Health Plans	UMR Core	UMRHSA	Surest
Individual	\$750	\$3,200	No Deductible
Family	\$1,500	\$6,400	No Deductible
		\$750 for individual and	
Employer HSA Contribution	Not eligible for HSA	\$1,500 for Two	Not eligible for HSA
		Person/Family	
Individual	\$4,500	\$5,000	\$4,000
Family	\$9,000	\$10,000	\$8,000
Lifetime Maximum			
Inpatient	20% after Deductible	20% after Deductible	\$10-2,000 copay
Outpatient	20% after Deductible	20% after Deductible	\$10-2,000 copay
Emergency Room	\$250 copay	20% after Deductible	\$180 copay

Tier 4 - Specialty	\$150	20% after Deductible	\$100-150	
Mail Order Copays (90-day supply)				
Tier 1	\$20	20% after Deductible	\$15	
Tier 2	\$80	20% after Deductible	\$50	
Tier 3	\$120	20% after Deductible	\$100	
Monthly Premiums (41k and Over)				
Employee Only	\$141.92	\$77.20	\$66.76	
Employee + spouse	\$312.64	\$170.10	\$147.08	
Employee + child(ren)	\$235.48	\$128.12	\$110.78	
Family	\$389.40	\$211.84	\$183.20	
Monthly Premiums (Under 41k)				
Employee Only	\$120.62	\$58.04	\$48.56	
Employee + spouse	\$265.74	\$127.86	\$106.96	
Employee + child(ren)	\$200.16	\$96.32	\$80.56	
Family	\$331.00	\$159.24	\$133.22	