Exhibit A

State Active Employee Plans

	2012 Annual Premiums				
	Current	**Plan A Medical**	**Plan B Medical**	**HDHP 0.5**	**HDHP 1.5**
Single Coverage					
Horizon PPO	$8,400	$8,100	$7,700	$4,800	$7,200
Aetna HMO	$8,600	$8,300	$7,900	$4,900	$7,300
CIGNA HMO	$8,700	$8,300	$7,900	$4,900	$7,300
Parent Coverage					
Horizon PPO	$12,500	$12,000	$11,400	$7,100	$10,600
Aetna HMO	$12,800	$12,200	$11,700	$7,300	$10,800
CIGNA HMO	$12,800	$12,300	$11,700	$7,300	$10,900
Married Coverage					
Horizon PPO	$16,900	$16,200	$15,500	$9,600	$14,300
Aetna HMO	$17,300	$16,500	$15,800	$9,900	$14,600
CIGNA HMO	$17,300	$16,600	$15,900	$9,900	$14,700
Family Coverage					
Horizon PPO	$21,100	$20,200	$19,300	$12,100	$17,900
Aetna HMO	$21,600	$20,700	$19,800	$12,300	$18,300
CIGNA HMO	$21,700	$20,800	$19,800	$12,400	$18,400

Medical Cost Sharing					
Primary Care Copays	$15	$15	$20	NA	NA
Specialist Care Copays	$15	$25	$30 for adults/ $20 children	NA	NA
Emergency Room Copay	$50	$75	$125	NA	NA
In-Network Deductible**	NA	NA	NA	$4,000	$1,500
In-Network Coinsurance	10% on ambulance, prosthetic devices, outpatient MHSA, DME	10% on ambulance, prosthetic devices, outpatient MHSA, DME	10% on ambulance, prosthetic devices, outpatient MHSA, DME	20% on all in-network charges	20% on all in-network charges
In-Network OOP Maximum**	$400	$400	$800	$1,000	$1,000
OON* Deductible **	$100	$100	$200	combined with in-net	combined with in-net
OON* Coinsurance**	30%	30%	30%	40%	40%
OON* OOP maximum**	$2,000	$2,000	$5,000	$2,000	$7,500
OON* Inpatient Hospital Deductible	$200 per stay	$200 per stay	$500 per stay	NA	NA
Employer HSA Funding	NA	NA	NA	$0	$300

Prescription Drug Copays						
Retail Copayments	Tier 1	$3	$7	$3	subject to deductible and coinsurance	subject to deductible and coinsurance
Retail Copayments	Tier 2	$10	$16	$18		
Retail Copayments	Tier 3	$25	$35	$46		
Mail Copayments	Tier 1	$5	$18	$5		
Mail Copayments	Tier 2	$15	$40	$36		
Mail Copayments	Tier 3	$40	$88	$92		
OOP Maximum		none	none	none		

*HMO plans do not have OON network benefits

**Maximum Family amounts are 2.5 x per member amounts listed in table.

Exhibit B

Local Government Active Employee Plans

	2012 Annual Premiums					
	Cur $10 copay	Cur $15 copay	Plan A Medical	Plan B Medical	HDHP 0.5	HDHP 1.5
Single Coverage						
Horizon PPO	$9,500	$9,100	$8,700	$8,400	$5,200	$7,700
Aetna HMO	$9,200	NA	$8,500	$8,100	$5,100	$7,500
CIGNA HMO	$9,300	NA	$8,500	$8,200	$5,100	$7,600
Parent Coverage						
Horizon PPO	$14,100	$13,500	$12,900	$12,400	$7,700	$11,500
Aetna HMO	$13,700	NA	$12,600	$12,000	$7,500	$11,100
CIGNA HMO	$13,700	NA	$12,600	$12,100	$7,500	$11,200
Married Coverage						
Horizon PPO	$19,000	$18,300	$17,500	$16,700	$10,400	$15,500
Aetna HMO	$18,500	NA	$17,000	$16,300	$10,200	$15,100
CIGNA HMO	$18,500	NA	$17,000	$16,300	$10,200	$15,100
Family Coverage						
Horizon PPO	$23,700	$22,900	$21,900	$20,900	$13,100	$19,400
Aetna HMO	$23,100	NA	$21,200	$20,300	$12,700	$18,800
CIGNA HMO	$23,200	NA	$21,300	$20,400	$12,700	$18,900

Medical Cost Sharing						
Primary Care Copays	$10	$15	$15	$20	NA	NA
Specialist Care Copays	$10	$15	$25	$30 for adults/ $20 children	NA	NA
Emergency Room Copay	$25 PPO, $35 HMO	$50	$75	$125	NA	NA
In-Network Deductible**	NA	NA	NA	NA	$4,000	$1,500
In-Network Coinsurance	10% on ambulance, prosthetic devices, outpatient MHSA, DME	10% on ambulance, prosthetic devices, outpatient MHSA, DME	10% on ambulance, prosthetic devices, outpatient MHSA, DME	10% on ambulance, prosthetic devices, outpatient MHSA, DME	20% on all in-network charges	20% on all in-network charges
In-Network OOP Maximum**	$400	$400	$400	$800	$1,000	$1,000
OON* Deductible **	$100	$100	$100	$200	combined with in-net	combined with in-net
OON* Coinsurance**	30%	30%	30%	30%	40%	40%
OON* OOP maximum**	$2,000	$2,000	$2,000	$5,000	$2,000	$7,500
OON* Inpatient Hospital Deductible	$200 per stay	$200 per stay	$200 per stay	$500 per stay	NA	NA
Employer HSA Funding	NA	NA	NA	NA	$0	$300

Prescription Drug Copays* **						
Retail Copayments Tier 1	$3	$3	$7	$3	subject to deductible and coinsurance	subject to deductible and coinsurance
Retail Copayments Tier 2	$10	$10	$16	$18		
Retail Copayments Tier 3	$10	$10	$35	$46		
Mail Copayments Tier 1	$5	$5	$18	$5		
Mail Copayments Tier 2	$15	$15	$40	$36		
Mail Copayments Tier 3	$15	$15	$88	$92		
OOP Maximum	none	none	none	none		

*HMO plans do not have OON network benefits

**Maximum Family amounts are 2.5 x per member amounts listed in table.

***These copays apply to the State Prescription Drug Card. Local Employers can select this option, coverage with medical plan, or purchase their own drug coverage.