

Option #

	Plan #	Ded In/Out	Office Visit/ Specialist	Coins In/Out
PPO Plans - Any Billings Hospital & Doctor				
Platinum Plans				
1	P910PFR	\$750 /\$1500	\$25 /\$45	80%/50%
Gold Plans				
2	G933PFR	\$2000 /\$4000	\$35 /\$65	80%/50%
Silver Plans				
3	S931PFR^{*3}	\$3000 /\$6000	80%/80%	80%/50%
POS Plans - Billings Clinic Providers Only				
Platinum Plans				
4	P6E1BLC	\$750 /\$1500	\$25 /\$45	80%/50%
Gold Plans				
5	G6E1BLC	\$1250 /\$2500	\$35 /\$70	80%/50%
6	G6E3BLC	\$2500 /\$5000	\$30 /\$65	90%/50%

OPX In/Out	ER Copay/ ER Coins	IP In/Out	OP Surg In/Out	Ped. Dental In/Out
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\$1500/\$4500	\$250 /100%	80%/50%	80%/50%	70%/70%
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\$6000/\$15000	\$300 /100%	80%/50%	80%/50%	70%/70%
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\$5250/\$15750	DC/80%	80%/50%	80%/50%	70%/70%
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\$1500/\$4500	\$250 /100%	80%/50%	80%/50%	70%/70%
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\$7000/\$18750	\$250 /100%	80%/50%	80%/50%	70%/70%
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\$6500/\$16500	\$250 /100%	90%/50%	90%/50%	70%/70%
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Non-Preferred Rx**Preferred Rx****\$10/\$20/\$55/\$95/\$250/\$350****\$0/\$10/\$35/\$75/\$250/\$350****\$10/\$20/\$70/\$120/\$250/\$350****\$0/\$10/\$50/\$100/\$250/\$350****80%/80%/70%/60%/60%/50%****90%/90%/80%/70%/60%/50%****\$15/\$25/\$80/\$170/\$250/\$350****\$5/\$15/\$60/\$150/\$250/\$350****\$15/\$25/\$80/\$170/\$250/\$350****\$5/\$15/\$60/\$150/\$250/\$350****\$20/\$30/\$70/\$120/\$250/\$350****\$10/\$20/\$50/\$100/\$250/\$350**

Employee Only	Employee +Spouse	Employee +Child	Employee +Family	Total Monthly Health Cost	Savings Per Month
\$810.84	\$1,621.68	\$1,702.76	\$2,513.60	\$18,243.88	Current Plan
\$672.74	\$1,345.48	\$1,412.75	\$2,085.49	\$15,136.63	3,107.25
\$593.95	\$1,187.90	\$1,247.30	\$1,841.25	\$13,363.90	4,879.98
\$622.52	\$1,245.04	\$1,307.29	\$1,929.81	\$14,006.69	4,237.19
\$511.84	\$1,023.68	\$1,074.86	\$1,586.70	\$11,516.38	6,727.50
\$496.33	\$992.66	\$1,042.29	\$1,538.62	\$11,167.41	7,076.47

Savings Per Year	Option #
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\$0.00	1
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37,287.00	2
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58,559.76	3
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50,846.28	4
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80,730.00	5
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84,917.64	6
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