

**Approved SB 541 Consumer Choice Plans as of April 29, 2010**

The table below lists Consumer Choice Plans approved by the Texas Department of Insurance. The table provides mandates and coverages excluded, reduced or made optional on the part of the applicant along with estimated savings derived from the changes.

<b>Company and Market</b>	<b>Mandates and/or Coverages Excluded</b>	<b>Mandates Reduced or Made Optional</b>	<b>Deductibles and/or Coinsurance Offered</b>	<b>Estimated Savings as Reported by the Carrier</b>
Aetna Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Chemical Dependency Treatment Facility</li> <li>• Osteoporosis Screening</li> <li>• In-Vitro Fertilization</li> <li>• Mental Health</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> </ul>	Home Health Care is limited to 30 visits per calendar year.	Same as currently being offered in the marketplace under a plan with state mandates	<ul style="list-style-type: none"> <li>• A savings of 38.3 percent is estimated in comparison to a plan with mandates that include riders for In-Vitro Fertilization, Serious Mental Illness and Speech and Hearing.</li> <li>• A savings of .5 percent is estimated in comparison to a plan with mandates that <i>do not</i> include the riders referenced above.</li> </ul>

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Aetna Life Insurance Company  (Small & Large Employer)	<ul style="list-style-type: none"> <li>In-Vitro Fertilization</li> </ul>	Mental Health Inpatient: 14 days Outpatient: 20 days  Serious Mental Illness Inpatient: 14 days Outpatient: 20 days  Speech & Hearing 20 visits per year  Home Health 30 visits per year	Same as currently being offered in the marketplace under a plan with state mandates	<ul style="list-style-type: none"> <li>In comparing the consumer choice plan with a similar standard group plan, the company provided cost savings estimates that varied significantly by deductible. Generally, the higher the deductible, the greater the cost savings. For all services except preventive, the consumer choice cost savings ranges from a low of 10% for the \$500 deductible plan to a high of 37% for the \$5,000 deductible plan.</li> </ul>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Aetna Life Insurance Company (Individual)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Telehealth and Telemedicine</li> <li>• AIDS, HIV, or related illnesses</li> <li>• Maternity Benefits</li> </ul>		<p><b>Annual Deductible:</b>  Individual -\$500 - \$5,000  Family - \$1,000 - \$10,000</p> <p><b>Prescription Drug Deductible:</b>  \$0 - \$1,000</p> <p><b>Out-of-Pocket Maximum:</b>  Individual - \$2,000 - \$10,000  Family - \$4,000 - \$20,000</p> <p><b>Coinsurance:</b>  <b>Network Provider:</b>  50 – 100 percent  <b>Non-Network Provider:</b>  50 – 100 percent</p> <p><b>Lifetime Maximum Benefit:</b>  \$5,000,000 +</p>	Cost saving due to removal of mandates – approximately 2%. Differences in plan design between the consumer choice plan and Aetna’s base plan is expected to produce a cost savings range of 1.1% to 3.5% depending on benefit level.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Aetna Life Insurance Company  (Large Employer)	<ul style="list-style-type: none"> <li>• In-Vitro Fertilization</li> <li>• Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis, Detection</li> </ul>	<p><b>Annual Deductible:</b>  Network:  Individual: \$100 - \$10,000  Family: \$100 - \$30,000  Non-Network:  Individual: \$100 - \$15,000  Family: \$100 - \$45,000</p> <p><b>Coinsurance:</b>  <b>Network Provider:</b>  50 – 100 percent  <b>Non-Network Provider:</b>  50 – 100 percent</p> <p><b>Copayment Options:</b>  Physical Exams: \$0 - \$75  ER Facility: \$0 - \$150  Hosp Facility: \$0 - \$500  Non-Emergency: \$0 - \$250  Outpatient Surg: \$0 - \$750</p> <p><b>Calendar Max Benefit:</b>  \$25,000 - unlimited</p> <p><b>Lifetime Max Benefit:</b>  \$25,000 - unlimited</p>	<p>In comparing the consumer choice plan with a similar standard group plan, the company provided cost saving estimates that varied significantly by deductible. Generally, the higher the deductible, the greater the cost savings. For all services, except preventive, the consumer choice cost savings ranges from a low of 10% to 37% for the higher deductible plan.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Aetna Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>In-Vitro Fertilization</li> </ul>	<ul style="list-style-type: none"> <li>Speech &amp; Hearing</li> <li>Home Health Care</li> <li>Osteoporosis, Detection</li> <li>Mental Health</li> <li>Serious Mental Illness</li> </ul>	<p><b>Annual Deductible:</b>  Network:  Individual: \$100 - \$10,000  Family: \$100 - \$30,000  Non-Network:  Individual: \$100 - \$15,000  Family: \$100 - \$45,000</p> <p><b>Coinsurance:</b>  <b>Network Provider:</b>  50 – 100 percent  <b>Non-Network Provider:</b>  50 – 100 percent</p> <p><b>Copayment Options:</b>  Physical Exams: \$0 - \$75  ER Facility: \$0 - \$150  Hosp Facility: \$0 - \$500  Non-Emergency: \$0 - \$250  Outpatient Surg: \$0 - \$750</p> <p><b>Calendar Max Benefit:</b>  \$25,000 - unlimited</p> <p><b>Lifetime Max Benefit:</b>  \$25,000 - unlimited</p>	<p>In comparing the consumer choice plan with a similar standard group plan, the company provided cost saving estimates that varied significantly by deductible. Generally, the higher the deductible, the greater the cost savings. For all services, except preventive, the consumer choice cost savings ranges from a low of 10% to 37% for the higher deductible plan.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
American Republic Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Developmental Delays</li> <li>• In Vitro Fertilization</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> <li>• Contraceptive Drugs and Devices (including oral contraceptives)</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> <li>• Telehealth and Telemedicine</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$0 to \$2,000  <b>Non-Network Provider</b>            \$0 to \$6,000</p> <p><b>Coinsurance:</b>  <b>Network Provider</b>            80-100 percent  <b>Non-Network Provider</b>            60-100 percent</p> <p><b>Copayment:</b>            Emergency Room:  <b>Network Provider</b>            \$0 to \$250  <b>Non-Network Provider</b>            \$0 to \$250            Wellness Visit:  <b>Network Provider</b>            \$0 to \$30  <b>Network Provider</b>            \$0 to \$50</p> <p><b>Annual Maximum:</b>            Ground Ambulance            \$1,000+            Air Ambulance            \$5,000+</p> <p><b>Lifetime Maximum Benefit:</b>            \$2,000,000+</p>	<p>The cost savings of 8% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
American Republic Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Developmental Delays</li> <li>• Diabetes Care Guidelines</li> <li>• In Vitro Fertilization</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> <li>• Contraceptive Drugs and Devices (including oral contraceptives)</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> <li>• Telehealth and Telemedicine</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$1,500 to \$7,500  <b>Non-Network Provider</b>            \$4,500 to \$22,500</p> <p><b>Coinsurance:</b>  <b>Network Provider</b>            50, 75, 80, 100 percent  <b>Non-Network Provider</b>            50, 60, 80 percent</p> <p><b>Copayment:</b>            Hospital Inpatient            \$0 to \$500            Hospital Outpatient            \$0 to \$500            Major Testing            \$0 to \$250            Emergency Room            \$0 to \$500</p> <p><b>Annual Maximum:</b>            Ground Ambulance            \$1,000+            Air Ambulance            \$5,000+</p> <p><b>Lifetime Maximum Benefit:</b>            \$3,000,000+</p>	<p>The cost savings of 8% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.</p>

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American Republic Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Developmental Delays</li> <li>• In Vitro Fertilization</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> <li>• Contraceptive Drugs and Devices (including oral contraceptives)</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> <li>• Telehealth and Telemedicine</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$1,500 to \$7,500  <b>Non-Network Provider</b>            \$4,500 to \$22,500  <b>Prescription Drug</b>            \$500 or \$250</p> <p><b>Coinsurance:</b>  <b>Network Provider</b>            50, 75, 80, 100 percent  <b>Non-Network Provider</b>            50, 60, 80 percent</p> <p><b>Copayment:</b>            Emergency Room            \$0 to \$100            Network Office Visit            \$0 to \$40            Wellness Benefit            \$0 to \$40            Generic Drug            \$20 or \$15</p> <p><b>Lifetime Maximum Benefit:</b>            \$2,000,000 or \$5,000,000</p>	<p>The cost savings of 8% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.</p>

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American Republic Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Developmental Delays</li> <li>• Diabetes Care Guidelines</li> <li>• In Vitro Fertilization</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> <li>• Contraceptive Drugs and Devices (including oral contraceptives)</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> <li>• Telehealth and Telemedicine</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$0 to \$1,000  <b>Non-Network Provider</b>            \$0 to \$2,000  <b>Family Deductible:</b>            Up to 3 Individual Deductibles</p> <p><b>Coinsurance:</b>  <b>Network Provider</b>            80 percent and above  <b>Non-Network Provider</b>            60 percent and above  <b>Copayment:</b>            Emergency Room            \$0 to \$500  <b>Annual Maximum:</b>            Ground Ambulance            \$1,000+            Air Ambulance            \$5,000+  <b>Lifetime Maximum Benefit:</b>            \$3,000,000+</p> <p>(Revised Schedule)</p>	<p>The cost savings of 8% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.</p>

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American Republic Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Developmental Delays</li> <li>• Diabetes Care Guidelines</li> <li>• In Vitro Fertilization</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> <li>• Contraceptive Drugs and Devices (including oral contraceptives)</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> <li>• Telehealth and Telemedicine</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$0 to \$1,000  <b>Non-Network Provider</b>            \$0 to \$2,000  <b>Family Deductible:</b>            Up to 3 Individual Deductibles  <b>Coinsurance:</b>  <b>Network Provider</b>            80 percent and above  <b>Non-Network Provider</b>            60 percent and above  <b>Copayment:</b>            Hospital Inpatient            Hospital Outpatient            Inpatient Surgery            Outpatient Surgery            \$500 or \$1,000            Emergency Room            \$0 to \$500  <b>Annual Maximum:</b>            Ground /Air Ambulance            \$1,000+/\$5000+  <b>Lifetime Maximum Benefit:</b>            \$3,000,000+</p> <p>(Revised Schedule)</p>	<p>The cost savings of 8% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.</p>

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American Republic Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Developmental Delays</li> <li>• Diabetes Care Guidelines</li> <li>• In Vitro Fertilization</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> <li>• Contraceptive Drugs and Devices (including oral contraceptives)</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> <li>• Telehealth and Telemedicine</li> </ul>		<b>Annual Deductible:</b> <b>Network Provider</b> \$500 to \$5,000 <b>Non-Network Provider</b> \$1,500 to \$15,000 <b>Coinsurance:</b> <b>Network Provider</b> 80 or 50 percent <b>Non-Network Provider</b> 60 or 50 percent <b>Coinsurance Maximum:</b> <b>Network Provider</b> \$10,000 or \$5000 <b>Non-Network Provider</b> \$25,000 or \$14,285 <b>Copayment:</b> Hospital Inpatient <b>Network Provider</b> \$500 <b>Non-Network Provider</b> \$1,500 Office Visits <b>Network Provider-</b> \$35 <b>Non-Network Provider</b> \$55 Emergency Room <b>Network Provider-</b> \$250 <b>Non-Network Provider</b> \$250 <b>Lifetime Maximum Benefit:</b> \$2,000,000, \$5,000,000	The cost savings of 8% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
American Republic Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Mental Illness</li> <li>• Chemical Dependency</li> <li>• Prescription Contraceptives</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth and Telemedicine</li> <li>• Off-label drugs</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$0 - \$50,000  <b>Non-Network Provider</b>            \$0 - \$100,000  <b>Family-</b> Three Individual Calendar Year Deductibles  <b>Coinsurance:</b>            Includes calendar year maximums per type of service  <b>Network Provider</b>            50 to 100% of first \$5,000 to \$50,000 of covered expenses; then 100% of the remainder of calendar year.  <b>Non-Network Provider</b>            50 to 80% of first \$10,000 to \$100,000 of covered expenses; then 100% of the remainder of calendar year.  <b>Copayment:</b>            Office Visits-Network Provider- \$25 to \$250  <b>Calendar Maximum Benefit:</b>            \$100,000 or \$5,000,000  <b>Lifetime Maximum Benefit:</b>            \$1,000,000 or \$5,000,000</p>	The cost savings of 8.7% is attributed to the removal of mandates.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
American Alternative Insurance Corporation  (Small and Large Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Serious Mental Illness</li> <li>• In-Vitro Fertilization</li> <li>• Osteoporosis Screening</li> <li>• Speech and Hearing</li> </ul>	<ul style="list-style-type: none"> <li>• Chemical Dependency.</li> <li>• Home Health Care</li> <li>• Mental Health</li> </ul>	<p><b>Annual Deductible:</b>  <b>Network Provider</b>            Individual: \$0 to \$10,000            Family: 2 to 3 times individual deductible  <b>Non-Network Provider</b>            \$0 to \$20,000            Family: Unlimited, 2 to 3 times individual deductible  <b>Out-of-Pocket Maximum:</b>  <b>Network Provider:</b>            \$1,000 to \$10,000  <b>Non-Network Provider:</b>            \$1,000 to \$20,000  <b>Coinsurance:</b>  <b>Network Provider:</b>            50% to 100%  <b>Non-Network Provider:</b>            50% to 100%  <b>Copayment:</b>            \$0 to \$50  <b>Lifetime Maximum Benefit:</b>            \$1,000,000 to \$5,000,000</p>	Total cost savings of 3% is attributed solely to the removal/reduction of mandated benefits.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Best Life and Health Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Coverage for HIV, AIDS or HIV-related illness</li> <li>• In-Vitro Fertilization</li> <li>• Mental Health</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> </ul>		<b>Annual Deductible:</b> <b>Network Provider</b> \$0 to \$5,000 <b>Non-Network Provider</b> 2 X's Network deductible <b>Out-of-Pocket Maximum:</b> <b>Network Provider:</b> \$2,500 to \$15,000 <b>Non-Network Provider:</b> 2 or 3 X's Network <b>Coinsurance:</b> <b>Network Provider:</b> 60 to 100% <b>Non-Network Provider:</b> 50 to 90% <b>Copayment:</b> Emergency Room <b>Network Provider:</b> \$50-\$150, 0 to 25% Hospital Admission <b>Network Provider:</b> \$0-\$2,000, 0 to 25% Office Visit <b>Network Provider:</b> \$0-\$50, 0 to 25% <b>Non-Network:</b> 2 to 4 X's Network <b>Lifetime Max Benefit:</b> \$1,000,000 to \$10,000,000	The cost savings of 5% is attributed to the removal of mandated benefits.

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Blue Cross and Blue Shield  (Small Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs and Devices (Oral Contraceptives Covered)</li> <li>• In-Vitro Fertilization</li> <li>• Serious Mental Illness (benefits are included if plan is offered to a public entity.)</li> </ul>	Speech and Hearing (hearing aids limited to \$1,000 maximum in 36-month period)  Maternity (optional)  Home Health Care (limited to \$10,000 per calendar year)	<b>Annual Deductible:</b> Individual \$0 to \$5,000 Family \$0 to \$15,000 Emergency Room \$0 to \$150  <b>Network Provider Coinsurance:</b> 80 percent and above  <b>Non-Network Provider Coinsurance:</b> 60 percent and above  <b>Lifetime Maximum:</b> \$2,000,000 for each participant	<ul style="list-style-type: none"> <li>• A 7.7 percent savings should result from removal of in-vitro fertilization, serious mental illness, speech and hearing and home health care mandates.</li> <li>• A .71 percent savings should result from removal of contraceptive drugs and devices mandates.</li> <li>• A .54 percent savings should result from removal of chemical dependency mandates.</li> <li>• Increasing the emergency room copay should save 1.05 percent.</li> <li>• Decreasing the lifetime maximum should save 2 percent.</li> </ul>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Blue Cross and Blue Shield  (Small and Large Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs and Devices</li> <li>• In-Vitro Fertilization</li> <li>• Serious Mental Illness (benefits are included if plan is offered to a public entity.)</li> <li>• In-Vitro Fertilization</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and Hearing (hearing aids limited to \$1,000 maximum in 36-month period)</li> <li>• Home Health Care (limited to \$10,000 per calendar year)</li> </ul>	<p><b>Annual Deductible:</b>  <b>Network/Non-Network Provider</b>            Individual - \$5,000            Family - \$15,000</p> <p><b>Out-of-Pocket Maximum:</b>            Individual - \$15,000</p> <p><b>Coinsurance:</b>  <b>Network/Non-Network Provider</b>            50 to 100 percent</p> <p><b>Lifetime Maximum Benefit:</b>            \$1,000,000</p>	<p>Cost savings due to removal of mandated offers – 7.7%. Cost savings due to removal of two mandated benefits (Contraceptives and chemical dependency) is 1.25%. Cost savings due to increasing emergency room copay from \$50 to \$150 is 1.05%. Cost savings due to decreasing lifetime maximum from \$2 million to \$1 million is 2%.</p>

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Blue Cross and Blue Shield  (Individual)	<ul style="list-style-type: none"> <li>• Chemical dependency</li> <li>• Contraceptive Drugs and Devices and related services. (including oral contraceptives)</li> <li>• Acquired Brain Injury</li> <li>• Telehealth and Telemedicine</li> <li>• Mental or Nervous Disorder (including organic disease)</li> <li>• Off-label drugs</li> <li>• Developmental Delays</li> </ul>		<p><b>Annual Deductible:</b></p> <p><b>Network:</b>            Individual            \$1,500 to \$5,000            Family            \$4,500 to \$15,000</p> <p><b>Non-Network:</b>            Individual            \$3,000 to \$15,000            Family            \$9,000 to \$30,000</p> <p><b>Network Provider Coinsurance:</b>            75 percent</p> <p><b>Non-network Provider Coinsurance:</b>            50 percent</p> <p><b>Lifetime Maximum:</b>            \$5,000,000</p>	Cost savings due to removal of the mandates = .5%. Cost savings due to benefit design (75/50 IN/ON rather than 75/60, deductible choices of 1,500, 2,500, 3,500 and 5,000, security provision is unlimited out of network, Rx plan is 10/50/65 with a \$500 brand deductible) is 2.13% for a total cost savings of 2.63%.

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Chesapeake Life Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Annual Deductible:</b>            Network:            Individual: \$2,500 - \$20,000            Family: \$5,000 - \$40,000            Non-Network:            Individual: \$5,000 - \$40,000            Family: \$10,000 - \$80,000</p> <p><b>Out-of-Pocket Maximum:</b>            Network:            Individual: \$0 - \$15,000, NA            Family: \$5,000 - \$20,000, NA            Non-Network:            Individual: \$5,000 - \$30,000            Family: \$10,000 - \$40,000</p> <p><b>Coinsurance:</b>            Network: 70 to 100 percent            Non-Net: 50 to 70 percent</p> <p><b>Copayment Option:</b>            Convenient Care Clinic:            Network: \$25            Non-Network: \$50            Provider Office Visits:            Network: \$50            Non-Network: \$100</p> <p><b>Annual Maximum Benefit:</b>            \$1,000,000 - \$2,000,000</p> <p><b>Lifetime Maximum Benefit:</b>            \$2,000,000 - \$8,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 14%            Female: 14%            Child: 13%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Chesapeake Life Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Annual Deductible:</b>            Network:            Individual: \$1,500 - \$10,000            Family: \$4,500 - \$30,000            Non-Network:            Individual: \$3,000 - \$20,000            Family: \$9,000 - \$60,000  <b>Out-of-Pocket Maximum:</b>            Network:            Individual: \$4,000 - \$8,000            Family: \$24,000 - \$24,000            Non-Network:            Individual: \$8,000 - \$16,000            Family: \$24,000 - \$48,000  <b>Coinsurance:</b>            Network: 70 to 90 percent            Non-Net: 50 to 70 percent  <b>Copayment Option:</b>            Outpatient Diagnostic:            Network: \$50, \$200            Non-Network: \$50, \$200            Provider Office Visits:            Network: \$30            Non-Net: \$30  <b>Annual Maximum Benefit:</b>            \$1,000,000  <b>Lifetime Maximum Benefit:</b>            \$5,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 14%            Female: 14%            Child: 13%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Chesapeake Life Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Deductible:</b> Per Insured Person, per period of treatment, reduced one-half when Hospital Confined due to Injury: Network: \$2,000 - \$10,000 Non-Net: \$4,000 - \$20,000 All other outpatient: Network: \$2,000 - \$10,000 Non-Net: \$4,000 - \$20,000</p> <p><b>Coinsurance:</b> Network: 70 to 80 percent Non-Net: 50 to 60 percent</p> <p><b>Copayment Option:</b> Outpatient Diagnostic: Network: \$100, \$250 Non-Network: \$200, \$500 Provider Office Visits: Network: \$25, \$50, \$75 Non-Net: \$50, \$100, \$150</p> <p><b>Annual Maximum Benefit:</b> \$1,000,000 - \$2,000,000</p> <p><b>Lifetime Maximum Benefit:</b> \$50,000 - \$1,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 14% Female: 14% Child: 13%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Chesapeake Life Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Deductible:</b> \$1,000 - \$7,500 Per Insured Person, per period of treatment, reduced one-half when Hospital Confined due to Injury</p> <p><b>Coinsurance:</b> 70 to 80 percent</p> <p><b>Copayment Option:</b> Outpatient Diagnostic: \$50 Provider Office Visits: \$30</p> <p><b>Annual Maximum Benefit:</b> \$1,000,000</p> <p><b>Lifetime Maximum Benefit:</b> \$2,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 20% Female: 20% Child: 18%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Chesapeake Life Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Deductible:</b> Individual: \$1,500 - \$5,500 Family: \$2,500 - \$11,000 <b>Out-of-Pocket Maximum:</b> Individual: \$1,500 Family: \$11,000 <b>Coinsurance:</b> 70 to 100 percent <b>Copayment Option:</b> Inpatient Hospital: \$250 Outpatient Diagnostic: \$50 Physical Therapy: \$50 Speech Therapy: \$50 Occupational Therapy: \$50 Emergency Care: \$50 <b>Annual Maximum Benefit:</b> \$1,000,000 <b>Lifetime Maximum Benefit:</b> \$5,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 14% Female: 14% Child: 13%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Chesapeake Life Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Deductible:</b> \$1,500 - \$10,000 Per Insured Person, per period of treatment, reduced one-half when Hospital Confined due to Injury</p> <p><b>Out-of-Pocket Maximum:</b> \$4,000 - \$8,000</p> <p><b>Coinsurance:</b> 50 to 80 percent</p> <p><b>Copayment Option:</b> Outpatient Diagnostic: \$50 Physical Therapy: \$50 Speech Therapy: \$50 Occupational Therapy: \$50 Emergency Care: \$250, \$500 Provider Office Visit: \$30</p> <p><b>Annual Maximum Benefit:</b> \$1,000,000</p> <p><b>Lifetime Maximum Benefit:</b> \$5,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 14% Female: 14% Child: 13%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Chesapeake Life Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Deductible:</b> \$1,000 - \$7,500 Per Insured Person, per period of treatment, reduced one-half when Hospital Confined due to Injury</p> <p><b>Coinsurance:</b> 70 to 80 percent</p> <p><b>Copayment Option:</b> Outpatient Diagnostic: \$50, \$200 Physical Therapy: \$50 Speech Therapy: \$50 Occupational Therapy: \$50 Emergency Care: \$250, \$500 Provider Office Visit: \$30</p> <p><b>Annual Maximum Benefit:</b> \$1,000,000</p> <p><b>Lifetime Maximum Benefit:</b> \$2,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 20% Female: 20% Child: 18%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Chesapeake Life Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Deductible:</b>  Network:  Individual: \$1,500 - \$5,500  Family: \$2,500 - \$11,000  Non-Network:  Individual: \$3,000 - \$11,000  Family: \$5,000 - \$22,000</p> <p><b>Coinsurance:</b>  50 to 100 percent</p> <p><b>Copayment Option:</b>  Inpatient Hospital  \$250 per confinement  Outpatient Surgery  \$100 per surgery  Physical Therapy: \$50  Speech Therapy: \$50  Occupational Therapy: \$50  Provider Office Visit: \$25</p> <p><b>Annual Maximum Benefit:</b>  \$1,000,000</p> <p><b>Lifetime Maximum Benefit:</b>  \$5,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 14%  Female: 14%  Child: 13%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Chesapeake Life Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Deductible:</b> Per Insured Person, per period of treatment, reduced one-half when Hospital Confined due to Injury: Network: \$1,500 - \$10,000 Non-Net: \$3,500 - \$12,000</p> <p><b>Out-of-Pocket Maximum:</b> \$4,000 - \$8,000</p> <p><b>Coinsurance:</b> 50 to 80 percent</p> <p><b>Copayment Option:</b> Emergency Services Physician- \$100, \$250, \$500 Hospital- \$250, \$500 Physical Therapy: \$50 Speech Therapy: \$50 Occupational Therapy: \$50 Provider Office Visit: \$25</p> <p><b>Annual Maximum Benefit:</b> \$1,000,000</p> <p><b>Lifetime Maximum Benefit:</b> \$5,000,000</p>	<p>The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:</p> <p>Male: 14% Female: 14% Child: 13%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Community First Group Hospital Service Corporation  (Large Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• AIDS, HIV, or related illnesses</li> <li>• Osteoporosis Detection &amp; Prevention</li> <li>• Dental Services in Hospital Setting</li> </ul>		<p><b>Deductible:</b>            Network:            Individual: \$500 - \$5,000            Family: \$1,000 - \$15,000            Non-Net:            Individual: \$1,000 - \$10,000            Family: \$2,000 - \$30,000  <b>Out-of-Pocket Maximum:</b>            Network: \$1,000 - \$10,000            Non-Net: \$2,000 - \$20,000            Family: 2x-3x per covered person  <b>Coinsurance:</b>            Network: 50 to 100 percent            Network: 50 to 70 percent  <b>Copayment Option:</b>            Office Visit: \$10 - \$50            Specialist: \$20 - \$100            Allergy Testing: \$10 - \$50            Urgent Care: \$50 - \$100            ER-Room: \$100 - \$300  <b>Annual Maximum Benefit:</b>            \$1,000,000  <b>Lifetime Maximum Benefit:</b>            \$1,000,000 - \$5,000,000</p>	The cost savings of approximately 1.94% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Community First Group Hospital Service Corporation  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• AIDS, HIV, or related illnesses</li> <li>• Osteoporosis Detection &amp; Prevention</li> </ul>		<p><b>Deductible:</b>            Network:            Individual: \$500 - \$5,000            Family: \$1,000 - \$15,000            Non-Net:            Individual: \$1,000 - \$10,000            Family: \$2,000 - \$30,000  <b>Out-of-Pocket Maximum:</b>            Network: \$1,000 - \$10,000            Non-Net: \$2,000 - \$20,000            Family: 2x-3x per covered person  <b>Coinsurance:</b>            Network: 50 to 100 percent            Network: 50 to 70 percent  <b>Copayment Option:</b>            Office Visit: \$10 - \$50            Specialist: \$20 - \$100            Allergy Testing: \$10 - \$50            Urgent Care: \$50 - \$100            ER-Room: \$100 - \$300  <b>Annual Maximum Benefit:</b>            \$1,000,000  <b>Lifetime Maximum Benefit:</b>            \$1,000,000 - \$5,000,000</p>	The cost savings of approximately 1.94% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Connecticut General Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• In-Vitro Fertilization</li> <li>• Speech and Hearing</li> </ul>	<ul style="list-style-type: none"> <li>• Contraceptive Drugs and Devices and related services. (optional)</li> <li>• Acquired Brain Injury (optional)</li> <li>• Chemical Dependency (optional)</li> <li>• Serious Mental Illness Offer (optional)</li> <li>• Mental Illness Offer (optional)</li> <li>• Home Health Care Offer (optional)</li> <li>• Osteoporosis Screening (optional)</li> </ul>	Same as currently being offered in the marketplace under a plan with state mandates.  (Co-insurance differentials for Network and Non-Network Providers may exceed 30%)	The cost savings of approximately 10% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Federated Mutual Insurance Company  (Small and Large Employer)	<ul style="list-style-type: none"> <li>• Osteoporosis Screening</li> <li>• In-Vitro Fertilization.</li> <li>• Speech and Hearing</li> </ul>		<p><b>Annual Deductible:</b> \$0 to \$5,000</p> <p><b>Prescription Drug Coinsurance:</b> 50 percent and above</p> <p><b>Network Provider:</b> Mental Illness and Chemical Dependency Coinsurance 80 percent and above Other Services Coinsurance 80 percent and above</p> <p><b>Non-Network Provider:</b> Mental Illness and Chemical Dependency Coinsurance 60 percent Other services: Coinsurance 60 percent</p> <p><b>Lifetime Maximum:</b> up to \$3,000,000</p>	<ul style="list-style-type: none"> <li>• Savings resulting from elimination of mandates is approximately 7 percent.</li> <li>• Savings resulting from increased cost sharing is approximately 29 percent.</li> </ul>

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
First Health Life & Health Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Acquired Brain Injury</li> <li>• Osteoporosis Screening</li> <li>• In-Vitro Fertilization</li> <li>• Mental Health</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> <li>• Prescription Contraceptive Drugs, including oral contraceptives and devices and related services</li> </ul>	<ul style="list-style-type: none"> <li>• Home Health- Subject to 40 visits per calendar year (reduced)</li> <li>• Mental Illness, Alcoholism and Substance Abuse- \$25,000 Lifetime Max- inpatient and outpatient (reduced)</li> <li>• Childhood Immunizations- Copay 100 percent to a \$400 maximum (reduced)</li> <li>• Speech and Hearing (reduced)</li> </ul>	<p><b>Deductible:</b> \$250 to \$2,500</p> <p><b>Coinsurance:</b> 50 percent and above</p>	<ul style="list-style-type: none"> <li>• Compared to the following plan – 1,000 deductible, \$0 office visit copay, stop loss of 5,000 and coinsurance of 80/60 (plan relatively factor of .82). The proposed consumer choice plan has this same basic benefit structure, but reflects the removal of state-mandated benefits as allowed by your state for a consumer choice plan. The proposed relativity factor for this plan is .791 which is approximately 3.5 percent less than the corresponding plan relativity factor listed above.</li> </ul>

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
First Health Life & Health Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Acquired Brain Injury</li> <li>• In-Vitro Fertilization</li> <li>• Mental Health</li> <li>• Serious Mental Illness</li> <li>• Speech and Hearing</li> <li>• Prescription Contraceptive Drugs and Devices</li> </ul>	<ul style="list-style-type: none"> <li>• Home Health Care- Subject to 40 visits per calendar year (reduced)</li> </ul>	<p><b>Network Deductible</b> \$0-\$2,500</p> <p><b>Non-Network Deductible:</b> \$250-\$5,000</p> <p><b>Family Deductible</b> Up to 3 individual deductibles</p> <p><b>Network Coinsurance Range:</b> 50, 80, 90. or 100 percent</p> <p><b>Non-Network Coinsurance:</b> 50, 60, 70, or 80 percent</p> <p><b>Lifetime Maximum</b> \$2,000,000, \$5,000,000, or Unlimited for each participant</p>	<p>Compared to the following plan – 1,000 deductible, \$0 office visit copay, stop loss of 5,000 and coinsurance of 80/60 (plan relativity factor of .82). The proposed consumer choice plan has this same basic benefit structure, but reflects the removal of state-mandated benefits as allowed by your state for a Consumer Choice Benefit Plan. The proposed relativity factor for this plan is .791 which is approximately 3.5% less than the corresponding plan relativity factor listed above.</p>

<b>Company and Market</b>	<b>Mandates and/or Coverage's Excluded</b>	<b>Mandates Reduced or Made Optional</b>	<b>Deductibles and/or Coinsurance Offered</b>	<b>Estimated Savings as Reported by the Carrier</b>
Humana Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Contraceptive Drugs and Devices</li> <li>• Chemical Dependency</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> <li>• Serious Mental Illness</li> <li>• Temporomandibular Joint Disorder</li> <li>• Home Health Care</li> </ul>		Same as currently being offered in the marketplace under a plan with state mandates.	Cost savings due to removal/reduction of the mandates is 4%.

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Imerica Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Contraceptive Drugs and Devices</li> <li>• Mental Health</li> <li>• Chemical Dependency</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Off label drugs</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Temporomandibular Joint Disorder</li> <li>• Developmental Delays</li> <li>• Minimum Stay for Mastectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetic Coverage</li> <li>• Home Health Care- Subject to 40 visits per calendar year (reduced)</li> </ul>	<p><b>Annual Deductible</b></p> <p><b>Network Provider:</b> \$2,000, \$2,500, \$3,000, \$3,500, \$5,000, \$5,150, \$10,000</p> <p><b>Non-Network Provider:</b> \$7,000, \$7,500, \$8,000, \$8,500, \$10,000, \$10,150, \$15,000</p> <p><b>Network Provider:</b> \$1,200, \$1,500, \$1,800, \$2,000, \$2,500, \$2,600, \$3,000 \$3,500, \$5,000</p> <p><b>Non-Network Provider:</b> \$6,200, \$6,500, \$6,800, \$7,000, \$7,500, \$7,600, \$8,000, \$8,500, \$10,000</p> <p><b>Coinsurance:</b></p> <p><b>Network Provider:</b> 50, 80 or 100 percent</p> <p><b>Non-Network Provider:</b> 50 or 60 percent</p> <p><b>Out of Pocket Maximum:</b></p> <p><b>Network Provider:</b> NA, \$2,800 to \$4,000</p> <p><b>Non-Network Provider:</b> \$10,000 or \$8,000</p> <p><b>Lifetime Maximum:</b> \$2,000,000+</p>	Removal of the mandates - 2%, Higher out of network deductible – 7%, positive selection 6%.

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Imerica Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Contraceptive Drugs and Devices</li> <li>• Mental Health</li> <li>• Chemical Dependency</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Off label drugs</li> <li>• Telehealth and Telemedicine</li> <li>• Temporomandibular Joint Disorder</li> <li>• Developmental Delays</li> <li>• Minimum Stay for Mastectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetic Coverage</li> <li>• Home Health Care- Subject to 40 visits per calendar year (reduced)</li> </ul>	<p><b>Annual Deductible</b>  <b>Network Provider:</b>            \$1,200 to \$40,000  <b>Non-Network Provider:</b>            Network Deductible Amount+            \$2,500 or \$10,000  <b>Network Provider:</b>            \$2,300 to \$40,000  <b>Non-Network Provider:</b>            Network Deductible Amount+            \$2,500 or \$20,000  <b>Coinsurance:</b>  <b>Network Provider:</b>            50, 80 or 100 percent  <b>Non-Network Provider:</b>            50 or 60 percent  <b>Out of Pocket Maximum:</b>  <b>Network Provider:</b>            NA, \$1,650-\$10,000  <b>Non-Network Provider:</b>            \$8,000, \$10,000, \$20,000,            \$40,000 or \$50,000  <b>Lifetime Maximum:</b>            \$2,000,000 to \$8,000,000</p>	<p>Company has provided the following cost savings information for the CCBP Major Medical Plan:            Removal of mandates – 1.8% savings; Higher out of network deductible – 6.2% savings; positive selection assumption – 5.1% savings; Total cost savings for the CCBP plan is 14.1%.</p>



Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Imerica Life and Health Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Contraceptive Drugs and Devices</li> <li>• Mental Health</li> <li>• Chemical Dependency</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Off label drugs</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Temporomandibular Joint Disorder</li> <li>• Developmental Delays</li> <li>• Minimum Stay for Mastectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetic Coverage</li> <li>• Home Health Care- Subject to 40 visits per calendar year (reduced)</li> </ul>	<p><b>Annual Deductible Network Provider:</b> Up to \$5,000</p> <p><b>Non-Network Provider:</b> Network deductible plus \$5,000</p> <p><b>Family Annual Deductible Network Provider:</b> Up to \$10,000</p> <p><b>Non-Network Provider:</b> Network deductible plus \$10,000</p> <p><b>Coinsurance:</b></p> <p><b>Network Provider:</b> Up to 100 percent</p> <p><b>Non-Network Provider:</b> 60 percent or above</p> <p><b>Out of Pocket Maximum: Network Provider:</b> NA</p> <p><b>Non-Network Provider:</b> Up to \$8,000</p> <p><b>Calendar Year Outpatient Expenses Maximum for all Injuries and Sickness</b> \$20,000+</p> <p><b>Lifetime Maximum:</b> \$2,000,000+</p>	<p>Cost savings of 1.8 percent due to the removal of the mandates, 6.2 percent due to higher out of network deductible, 5.3 percent due to positive selection, 30.6 percent due to outpatient drug coverage and additional selection for Consumer Choice Health Benefit Plans.</p>

<b>Company and Market</b>	<b>Mandates and/or Coverages Excluded</b>	<b>Mandates Reduced or Made Optional</b>	<b>Deductibles and/or Coinsurance Offered</b>	<b>Estimated Savings as Reported by the Carrier</b>
Insurance Company of Scott and White  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> <li>• Serious Mental Illness</li> </ul>	Chemical Dependency (limited to a lifetime maximum benefit of one series of treatment)	<p><b>Annual Deductible:</b> Individual/Family-- \$500 to \$1,000</p> <p><b>Coinsurance:</b> Ranges from 50 to 90 percent</p> <p><b>Lifetime Maximum:</b> \$500,000 to \$2,000,000</p>	<ul style="list-style-type: none"> <li>• A savings of .81 percent should result by removing the Acquired Brain Injury mandate and limiting the chemical dependency maximums.</li> <li>• Because the company already offers plans with identical cost sharing provisions and plans that exclude the speech and hearing, in-vitro and serious mental illness, no savings can be estimated for these components.</li> </ul>

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
John Alden Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Mental Health</li> <li>• Chemical Dependency</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> </ul>	Serious Mental Illness Inpatient Services-30 days Outpatient Services- 20 visits (optional)	<p><b>Indemnity</b>  <b>Annual Deductible:</b>            Individual- \$100 - \$5,000            Family- Limit of 2 to 3 individual deductibles  <b>Coinsurance:</b>            50, 80 or 100 percent  <b>Lifetime Maximum:</b>            \$2,000,000 - \$5,000,000</p> <p><b>PPO</b>  <b>Annual Deductible:</b>  <b>Network Provider:</b>            Individual- \$0 to \$1,000            Family- Limit of 2 to 3 individual deductibles  <b>Non-Network Provider:</b>            Individual – Limit of 1 to 2 network deductibles &gt;=\$500            Family - Limit of 2 to 3 network deductibles</p> <p><b>Coinsurance:</b>  <b>Network Provider:</b>            50, 80, 90 or 100 percent  <b>Non-Network Provider:</b>            50,60 or 100 percent</p> <p><b>Lifetime Maximum:</b>            \$2,000,000 to \$5,000,000</p>	Consumer Choice Plan rates are 1.3% lower than the J-4000-CC product with similar plan design.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Madison National Life Insurance Company, Inc.  (Association-Employer Based)	<ul style="list-style-type: none"> <li>• Osteoporosis Screening</li> <li>• Contraceptive Devices</li> </ul>	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> </ul>	<p><b>Annual Deductible:</b> \$500, \$750, \$1,000, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000</p> <p><b>Out-of-Pocket Maximum:</b> \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$10,000</p> <p><b>Coinsurance:</b> 80, 70 or 50%</p> <p><b>Copayments:</b> Office Visit- None, \$20, \$25, \$30, \$50(Network Only) Emergency Room-\$100 Emergency Ambulance-\$100 Inpatient Facility- \$250 Outpatient Surgery-\$500</p> <p><b>Lifetime Maximum Benefit:</b> \$5,000,000 (Additional Schedule)</p>	The cost savings of 10% is attributed to the removal/reduction of mandates.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Madison National Life Insurance Company, Inc.  (Association-Employer Based)	<ul style="list-style-type: none"> <li>• Osteoporosis Screening</li> <li>• Contraceptive Devices</li> </ul>	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> </ul>	<p><b>Annual Deductible:</b>  <b>Member Only</b>            \$1,000, \$1,700, \$2,600, \$3,500, \$5,000, \$10,000  <b>Member &amp; Dependents</b>            \$2,500, \$3,350, \$5,150            \$7,500, \$10,000  <b>Out-of-Pocket Maximum:</b>  <b>Member Only</b>            \$2,500, \$3,350, \$5,000, \$7,500, \$15,000  <b>Member &amp; Dependents</b>            \$5,000, \$6,150, \$10,000            \$15,000  <b>Coinsurance:</b>  <b>Network</b>            100 or 70%  <b>Non-Network</b>            70, 60 or 50%  <b>Copayments:</b>  <b>Network Provider</b>            Office Visit, Urgent Care Facility- None, \$20, \$30            Diagnostic x-ray, labs- None, \$20, \$30  <b>Lifetime Maximum Benefit:</b>            \$5,000,000</p>	The cost savings of 10% is attributed to the removal/reduction of mandates.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Madison National Life Insurance Company, Inc.  (Association-Employer Based)	<ul style="list-style-type: none"> <li>• Osteoporosis Screening</li> <li>• Contraceptive Devices</li> </ul>	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> </ul>	<p><b>Annual Deductible:</b></p> <p><b>Network</b> \$500, \$750, \$1,000, \$1,500, \$2,000, \$5,000</p> <p><b>Non-Network</b> \$2,500, \$3,350, \$5,150 \$7,500, \$10,000</p> <p><b>Out-of-Pocket Maximum:</b></p> <p><b>Network</b> \$1,000, \$1,500, \$2,000, \$3,000, \$4,500</p> <p><b>Non-Network</b> \$2,000, \$3,000, \$4,000 \$6,000, \$7,500</p> <p><b>Coinsurance:</b></p> <p><b>Network</b> 90 or 80%</p> <p><b>Non-Network</b> 70, 60 or 50%</p> <p><b>Copayments:</b> Office Visit- None, \$20, \$25, \$30, \$50(Network Only) Emergency Room-\$100 Emergency Ambulance-\$100 Inpatient Facility Network- \$250 Non-Network-500</p> <p><b>Lifetime Maximum Benefit:</b> \$5,000,000 (Additional Schedule)</p>	<p>The cost savings of 10% is attributed to the removal/reduction of mandates.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Madison National Life Insurance Company, Inc.  (Association-Employer Based)	<ul style="list-style-type: none"> <li>• Osteoporosis Screening</li> <li>• Contraceptive Devices</li> </ul>	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> </ul>	<p><b>Annual Deductible:</b>  <b>Member Only</b>            \$250/\$500 Network/Non            \$500/ \$1,000 Network/Non  <b>Member &amp; Dependents</b>            \$500/ \$1,000 Network/Non            \$1,000/\$2,000 Network/Non  <b>Out-of-Pocket Maximum:</b>  <b>Member Only</b>            \$4,000/\$8,000 Network/Non  <b>Member &amp; Dependents</b>            \$4,000/\$8,000 Network/Non  <b>Coinsurance:</b>  <b>Network</b>            100 or 70%  <b>Non-Network</b>            70, 60 or 50%  <b>Copayments:</b>  <b>Network Provider</b>            Office Visit, Urgent Care            Facility- None, \$20, \$30            Diagnostic x-ray, labs- None,            \$20, \$30  <b>Lifetime Maximum Benefit:</b>            \$5,000,000</p> <p>(Additional Schedule)</p>	<p>The cost savings of 10% is attributed to the removal/reduction of mandates.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Telehealth and Telemedicine</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Outpatient Contraceptive Drugs and Devices</li> <li>• Off-label drugs</li> </ul>		<p><b>Annual Deductible:</b> \$1,000 - \$5,000</p> <p><b>Coinsurance:</b> Hospital Room: 100 percent \$300 to \$1,000 per day Hospital Intensive Care: 100 percent Up to 3 times the daily room benefit per day</p> <p>Surgeon Benefit 80 percent Hospital Confined \$5,000 to \$25,000 per day Outpatient 60 percent of Hospital Confined Maximum</p> <p>Other Expenses 80 percent Riders Available</p> <p><b>Aggregate Maximum Benefit:</b> \$500,000 <b>Lifetime Maximum Benefit:</b> \$1,000,000 +</p>	The cost savings of 11% is solely attributable to the removal/reduction of mandated benefits as there is no difference in deductible or coinsurance amounts.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Telehealth/Telemedicine</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Contraceptive Drugs, Devices and Services</li> <li>• Home Health Care</li> <li>• Speech and Hearing</li> <li>• Developmental Delays</li> <li>• In Vitro Fertilization</li> <li>• Off-label drugs</li> <li>• Mental Health</li> <li>• Temporomandibular Joint Disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Annual Deductible:</b>  (per insured person, for each [period of confinement in a hospital or outpatient surgery facility][Calendar Year]  \$1,000, \$2,000, \$3,000, \$4,000 or \$5,000</p> <p><b>Coinsurance:</b>  Hospital Room and Board:  100 percent up to \$300, \$400, \$500, \$600, \$700, \$800, \$900 or \$1,000 per day  Hospital Intensive Care:  100 percent up to 3 X's DRB per day  Physician Visits while hospital confined  100% up to \$50 per day  Other Expenses  80 percent  Riders Available  <b>Aggregate Maximum Benefit:</b>  \$500,000  <b>Lifetime Maximum Benefit:</b>  \$1,000,000 +</p>	<p>Cost savings is due to removal/reduction of mandates, and is as follows:</p> <p>Cost savings of 15% for males  Cost savings of 15% for females  Cost savings of 14% for children</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Telehealth/Telemedicine</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Outpatient Contraceptive Drugs and Devices</li> <li>• Off-label drugs</li> <li>• Temporomandibular Joint Disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Annual Deductible:</b> \$1,000, \$2,000, \$3,000, \$5,000, \$7,500, \$10,000</p> <p><b>Out-of-Pocket Maximum:</b> \$4000, \$8,000</p> <p><b>Coinsurance:</b> 50, 70 or 80%</p> <p><b>Aggregate Maximum Benefit:</b> \$1,000,000</p> <p><b>Lifetime Maximum Benefit:</b> \$5,000,000</p>	<p>Cost savings is due to removal/reduction of mandates, and is as follows:</p> <p>Cost savings of 14% for males Cost savings of 14% for females Cost savings of 13% for dependent children</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Telehealth/Telemedicine</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Outpatient Contraceptive Drugs and Devices</li> <li>• Off-label drugs</li> <li>• Temporomandibular Joint Disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Annual Deductible:</b> \$1,000, \$2,000, \$3,000, \$5,000, \$7,500</p> <p><b>Coinsurance:</b> 70 or 80%</p> <p><b>Aggregate Maximum Benefit:</b> \$1,000,000</p> <p><b>Lifetime Maximum Benefit:</b> \$2,000,000</p>	<p>Cost savings is due to removal/reduction of mandates, and is as follows:</p> <p>Cost savings of 20% for males  Cost savings of 20% for females  Cost savings of 18% for dependent children</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Telehealth/Telemedicine</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Outpatient Contraceptive Drugs and Devices</li> <li>• Off-label drugs</li> <li>• Temporomandibular Joint Disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<p><b>Annual Deductible:</b>  Network:  Individual: \$1,500 - \$5,500  Family: \$2,500 - \$11,000  Non-Network:  Individual: \$3,000 - \$11,000  Family: \$5,000 - \$22,000</p> <p><b>Coinsurance:</b>  50%, 70%, 80%, 100%</p> <p><b>Copayment Option:</b>  Inpatient Hospital: \$250  Outpatient Surgery: \$100  Physical Therapy: \$50  Speech Therapy: \$50  Occupational Therapy: \$50</p> <p><b>Calendar Maximum Benefit:</b>  \$1,000,000  <b>Lifetime Maximum Benefit:</b>  \$5,000,000 +</p>	<p>Cost savings is due to removal/reduction of mandates, and is as follows:</p> <p>Cost savings of 14% for males  Cost savings of 14% for females  Cost savings of 13% for dependent children</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Telehealth and Telemedicine</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Outpatient Contraceptive Drugs and Devices</li> <li>• Off-label drugs</li> <li>• Mental Illness</li> <li>• In-Vitro Fertilization</li> <li>• Speech and Hearing</li> <li>• Developmental Delays</li> <li>• Temporomandibular Joint Disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetic Coverage</li> </ul>	<b>Annual Deductible:</b> Individual- \$1,000 to \$5,000, \$7,500, \$10,000 Family- \$2,000, \$3,000, \$5,000, \$7,500, \$10,000, \$15,000, \$20,000 <b>Coinsurance:</b> 50, 70, 80 or 100% (available coinsurance levels apply to all types of benefits) <b>Coinsurance Maximum:</b> Individual or Family \$2,000, \$4,000, \$5,000 \$6,000, \$8,000, \$10,000 <b>Copayment:</b> Urgent Care Center Medical- \$25 Non-Medical- \$25 Hospital Emergency Room Medical- \$250, \$500 Non-Medical- \$500, \$1,000 Office Visit \$20, \$25, \$30, \$35 Outpatient Lab and X-Ray \$25, \$50, \$100, \$250 <b>Aggregate Maximum Benefit:</b> \$1,000,000+ <b>Lifetime Maximum Benefit:</b> \$2,000,000 +	Cost savings of 10% is due to the removal/reduction of mandates.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Telehealth and Telemedicine</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Outpatient Contraceptive Drugs and Devices</li> <li>• Off-label drugs</li> <li>• Mental Illness</li> <li>• In-Vitro Fertilization</li> <li>• Speech and Hearing</li> <li>• Developmental Delays</li> <li>• Temporomandibular Joint Disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetic Coverage</li> <li>• Home Health Care may be limited to 30 days</li> </ul>	<p><b>Annual Deductible:</b> \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 Ambulatory Care Rider \$500, \$1,000, \$2,000</p> <p><b>Coinsurance:</b> 50, 80 or 100% (available coinsurance levels apply to all types of benefits)</p> <p><b>Coinsurance Maximum:</b> \$2,000</p> <p><b>Copayment:</b> Office Visit Rider-\$20 Wellness Benefit Rider-\$25 Emergency Room Rider-\$250</p> <p><b>Aggregate Maximum Benefit:</b> \$500,000+</p> <p><b>Lifetime Maximum Benefit:</b> \$1,000,000 +</p>	<p>Cost savings of 8% is due to the removal/reduction of mandates.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<b>Annual Deductible:</b> Network: Individual: \$1,500 - \$10,000 Family: \$4,500 - \$30,000 Non-Network: Individual: \$3,000 - \$20,000 Family: \$9,000 - \$60,000 <b>Out-of-Pocket Maximum:</b> Network: Individual: \$4,000 - \$8,000 Family: \$24,000 - \$24,000 Non-Network: Individual: \$8,000 - \$16,000 Family: \$24,000 - \$48,000 <b>Coinsurance:</b> Network: 70 to 90 percent Non-Net: 50 to 70 percent <b>Copayment Option:</b> Outpatient Diagnostic: Network: \$50, \$200 Non-Network: \$50, \$200 Provider Office Visits: Network: \$30 Non-Net: \$30 <b>Annual Maximum Benefit:</b> \$1,000,000 <b>Lifetime Maximum Benefit:</b> \$5,000,000	The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:  Male: 14% Female: 14% Child: 13%

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mega Life and Health Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs &amp; Devices &amp; Services</li> <li>• Serious Mental Illness</li> <li>• Mental Health</li> <li>• In-Vitro Fertilization</li> <li>• Speech &amp; Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Treatment for persons unable to undergo dental treatment in an office setting under local anesthesia</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Developmental Delays</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<b>Annual Deductible:</b> Network: Individual: \$1,500 - \$10,000 Non-Network: Individual: \$3,000 - \$20,000 <b>Out-of-Pocket Maximum:</b> Network: Individual: \$4,000 - \$8,000 Non-Network: Individual: \$8,000 - \$16,000 <b>Coinsurance:</b> Network: 70 to 90 percent Non-Net: 50 to 70 percent <b>Copayment Option:</b> Emergency Services Physician: \$100, \$250, \$500 Hospital: \$250, \$500 Provider Office Visits: Network: \$30 Non-Net: \$30 <b>Annual Maximum Benefit:</b> \$1,000,000 <b>Lifetime Maximum Benefit:</b> \$5,000,000	The company reflected the following cost savings, all which is attributed solely to the removal or reduction of mandated benefits:  Male: 14% Female: 14% Child: 13%

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Mid-West National Life Insurance Company of Tennessee  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Telehealth and Telemedicine</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Outpatient Contraceptive Drugs and Devices</li> <li>• Off-label drugs</li> <li>• Mental Illness</li> <li>• In-Vitro Fertilization</li> <li>• Speech and Hearing</li> <li>• Developmental Delays</li> <li>• Temporomandibular Joint Disorder</li> <li>• Home Health Care</li> </ul>		<p><b>Annual Deductible:</b> \$1,000, \$2,000, \$3,000, \$5,000</p> <p><b>Coinsurance:</b> 80% or 100% (available coinsurance levels based on type of benefits)</p> <p><b>Benefits Available by Rider</b></p> <ul style="list-style-type: none"> <li>• Legend Prescription Drugs</li> <li>• Outpatient Chemotherapy /Radiation Therapy</li> <li>• Outpatient Accident Expense</li> <li>• Continued Care Benefit</li> <li>• Pregnancy/Childbirth</li> <li>• Return of Premium</li> <li>• Injury Deductible</li> <li>• Ambulatory Care</li> <li>• Urgent Care Benefit</li> <li>• Physician Office Visit</li> <li>• Wellness Rider</li> </ul> <p><b>Aggregate Maximum Benefit:</b> \$1,000,000+</p> <p><b>Lifetime Maximum Benefit:</b> \$2,000,000 +</p>	<p>Cost savings is due to removal/reduction of mandates, and is as follows:</p> <p>Cost savings of 13% for males</p> <p>Cost savings of 14% for females</p> <p>Cost savings of 13% for children</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Nippon Life Insurance Company of America  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Telehealth and Telemedicine</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Home Health Care</li> <li>• Mental Health</li> <li>• Temporomandibular Joint Disorder</li> <li>• Contraceptives</li> <li>• In Vitro Fertilization</li> <li>• Speech and Hearing</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider:</b>            Individual -\$1,000            Family – Total of 3 Individual Deductibles  <b>Non-Network Provider:</b>            Individual -\$2,000            Family – Total of 3 Individual Deductibles  <b>Out-of-Pocket Maximum:</b>  <b>Network</b>            Individual - \$2,000            Family – Total of 3 Individual Coinsurance Maximums  <b>Non-Network:</b>            Individual - \$6,000            Family – Total of 3 Individual Coinsurance Maximums  <b>Coinsurance:</b>  <b>Network Provider:</b>            Hospital Benefit - 80 percent            Office Visit - \$20.00 copay, then 100% (calendar year deductible not applicable)  <b>Non-Network Provider:</b>            Hospital Benefit – 60 percent            Office Visit – 70 percent  <b>Lifetime Maximum Benefit:</b>            \$2,000,000 +</p>	Cost savings due to removal/reduction of mandates – 6.5%. The deductibles and coinsurance amounts are identical to non-ccbp, therefore there is no cost savings attributable to plan design.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Nippon Life Insurance Company of America  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Home Health Care</li> <li>• Mental Health</li> <li>• Temporomandibular Joint Disorder</li> <li>• Contraceptive Drugs &amp; Devices</li> <li>• In Vitro Fertilization</li> <li>• Speech and Hearing</li> <li>• Reconstructive Surgery Incident to Mastectomy</li> </ul>		<b>Annual Deductible:</b> <b>Network Provider:</b> Individual: \$1,000, \$2,000 Family – Total of 3 Individual Deductibles <b>Non-Network Provider:</b> Individual: \$2,000, \$4,000 Family – Total of 3 Individual Deductibles <b>Out-of-Pocket Maximum:</b> <b>Network</b> Individual - \$4,000 Family – \$8,000 <b>Non-Network:</b> Individual - \$8,000 Family – \$16,000 <b>Coinsurance:</b> <b>Network Provider:</b> Coinsurance: 80 percent Office Visit - \$25.00 <b>Non-Network Provider:</b> Coinsurance: 50 percent Office Visit – \$25.00 <b>Lifetime Maximum Benefit:</b> \$2,000,000 +	Cost savings due to removal/reduction of mandates – 2.0%.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
North Carolina Mutual Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs and Devices and related services (Oral Contraceptives Excluded).</li> <li>• Serious Mental Illness</li> <li>• In-Vitro Fertilization</li> <li>• Speech and Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$1,000, \$2,000  <b>Non-Network Provider</b>            \$2,500, \$5,000  <b>Out-of-Pocket Maximum:</b>  <b>Network Provider:</b>            Individual- \$4,000            Family – 2 x's Individual  <b>Non-Network Provider:</b>            Individual- \$8,000            Family – 2 x's Individual  <b>Coinsurance/Copayment:</b>  <b>Network Provider:</b>            Office Visits- \$35, \$50 copayments up to three visits.            After three visits- 70% \$200 maximum per visit            Other Services- 70%            Copayment may apply based on type of service  <b>Non-Network Provider:</b>            Office Visits- 70%            \$200 maximum per visit            Other Services- 50%            Copayment may apply based on type of service  <b>Lifetime Maximum Benefit:</b>            \$2,000,000</p>	<p>The cost savings of 6.3% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
North Carolina Mutual Life Insurance Company (Large Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs and Devices and related services (Oral Contraceptives Excluded).</li> <li>• In-Vitro Fertilization</li> <li>• Speech and Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth and Telemedicine</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$1,000, \$2,000  <b>Non-Network Provider</b>            \$2,500, \$5,000  <b>Out-of-Pocket Maximum:</b>  <b>Network Provider:</b>            Individual- \$4,000            Family – 2 x's Individual  <b>Non-Network Provider:</b>            Individual- \$8,000            Family – 2 x's Individual  <b>Coinsurance/Copayment:</b>  <b>Network Provider:</b>            Office Visits- \$35, \$50 copayments up to three visits.            After three visits- 70% \$200 maximum per visit            Other Services- 70%            Copayment may apply based on type of service  <b>Non-Network Provider:</b>            Office Visits- 70%            \$200 maximum per visit            Other Services- 50%            Copayment may apply based on type of service  <b>Lifetime Maximum Benefit:</b>            \$2,000,000</p>	<p>The cost savings of 4.5% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Pacificare Life Assurance Company  (Small Employer)		<ul style="list-style-type: none"> <li>• Acquired Brain Injury (optional)</li> <li>• Chemical Dependency (optional)</li> <li>• Serious Mental Illness (optional)</li> <li>• Mental Health (optional)</li> <li>• AIDS, HIV, or related illnesses (optional)</li> <li>• Contraceptive Drugs and Devices (optional)</li> <li>• Psychiatric Day Treatment Facility (optional)</li> <li>• Speech and Hearing (optional)</li> <li>• In-Vitro Fertilization (optional)</li> </ul>	<p><b>Deductible:</b>            Individual- \$0 - \$25,000            Family - \$0 - \$75,000-(up to 2 or 3 individual deductibles)            Hospital - \$0 - \$1,000</p> <p><b>Out-of-Pocket Maximum Network/Non-Network Provider:</b>            Individual - \$0 - \$25,000            Family - \$0 - \$100,000-(up to 2 or 3 times the individual maximum)</p> <p><b>Coinsurance Network/Non-Network Provider:</b>            50 to 100 percent</p> <p><b>Copayment</b>            Network Provider            Office Visit- \$5 - \$100</p> <p><b>Lifetime Maximum Benefit:</b>            \$500,000 to unlimited</p>	Offers a Consumer Choice Benefit Plan identical to a non-Consumer Choice Benefit Plan but without the mandates, therefore the cost savings is solely attributable to removal/reduction of the mandates. Cost savings is 2.2%.

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Principal Life Insurance Company  (Small and Large Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Contraceptive Drugs and Devices</li> <li>• Mental Health</li> <li>• Chemical Dependency</li> <li>• Home Health Care</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness (excluded for small only)</li> <li>• HIV, AIDS, or HIV related illnesses</li> </ul>		<p><b>Annual Deductible:</b> Separate deductible ranges are applied to specific types of coverage.</p> <p><b>Network Provider:</b> \$0 to \$500</p> <p><b>Non-Network Provider:</b> \$0 to \$1,000</p> <p><b>Coinsurance:</b></p> <p><b>Network Provider:</b> 80 percent and above</p> <p><b>Non-Network Provider:</b> 60 percent and above</p> <p><b>Copay:</b></p> <p><b>Network Provider:</b> \$0 to \$500</p> <p><b>Non-Network Provider:</b> \$0 to \$1,000</p>	<p>Cost savings due to elimination of state mandates = 2.7%. Cost savings due to benefit changes to better match their most popular plans = 4.2% for a total cost savings of 6.9%.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Republic American Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Contraceptive Drugs and Devices and related services.</li> <li>• Telehealth and Telemedicine</li> <li>• Home Health Care</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$500, \$1,000, \$2,000, \$3,000 and \$5,000  <b>Non-Network Provider</b>            \$1,000, \$2,000, \$3,000, \$4,000 and \$6,000  <b>Out-of-Pocket Maximum:</b>  <b>Network Provider:</b>            Plan 1:            \$500, \$1,000, \$2,000            Plan 2:            \$1,000, \$2,000, \$4,000            Family – 2 x's Individual  <b>Non-Network Provider:</b>            Plan 1:            \$2,000, \$4,000, \$8,000            Plan 2:            \$2,500, \$5,000, \$10,000            Family – 2 x's Individual  <b>Coinsurance:</b>  <b>Network Provider:</b>            Plan 1: 90% Plan 2: 80%  <b>Non-Network Provider:</b>            Plan 1: 60% Plan 2: 50%  <b>Copayment:</b>            Copayment based on type of service.  <b>Lifetime Maximum Benefit:</b>            \$2,000,000</p>	Total cost savings of 6% breaks down as follows: 3.5% savings for the removal of mandates, 2.5% savings in anticipation that healthier groups are expected to select this plan.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Republic American Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Contraceptive Drugs and Devices and related services.</li> <li>• Telehealth and Telemedicine</li> <li>• Home Health Care</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$500, \$1,000, \$2,000, \$3,000 and \$5,000  <b>Non-Network Provider</b>            \$1,000, \$2,000, \$3,000, \$4,000 and \$6,000  <b>Out-of-Pocket Maximum:</b>  <b>Network Provider:</b>            Plan 1:            \$500, \$1,000, \$2,000            Plan 2:            \$1,000, \$2,000, \$4,000            Family – 2 x's Individual  <b>Non-Network Provider:</b>            Plan 1: None            Plan 2: None  <b>Coinsurance:</b>  <b>Network Provider:</b>            Plan 1: 90% Plan 2: 80%  <b>Non-Network Provider:</b>            Plan 1: 60% Plan 2: 50%  <b>Copayment:</b>            Copayment based on type of service.  <b>Lifetime Maximum Benefit:</b>            \$2,000,000</p> <p>(Revised Schedule)</p>	Total cost savings of 6% breaks down as follows: 3.5% savings for the removal of mandates, 2.5% savings in anticipation that healthier groups are expected to select this plan.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Republic American Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Contraceptive Drugs and Devices and related services.</li> <li>• Telehealth and Telemedicine</li> <li>• Home Health Care</li> <li>• Mental Health</li> <li>• Osteoporosis Screening</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            Same as above schedules, with below referenced changes:            Plan 3: \$5,000, \$7,500, \$10,000  <b>Non-Network Provider</b>            Plan 3: \$5,000, \$7,500, \$10,000  <b>Out-of-Pocket Maximum:</b>  <b>Network Provider:</b>            Plan 3: \$5,000, \$7,500, \$10,000  <b>Non-Network Provider:</b>            Plan 1: 25 X's Network            Plan 2: 25 X's Network            Plan 3: \$20,000  <b>Coinsurance:</b>            Plan 3: 100, 80 or 50%  <b>Copayment:</b>            Copayment based on type of service.  <b>Lifetime Maximum Benefit:</b>            \$2,000,000</p> <p>(Revised Schedule)</p>	Filed endorsements which produced revised cost savings as follows: 1.16% savings due to the removal of mandates. .5% savings in anticipation that healthier groups are expected to select this plan.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Standard Security Life Insurance Company of New York  (Multiple Employer Trust-Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Serious Mental Illness</li> <li>• Contraceptive Drugs and Devices (including Oral Contraceptives)</li> <li>• In-Vitro Fertilization</li> <li>• Speech and Hearing</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Illness</li> <li>• Home Health Care</li> </ul>	<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$500, \$750, \$1,000, \$1,500, \$2,000, \$5,000  <b>Non-Network Provider</b>            \$1,000, \$1,500, \$2,000, \$3,000, \$4,000, \$10,000  <b>Out-of-Pocket Maximum:</b>  <b>Network Provider:</b>            \$1,000, \$1,500, \$2,000, \$3,000, \$4,500  <b>Non-Network Provider:</b>            \$2,000, \$3,000, \$4,000, \$6,000, \$7,500  <b>Coinsurance:</b>  <b>Network:</b> 90%, 80%, 70%  <b>Non-Network Provider:</b>            70%, 60%, 50%  <b>Copayment:</b>            Office Visit-Network Only            None, \$20, \$25, \$30, \$50            Emergency Room- \$100            Ambulance- \$100            Inpatient Facility            Network- \$250            Non-Network-\$500  <b>Calendar Year Maximum</b>            \$1,000,000  <b>Lifetime Maximum Benefit:</b>            \$5,000,000</p>	<p>The cost savings of 10% is attributed to the removal/reduction of mandates.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Southwest Life and Health Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury (optional)</li> <li>• Chemical Dependency (optional)</li> <li>• Telehealth and Telemedicine</li> <li>• Temporomandibular Joint Disorder</li> <li>• Mental Health Parity</li> <li>• Mental Health</li> <li>• AIDS, HIV, or related illnesses</li> <li>• Serious Mental Illness</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and Hearing-Hearing Aids excluded</li> </ul>	<p>The coinsurance level between Network and Non-Network Providers may exceed a 30 percent difference.</p> <p><b>Annual Deductible:</b>  <b>Network Provider:</b>            Individual -\$0 - \$5,000            Family - \$0 - \$15,000  <b>Non-Network Provider:</b>            Individual -\$500 - \$10,000            Family - \$1,000 - \$30,000</p> <p><b>Out-of-Pocket Maximum:</b>  <b>Network</b>            Individual - \$0 - \$10,000            Family - \$0 - \$30,000  <b>Non-Network:</b>            Individual - \$2,000 - \$20,000            Family - \$4,000 - \$50,000</p> <p><b>Coinsurance:</b>  <b>Network Provider:</b>            70 – 90 percent  <b>Non-Network Provider:</b>            50 – 80 percent</p> <p><b>Lifetime Maximum Benefit:</b>            \$1,000,000 +</p>	<p>Cost savings due to removal/reduction of mandates – 2.4%. Cost savings due to coinsurance varying by more than 30% - .1%.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Southwest Life and Health Insurance Company  (Small and Large Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury (optional)</li> <li>• Chemical Dependency (optional)</li> <li>• Telehealth and Telemedicine</li> <li>• Temporomandibular Joint Disorder</li> <li>• Mental Health Parity</li> <li>• Mental Health</li> <li>• AIDS, HIV, or related illnesses</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and Hearing-Hearing Aids excluded</li> </ul>	<p>The coinsurance level between Network and Non-Network Providers may exceed a 30 percent difference.</p> <p><b>Annual Deductible:</b>  <b>Network Provider:</b>            Individual -\$0 - \$5,000            Family - \$0 - \$15,000  <b>Non-Network Provider:</b>            Individual -\$500 - \$10,000            Family - \$1,000 - \$30,000</p> <p><b>Out-of-Pocket Maximum:</b>  <b>Network</b>            Individual - \$0 - \$10,000            Family - \$0 - \$30,000  <b>Non-Network:</b>            Individual - \$2,000 - \$20,000            Family - \$4,000 - \$50,000</p> <p><b>Coinsurance:</b>  <b>Network Provider:</b>            70 – 90 percent  <b>Non-Network Provider:</b>            50 – 80 percent</p> <p><b>Lifetime Maximum Benefit:</b>            \$1,000,000 +</p>	<p>Cost savings due to removal/reduction of mandates – 2.4%. Cost savings due to coinsurance varying by more than 30% - .1%.</p>

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Time Insurance Company (Filed under Fortis Insurance Company) (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Mental Health</li> <li>• Chemical Dependency</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> <li>• Serious Mental Illness</li> </ul>	<ul style="list-style-type: none"> <li>• Contraceptive Drugs and Devices (optional)</li> </ul>	<p><b>PPO</b>            Select Participating, Participating, Non Select Participating/Nonparticipating:</p> <p><b>Annual Deductible:</b>            Individual:            None, \$0 - \$10,000            Family:            None, \$0 - \$30,000</p> <p><b>Coinsurance:</b>            50 to 100 percent</p> <p><b>Copayment:</b>            Hospital:            None, \$0 to \$1000            Office Visit            None, \$0 to \$50            Copayment varies based on type of service.</p> <p><b>Lifetime Maximum:</b>            \$100,000 - \$5,000,000</p>	Cost savings due to removal/reduction of the mandates is 1.2%.

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Trustmark Life Insurance Company  (Small Employer)		<ul style="list-style-type: none"> <li>• Acquired Brain Injury (optional)</li> <li>• Contraceptive Drugs and Devices (optional)</li> <li>• Temporomandibular Joint Disorder (optional)</li> <li>• Mental Health (optional)</li> <li>• Chemical Dependency (optional)</li> <li>• Home Health Care (optional)</li> <li>• Speech and Hearing (optional)</li> <li>• In-Vitro Fertilization (optional)</li> <li>• Osteoporosis Screening</li> <li>• Mastectomy- Minimum Stay (optional)</li> </ul>	<p><b>Indemnity Coverage:</b> <b>Deductible:</b> \$500</p> <p><b>Coinsurance:</b> 80 percent</p> <p><b>Out-Of-Pocket Maximum:</b> \$3000</p> <p><b>Lifetime Maximum:</b> \$2,000,000</p> <p><b>Network Coverage (In and Out):</b> Deductible- \$500</p> <p><b>Coinsurance Network Provider:</b> 90 percent and above</p> <p><b>Non-Network Provider:</b> 70 percent and above</p> <p><b>Lifetime Maximum:</b> \$2,000,000</p>	The Consumer Choice Health Benefit Plans have the same deductible and other cost sharing as the current Basic Indemnity and Basic PPO so the only cost savings is that associated with removal/reduction of the mandates – this cost savings is .6%

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Unicare Life and Health Company  (Individual)	<ul style="list-style-type: none"> <li>• Pregnancy Coverage</li> <li>• Mental or Nervous Disorder (including organic disease)</li> <li>• Off-label drugs</li> <li>• Prescription contraceptives (including oral, devices and related supplies)</li> <li>• Telehealth and Telemedicine</li> </ul>	Acquired Brain Injury (optional)	<p><b>Annual Deductible:</b> \$250 to \$5,000</p> <p><b>Hospital Deductible:</b> (non-emergency) \$500 to \$1,000</p> <p><b>Prescription Drug Deductible:</b> \$50 to \$1,000</p> <p><b>Network Provider Coinsurance:</b> 75 to 90 percent</p> <p><b>Non-Network Provider Coinsurance:</b> 50 to 80 percent</p>	<ul style="list-style-type: none"> <li>• Savings associated with removal of mandates should result in a reduction of 2.2 percent of the plan with state mandates.</li> <li>• Adjustments to deductibles, copays, or coinsurance will reduce costs by approximately 5.3 to 9.3 percent.</li> <li>• The carrier anticipates that healthier individuals are expected to select this plan, resulting in 4 to 6 percent savings is expected.</li> </ul>

<b>Company and Market</b>	<b>Mandates and/or Coverages Excluded</b>	<b>Mandates Reduced or Made Optional</b>	<b>Deductibles and/or Coinsurance Offered</b>	<b>Estimated Savings as Reported by the Carrier</b>
Unicare Life and Health Company (Individual)	<ul style="list-style-type: none"> <li>• Pregnancy Coverage</li> <li>• Mental or Nervous Disorder (including organic disease)</li> <li>• Off-label drugs</li> <li>• Prescription contraceptives (including oral, devices and related supplies)</li> <li>• Telehealth and Telemedicine</li> </ul>	Acquired Brain Injury (optional)	<b>Annual Deductible:</b> \$1,000 to \$5,000  <b>Prescription Drug Deductible:</b> \$50 to \$5,000  <b>Network Provider Coinsurance:</b> 60 percent and above  <b>Non-Network Provider Coinsurance:</b> 50 percent and above	<ul style="list-style-type: none"> <li>• Savings associated with removal of mandates should result in a reduction of 2.2 percent of the plan with state mandates</li> <li>• Adjustments to deductibles, copays, or coinsurance will reduce costs by approximately 4.8 percent.</li> <li>• The carrier anticipates that healthier individuals are expected to select this plan, resulting in a 3 percent savings.</li> </ul>

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
Union Security (Filed under Fortis Benefits Insurance Company)  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Mental Health</li> <li>• Chemical Dependency</li> <li>• Speech and Hearing</li> <li>• In-Vitro Fertilization</li> <li>• Serious Mental Illness</li> </ul>	<ul style="list-style-type: none"> <li>• Contraceptive Drugs and Devices (optional)</li> </ul>	<p><b>PPO</b>            Select Participating, Participating, Non Select Participating/Nonparticipating:</p> <p><b>Annual Deductible:</b>            Individual:            None, \$0 - \$10,000            Family:            None, \$0 - \$30,000</p> <p><b>Coinsurance:</b>            50 to 100 percent</p> <p><b>Copayment:</b>            Hospital:            None, \$0 to \$1000            Office Visit            None, \$0 to \$50            Copayment varies based on type of service.</p> <p><b>Lifetime Maximum:</b>            \$100,000 - \$5,000,000</p>	Cost savings due to removal/reduction of the mandates is 1.2%.

Company and Market	Mandates and/or Coverages Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
United Healthcare Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Telehealth and Telemedicine</li> <li>• Acquired Brain Injury</li> <li>• Prescription Drugs</li> </ul>	Home Health (20 to 200 visits per calendar year)  Mental Health (optional)  Serious Mental Illness (optional)  Chemical Dependency (optional)	<b>Annual Deductible:</b> Individual \$0 to \$7,500 Family \$0 to \$22,500 Emergency Room \$0 to \$250  <b>Coinsurance:</b> 50 percent and above  <b>Lifetime Maximum:</b> \$1,000,000 to \$5,000,000	<ul style="list-style-type: none"> <li>• Approximately 2 to 2.5 percent could be saved through removal of benefits.</li> <li>• Changes in other policy benefits such as Out of Pocket amounts and number of visits allowed will achieve approximate savings of 9 to 11 percent.</li> </ul>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings as Reported by the Carrier
United Healthcare Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Telehealth and Telemedicine</li> <li>• Acquired Brain Injury</li> <li>• Prescription Drugs</li> </ul>	Home Health (20 to 200 visits per calendar year)  Mental Health (optional)  Serious Mental Illness (optional)  Chemical Dependency (optional)	<b>Annual Deductible:</b> Individual \$0 to \$7,500 Family \$0 to \$22,500 Emergency Room \$0 to \$250  <b>Coinsurance:</b> 50 percent and above  <b>Lifetime Maximum:</b> \$1,000,000 to \$5,000,000	United HealthCare offers two types of CCP – “C” plans and “D” plans – differ by benefits. Savings in “C” plans due to removal of the mandates is 1.8%-2% (mandates removed include brain injury, contraceptive Rx, dental services, formulary Rx and telemedicine). Additional reduction due to removal/reduction in eye exam, mental health and substance abuse and spinal manipulation results in a total savings (including the 1.8%-2%) is 5.3%-5.8%. “D” plans result in an additional savings of 1% due to removal/reduction in ambulance services, reconstructive services and transplants.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Universal Fidelity Life Insurance Company (Small Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Contraceptive Drugs and Devices and related services (Oral Contraceptives Excluded).</li> <li>• Serious Mental Illness</li> <li>• In-Vitro Fertilization</li> <li>• Speech and Hearing</li> <li>• Home Health Care</li> <li>• Osteoporosis Screening</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$1,000, \$2,000  <b>Non-Network Provider</b>            \$2,500, \$5,000  <b>Out-of-Pocket Maximum:</b>  <b>Network Provider:</b>            Individual- \$4,000            Family – 2 x's Individual  <b>Non-Network Provider:</b>            Individual- \$8,000            Family – 2 x's Individual  <b>Coinsurance/Copayment:</b>  <b>Network Provider:</b>            Office Visits- \$35, \$50 copayments up to three visits.            After three visits- 70% \$200 maximum per visit            Other Services- 70%            Copayment may apply based on type of service  <b>Non-Network Provider:</b>            Office Visits- 70%            \$200 maximum per visit            Other Services- 50%            Copayment may apply based on type of service  <b>Lifetime Maximum Benefit:</b>            \$2,000,000</p>	<p>The cost savings of 6.3% is attributed solely to the removal of mandated benefits as there is no difference in cost sharing between the mandated and non-mandated plans.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Usable Life  (Small and Large Employer)	<ul style="list-style-type: none"> <li>• Chemical Dependency</li> <li>• Telehealth and Telemedicine</li> <li>• In Vitro Fertilization</li> <li>• Serious Mental Illness (Small Employers)</li> <li>• Contraceptive Drugs and Devices</li> <li>• Speech and Hearing</li> <li>• Home Health Care</li> <li>• Mental Health</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider:</b>  \$750+  <b>Non-Network Provider:</b>  \$1,500+</p> <p><b>Coinsurance:</b>  <b>Network Provider:</b>  80 percent</p> <p><b>Non-Network Provider:</b>  50 percent</p> <p><b>Calendar Year Maximum:</b>  Speech and Hearing- \$500+  Ambulance- \$300+  Durable Medical Equipment \$5,000+  Private Duty Nurse- \$4,000+  Nursing Home Services  30 days+  Physical &amp; Occupational Therapy  45 visits+</p> <p><b>Lifetime Maximum Benefit:</b>  \$1,000,000 - \$2,000,000</p>	<p>A cost savings of 2.7% is due to the removal/reduction of mandated benefits. A cost savings of 1.4% is due to exclusion of prescription drug coverage. A cost savings of 3.1% is attributed to cost sharing differences in benefits.</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
US Health and Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Serious Mental Illness</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Speech and Hearing</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Illness</li> <li>• Dental Services</li> <li>• Developmental Delays</li> <li>• Home Health Care</li> <li>• In Vitro-Fertilization</li> <li>• Oral Contraceptives &amp; Services</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            \$1,000, \$2,000, \$3,000, \$5,000  <b>Non-Network Provider</b>            2 X's Network Deductible  <b>Family- Max 3 per family</b>  <b>Coinsurance:</b>  <b>Network/Non-Network-50%</b>  <b>Coinsurance Maximum:</b>            Individual  <b>Network</b>            \$1,000, \$2,000, \$3,000, \$4,000  <b>Non-Network</b>            No out of pocket maximum  <b>Family- 2 X's Individual</b>  <b>Copayment:</b>            Hospital - Inpatient  <b>Network-</b> \$250  <b>Non-Network-</b> \$500            Hospital – Emergency Room  <b>Network/Non-Network-</b>            \$100            Office Visit-<b>Network-</b> \$40  <b>Lifetime Maximum Benefit:</b>            \$5,000,000</p>	<p>Value Plan (HSA qualified) - 2.7%            Value Plan (Non-HSA qualified) 2.7%            Security Plan (HSA qualified) - 6.9%            Security Plan (Non-HSA qualified) 5.8%            Protection Plan (HSA qualified) 9.4%            Protection Plan (Non-HSA qualified) 6.9%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
US Health and Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Serious Mental Illness</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Speech and Hearing</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Illness</li> <li>• Dental Services</li> <li>• Developmental Delays</li> <li>• Home Health Care</li> <li>• In Vitro-Fertilization</li> <li>• Oral Contraceptives &amp; Services</li> </ul>		<b>Annual Deductible:</b> <b>Network Provider-</b> \$1,000, \$2,000, \$3,000, \$5,000 <b>Non-Network Provider</b> 2 X's Network Deductible <b>Family-</b> Max 3 per family <b>Coinsurance:</b> <b>Network-</b> 80% <b>Non-Network-</b> 50% <b>Coinsurance Maximum:</b> Individual <b>Network-</b> \$1,000, \$2,000, \$4,000 <b>Non-Network</b> 8 X's Network <b>Family-</b> 2 X's Individual <b>Copayment:</b> Hospital - Inpatient <b>Network-</b> \$250 <b>Non-Network-</b> \$500 Hospital – Emergency Room <b>Network/Non-Network-</b> \$100 Office Visit- <b>Network-</b> \$40 <b>Lifetime Maximum Benefit:</b> \$5,000,000 (Additional Schedule)	Value Plan (HSA qualified) - 2.7% Value Plan (Non-HSA qualified) 2.7% Security Plan (HSA qualified) - 6.9% Security Plan (Non-HSA qualified) 5.8% Protection Plan (HSA qualified) 9.4% Protection Plan (Non-HSA qualified) 6.9%

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
US Health and Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Serious Mental Illness</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Speech and Hearing</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Illness</li> <li>• Dental Services</li> <li>• Developmental Delays</li> <li>• Home Health Care</li> <li>• In Vitro-Fertilization</li> <li>• Oral Contraceptives &amp; Services</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            Individual- \$5,000            Family- \$10,000  <b>Non-Network Provider</b>            Individual- \$10,000            Family- \$20,000</p> <p><b>Coinsurance:</b>  <b>Network-</b> 100%  <b>Non-Network-</b> 70%</p> <p><b>Lifetime Maximum Benefit:</b>            \$5,000,000             (Additional Schedule)</p>	<p>Value Plan (HSA qualified) - 2.7%            Value Plan (Non-HSA qualified) 2.7%             Security Plan (HSA qualified) - 6.9%            Security Plan (Non-HSA qualified) 5.8%             Protection Plan (HSA qualified) 9.4%            Protection Plan (Non-HSA qualified) 6.9%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
US Health and Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Serious Mental Illness</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Speech and Hearing</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Illness</li> <li>• Dental Services</li> <li>• Developmental Delays</li> <li>• Home Health Care</li> <li>• In Vitro-Fertilization</li> <li>• Oral Contraceptives &amp; Services</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            Individual- \$2,600            Family- \$5,200  <b>Non-Network Provider</b>            Individual- \$5,200            Family- \$10,400</p> <p><b>Coinsurance:</b>  <b>Network-</b> 80%  <b>Non-Network-</b> 50%</p> <p><b>Lifetime Maximum Benefit:</b>            \$5,000,000</p> <p>(Additional Schedule)</p>	<p>Value Plan (HSA qualified) - 2.7%            Value Plan (Non-HSA qualified) 2.7%            Security Plan (HSA qualified) - 6.9%            Security Plan (Non-HSA qualified) 5.8%            Protection Plan (HSA qualified) 9.4%            Protection Plan (Non-HSA qualified) 6.9%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
US Health and Life Insurance Company  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Serious Mental Illness</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth &amp; Telemedicine</li> <li>• Speech and Hearing</li> <li>• Minimum Stay for Mastectomy</li> <li>• Mental Illness</li> <li>• Dental Services</li> <li>• Developmental Delays</li> <li>• Home Health Care</li> <li>• In Vitro-Fertilization</li> <li>• Oral Contraceptive &amp; Services</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>            Individual- \$1,250            Family- \$2,500  <b>Non-Network Provider</b>            Individual- \$2,500            Family- \$5,000</p> <p><b>Coinsurance:</b>  <b>Network-</b> 80%  <b>Non-Network-</b> 50%</p> <p><b>Lifetime Maximum Benefit:</b>            \$5,000,000             (Additional Schedule)</p>	<p>Value Plan (HSA qualified) - 2.7%            Value Plan (Non-HSA qualified) 2.7%             Security Plan (HSA qualified) - 6.9%            Security Plan (Non-HSA qualified) 5.8%             Protection Plan (HSA qualified) 9.4%            Protection Plan (Non-HSA qualified) 6.9%</p>

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
Valley Baptist Insurance Company  (Previously under Valley Group Hospital Service Corporation)  (Small Employer)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury (optional)</li> <li>• Chemical Dependency (optional)</li> <li>• Telehealth and Telemedicine</li> <li>• Temporomandibular Joint Disorder</li> <li>• Mental Health Parity</li> <li>• Mental Health</li> <li>• AIDS, HIV, or related illnesses</li> <li>• Serious Mental Illness</li> </ul>	<ul style="list-style-type: none"> <li>• Speech and Hearing-Hearing Aids excluded</li> </ul>	The coinsurance level between Network and Non-Network Providers may exceed a 30 percent difference. <b>Annual Deductible:</b> <b>Network Provider:</b> Individual -\$0 - \$5,000 Family - \$0 - \$15,000 <b>Non-Network Provider:</b> Individual -\$500 - \$10,000 Family - \$1,000 - \$30,000  <b>Out-of-Pocket Maximum:</b> <b>Network</b> Individual - \$0 - \$10,000 Family - \$0 - \$30,000 <b>Non-Network:</b> Individual - \$2,000 - \$20,000 Family - \$4,000 - \$50,000  <b>Coinsurance:</b> <b>Network Provider:</b> 70 – 90 percent <b>Non-Network Provider:</b> 50 – 80 percent  <b>Lifetime Maximum Benefit:</b> \$1,000,000 +	Cost savings due to removal/reduction of mandates – 2.4%. Cost savings due to coinsurance varying by more than 30% - .1%.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
World Insurance Company (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Serious Mental Illness</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth and Telemedicine</li> <li>• Speech and Hearing</li> <li>• Off-label drugs</li> <li>• Minimum Stay for Mastectomy</li> </ul>		<p><b>Annual Deductible:</b>  Individual  \$500, \$1,000, \$1,500, \$2,500, \$5,000, \$10,000  Family  Three Individual Calendar Year Deductibles</p> <p><b>Coinsurance:</b>  90, 80, 70, 60 or 50% of first \$5,000 of covered expenses; then 100% of the remainder of calendar year</p> <p><b>Copayment:</b>  Emergency Room  \$100</p> <p><b>Center of Excellence Maximum Benefit:</b>  \$500,000 or \$1,000,000  <b>Lifetime Maximum Benefit:</b>  \$2,000,000 or \$5,000,000</p> <p>(Indemnity Schedule)</p>	The cost savings of 9.5% is attributed to the removal of mandates.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
World Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Acquired Brain Injury</li> <li>• Serious Mental Illness</li> <li>• Chemical Dependency</li> <li>• Osteoporosis Screening</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth and Telemedicine</li> <li>• Speech and Hearing</li> <li>• Off-label drugs</li> <li>• Minimum Stay for Mastectomy</li> </ul>		<b>Annual Deductible:</b> <b>Network Provider</b> \$500, \$1,000, \$1,500, \$2,500, \$5,000, \$10,000 <b>Non-Network Provider</b> \$1,000, \$1,500, \$2,000, \$3,000, \$5,500, \$10,500 <b>Family-</b> Three Individual Calendar Year Deductibles <b>Coinsurance:</b> <b>Network Provider</b> 100, 90, 80, 70, 60 or 50% of first \$5,000 of covered expenses; then 100% of the remainder of calendar year <b>Non-Network Provider</b> 80, 70, 60 or 50% of first \$10,000 of covered expenses; then 100% of the remainder of calendar year <b>Copayment:</b> Emergency Room-\$100 Office Visits-Network Provider- \$25 or \$35 <b>Center of Excellence</b> <b>Maximum Benefit:</b> \$500,000 or \$1,000,000 <b>Lifetime Maximum Benefit:</b> \$2,000,000 or \$5,000,000	The cost savings of 9.5% is attributed to the removal of mandates.

Company and Market	Mandates and/or Coverage's Excluded	Mandates Reduced or Made Optional	Deductibles and/or Coinsurance Offered	Estimated Savings
World Insurance Company  (Association)	<ul style="list-style-type: none"> <li>• Mental Illness</li> <li>• Chemical Dependency</li> <li>• Prescription Contraceptives</li> <li>• Temporomandibular Joint Disorder</li> <li>• Telehealth and Telemedicine</li> <li>• Off-label drugs</li> </ul>		<p><b>Annual Deductible:</b>  <b>Network Provider</b>  \$0 - \$50,000  <b>Non-Network Provider</b>  \$0 - \$100,000  <b>Family-</b> Three Individual Calendar Year Deductibles  <b>Coinsurance:</b>  Includes calendar year maximums per type of service  <b>Network Provider</b>  50 to 100% of first \$5,000 to \$50,000 of covered expenses; then 100% of the remainder of calendar year.  <b>Non-Network Provider</b>  50 to 80% of first \$10,000 to \$100,000 of covered expenses; then 100% of the remainder of calendar year.  <b>Copayment:</b>  Office Visits-Network Provider- \$25 to \$250  <b>Calendar Maximum Benefit:</b>  \$100,000 or \$5,000,000  <b>Lifetime Maximum Benefit:</b>  \$1,000,000 or \$5,000,000</p>	The cost savings of 8.7% is attributed to the removal of mandates.