


Major Medical Plans	Ultra 6000	Ultra 3000	Ultra 1000
Network			
Plan Availability	49 States	49 States	49 States
Member:	\$753.50	\$844.00	\$1,035.50
Member + Spouse	\$1,314.00	\$1,481.00	\$1,883.00
Member + Child(ren)	\$1,186.50	\$1,334.50	\$1,685.50
Family	\$1,677.00	\$1,898.50	\$2,450.00
Benefits			
Individual Deductible	\$6,000	\$3,000	\$1,000/\$2,000
Family Deductible	\$12,000	\$6,000	\$2,000/ \$4,000
Individual Max Out of Pocket	\$18,900	\$9,450	\$5,000/ \$10,000
Family Max Out of Pocket	\$18,900	\$18,900	\$10,000/ \$20,000
Coinsurance	70%	70%	80%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Primary Care Copay	\$30	\$30	\$20
Specialist Care Copay	\$60	\$60	\$40
Urgent Care	\$60	\$60	\$90
Laboratory			
Diagnostic Test	\$30 copay/visit	\$30 copay/visit	Deductible then 20%
Radiology Services			
Facility (CT, PET, MRI's) up to plan allowance	Facility: 30% of plan allowable, deductible does not apply. Professional Fees: 30% after deductible	Facility: 30% of plan allowable, deductible does not apply. Professional Fees: 30% after deductible	Deductible then 20%
Facility & Professional Services			
Emergency Room - Professional Fee	30% after deductible	30% after deductible	Deductible then 20%
Emergency Room - Facility	30% of plan allowable, deductible does not apply.	30% of plan allowable,deductible does not apply	Deductible then 20%
Inpatient Hospital - Physician Fees	Deductible then 30%	Deductible then 30%	Deductible then 20%
Inpatient - Facility	30% of plan allowable,deductible does not apply		Deductible then 20%
Outpatient - Physician	30% of plan allowable,deductible does not apply	Deductible then 30%	Deductible then 20%
Outpatient Hospital - Facility	30% of plan allowable,deductible does not apply	30% of plan allowable,deductible does not apply	Deductible then 20%
Out of Network			
Deductible	\$12,000/\$24,000	\$6,000/\$12,000	\$2,000/\$4,000
MOOP	\$18,900/ \$37,900	\$18,950/ \$37,900	\$10,000/ \$20,000
Coinsurance	40%	40%	60%
Reimbursement	Subject to plan allowable	Subject to plan allowable	Subject to plan allowable
Prescription Drug Benefit			
Generic	\$15	\$15	\$15
Preferred Brand	\$65	\$65	\$65
Non-Preferred Brand	\$100	\$100	\$85

For Internal Use ONLY

- 12-month rate guarantee from effective date.
- All benefits are on a calendar year basis. (Deductible and MOOP reset on January 1st.)
- All plans will have a One-time Processing fee of \$125
- All plans will have a \$20 per Month Association fee
- Disclaimer: This spreadsheet is only a snapshot of benefits. Please refer to the SBC as this is for illustration purposes only. Online rates and benefits supersede this sheet.

Major Medical Plans	Ultra 6000	Ultra 3000	Ultra 1000
Network	 QUALCARE	 QUALCARE	 QUALCARE
Plan Availability	New Jersey Residents Only	New Jersey Residents Only	New Jersey Residents Only
Member:	\$753.50	\$844.00	\$1,035.50
Member + Spouse	\$1,314.00	\$1,481.00	\$1,883.00
Member + Child(ren)	\$1,186.50	\$1,334.50	\$1,685.50
Family	\$1,677.00	\$1,898.50	\$2,450.00
Benefits			
Individual Deductible	\$6,000	\$3,000	\$1,000/\$2,000
Family Deductible	\$12,000	\$6,000	\$2,000/ \$4,000
Individual Max Out of Pocket	\$18,900	\$9,450	\$5,000/ \$10,000
Family Max Out of Pocket	\$18,900	\$18,900	\$10,000/ \$20,000
Coinsurance	70%	70%	80%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Primary Care Copay	\$30	\$30	\$20
Specialist Care Copay	\$60	\$60	\$40
Urgent Care	\$60	\$60	\$90
Laboratory			
Diagnostic Test	\$30 copay/visit	\$30 copay/visit	Deductible then 20%
Radiology Services			
Facility (CT, PET, MRI's) up to plan allowance	Facility: 30% of plan allowable, deductible does not apply. Professional Fees: 30% after deductible	Facility: 30% of plan allowable, deductible does not apply. Professional Fees: 30% after deductible	Deductible then 20%
Facility & Professional Services			
Emergency Room - Professional Fee	30% after deductible	30% after deductible	Deductible then 20%
Emergency Room - Facility	30% of plan allowable, deductible does not apply.	30% of plan allowable,deductible does not apply	Deductible then 20%
Inpatient Hospital - Physician Fees	Deductible then 30%	Deductible then 30%	Deductible then 20%
Inpatient - Facility	30% of plan allowable,deductible does not apply		Deductible then 20%
Outpatient - Physician	30% of plan allowable,deductible does not apply	Deductible then 30%	Deductible then 20%
Outpatient Hospital - Facility	30% of plan allowable,deductible does not apply	30% of plan allowable,deductible does not apply	Deductible then 20%
Out of Network			
Deductible	\$12,000/\$24,000	\$6,000/\$12,000	\$2,000/\$4,000
MOOP	\$18,900/ \$37,900	\$18,950/ \$37,900	\$10,000/ \$20,000
Coinsurance	40%	40%	60%
Reimbursement	Subject to plan allowable	Subject to plan allowable	Subject to plan allowable
Prescription Drug Benefit			
Generic	\$15	\$15	\$15
Preferred Brand	\$65	\$65	\$65
Non-Preferred Brand	\$100	\$100	\$85

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Major Medical Plans	Ultra 6000	Ultra 3000	Ultra 1000
Network			
Plan Availability	All 50 States	All 50 States	All 50 States
Member:	\$844.50	\$948.00	\$1,232.00
Member + Spouse	\$1,482.00	\$1,674.00	\$2,247.00
Member + Child(ren)	\$1,335.50	\$1,506.00	\$2,008.00
Family	\$1,899.50	\$2,154.00	\$2,932.00
Benefits			
Individual Deductible	\$6,000/\$12,000	\$3,000/\$6,000	\$1,000/\$2,000
Family Deductible	\$12,000/\$24,000	\$6,000/\$12,000	\$2,000/ \$4,000
Individual Max Out of Pocket	\$9,450/ \$18,900	\$9,450/ \$18,900	\$5,000/ \$10,000
Family Max Out of Pocket	\$18,900/ \$37,900	\$18,900/ \$37,900	\$10,000/\$20,000
Coinsurance	70%	70%	80%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Primary Care Copay	\$30	\$30	\$20
Specialist Care Copay	\$60	\$60	\$40
Urgent Care	\$60	\$60	\$40
Laboratory			
Diagnostic Test	\$30 copay/visit	\$30 copay/visit	Deductible then 20%
Radiology Services			
Facility (CT, PET, MRI's) up to plan allowance	Facility: 30% of plan allowable, deductible does not apply. Professional Fees: 30% after deductible	Facility: 30% of plan allowable, deductible does not apply. Professional Fees: 30% after deductible	Deductible then 20%
Facility & Professional Services			
Emergency Room - Professional Fee	30% after deductible Out of network is subject to plan allowable fee.	30% after deductible Out of network is subject to plan allowable fee.	Deductible then 20%
Emergency Room - Facility	30% of plan allowable, deductible does not apply.	30% of plan allowable, deductible does not apply.	Deductible then 20%
Inpatient Hospital - Physician Fees	Deductible then 30%	Deductible then 30%	Deductible then 20%
Inpatient - Facility	Deductible then 30%	Deductible then 30%	Deductible then 20%
Outpatient - Physician	30% after deductible, subject to plan allowable	30% after deductible, subject to plan allowable	Deductible then 20%
Outpatient Hospital - Facility	30% of plan allowable, deductible does not apply	30% of plan allowable, deductible does not apply	Deductible then 20%
Out of Network			
Deductible	\$12,000/\$24,000	\$6,000/\$12,000	\$2,000/\$4,000
MOOP	\$18,900/ \$37,900	\$18,950/ \$37,900	\$10,000/ \$20,000
Coinsurance	40%	40%	60%
Reimbursement	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee
Prescription Drug Benefit			
Generic	\$15	\$15	\$15
Preferred Brand	\$65	\$65	\$65
Non-Preferred Brand	\$100	\$100	\$85

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