.66	\$498.60
40-44	\$212.50	\$222.04	\$324.84	\$660.02	\$171.94	\$179.66	\$262.84	\$534.02
45-49	\$246.00	\$249.18	\$365.34	\$690.34	\$199.04	\$201.62	\$295.62	\$558.56
50-54	\$334.78	\$344.32	\$528.64	\$816.76	\$270.88	\$278.58	\$427.74	\$660.86
55-59	\$437.72	\$434.80	\$690.40	\$988.92	\$354.16	\$351.80	\$558.64	\$800.14
60-64	\$588.12	\$519.16	\$875.92	\$1,165.96	\$475.86	\$420.06	\$708.76	\$943.40
65+	\$569.04	\$504.24	\$867.34	\$1,107.04	\$460.42	\$407.98	\$701.82	\$895.72

\*The HSA family deductible must be met in full if there are 2 or more people enrolling on the same policy  
The individual deductible then becomes obsolete

## LUMENOS HEALTH INCENTIVE ACCOUNTS

January - December 2008 Effective Dates

	HIA \$2500/5000 80%/60%				HIA \$1500/3000 80%/60%			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$119.20	\$168.22	\$277.04	\$520.96	\$133.30	\$188.22	\$309.90	\$583.10
30-34	\$158.24	\$193.32	\$281.64	\$589.26	\$177.02	\$216.34	\$315.06	\$659.62
35-39	\$158.24	\$193.32	\$281.64	\$589.26	\$177.02	\$216.34	\$315.06	\$659.62
40-44	\$203.78	\$212.84	\$312.38	\$630.86	\$228.04	\$238.20	\$349.48	\$706.22
45-49	\$235.62	\$238.64	\$350.86	\$659.68	\$263.70	\$267.08	\$392.60	\$738.50
50-54	\$319.96	\$329.02	\$506.02	\$779.80	\$358.18	\$368.34	\$566.42	\$873.06
55-59	\$417.78	\$415.00	\$659.72	\$943.38	\$467.76	\$464.64	\$738.60	\$1,056.30
60-64	\$560.68	\$495.16	\$836.02	\$1,111.62	\$627.84	\$554.44	\$936.08	\$1,244.74
65+	\$542.56	\$480.98	\$827.86	\$1,055.62	\$607.54	\$538.56	\$926.94	\$1,182.00

## LUMENOS HEALTH INCENTIVE ACCOUNTS PLUS

January - December 2008 Effective Dates

HIAPlus \$2500/5000 80%/60% \$200 Contribution				
	Single		Two -	
	Male	Female	Person	Family
Under 30	\$132.58	\$181.60	\$303.80	\$547.72
30-34	\$171.62	\$206.70	\$308.40	\$616.02
35-39	\$171.62	\$206.70	\$308.40	\$616.02
40-44	\$217.16	\$226.22	\$339.14	\$657.62
45-49	\$249.00	\$252.02	\$377.62	\$686.44
50-54	\$333.34	\$342.40	\$532.78	\$806.56
55-59	\$431.16	\$428.38	\$686.48	\$970.14
60-64	\$574.06	\$508.54	\$862.78	\$1,138.38
65+	\$555.94	\$494.36	\$854.62	\$1,082.38

*\*The HIA family deductible must be met in full if there are 2 or more people enrolling on the same policy. The individual deductible then becomes obsolete*