



PROFESSIONAL COMPUTER RES 3157630899, 3157630001

Renewal Rates Effective 06/01/2008

**Your Renewal Rates for 80/60 POS W3 including Benefit Riders:**

**Benefit Riders:**

RX (\$7/\$17/\$40)	MH/SA (50%)	Vision (\$20/24 mo)
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MALE	Employee Only	Subs	Employee & Spouse	Subs	Employee & Child(ren)	Subs	Family	Subs
Under 25	\$112.58	0	\$414.76	0	\$308.12	0	\$641.26	0
25-29	\$130.36	0	\$454.34	0	\$358.50	0	\$729.73	0
30-34	\$160.00	1	\$521.96	0	\$432.13	0	\$836.46	0
35-39	\$207.39	0	\$580.80	0	\$510.49	0	\$929.51	1
40-44	\$272.58	0	\$673.35	0	\$565.90	0	\$1,030.21	0
45-49	\$364.42	0	\$815.60	0	\$644.71	0	\$1,152.91	1
50-54	\$479.97	0	\$988.38	0	\$735.81	0	\$1,302.88	0
55-59	\$610.34	0	\$1,196.39	0	\$827.07	0	\$1,463.64	0
60-64	\$817.74	0	\$1,491.04	0	\$1,019.80	0	\$1,717.54	0
65+	\$746.63	0	\$1,411.04	0	\$909.58	0	\$1,629.40	0
FEMALE	Employee Only	Subs	Employee & Spouse	Subs	Employee & Child(ren)	Subs	Family	Subs
Under 25	\$266.65	0	\$405.42	0	\$462.19	0	\$631.92	0
25-29	\$346.65	0	\$486.08	0	\$574.79	0	\$761.47	0
30-34	\$379.23	0	\$580.17	0	\$651.36	0	\$894.67	0
35-39	\$370.35	0	\$602.16	0	\$673.45	0	\$950.87	0
40-44	\$382.21	0	\$738.43	0	\$675.53	0	\$1,095.29	0
45-49	\$450.35	0	\$882.68	0	\$730.64	0	\$1,219.99	0
50-54	\$530.34	1	\$1,095.58	0	\$786.18	0	\$1,410.08	0
55-59	\$625.15	0	\$1,277.92	1	\$841.88	0	\$1,545.17	0
60-64	\$740.70	0	\$1,508.29	0	\$942.76	0	\$1,734.79	0
65+	\$622.20	0	\$1,393.48	0	\$785.15	0	\$1,611.84	0
Composite Equivalent	\$345.17	2	\$1,277.92	1	\$0.00	0	\$1,041.21	2

Current Monthly Premium: \$3,672.99

Renewal Monthly Premium: \$4,050.68

Rate Change: 10.283%

Proposed rates are subject to change based on the terms outlined on the CHC Contingencies page. Actual benefits, cost sharing provisions, limitations and exclusions are set forth in the Evidence of Coverage issued to members. PPO products are underwritten by WellPath Select, Inc.

Prepared by: Geneva Chisholm

SIC Code: 7389

Effective Date: 06/01/2008

80/60 POS W3 (Direct Access)	MEMBER CHOOSES:	
	In-Network Provider	Out-of-Network Provider *
<b>DEDUCTIBLE (Per Contract Year)</b>		
Individual	\$500	\$1,000
Family	\$1,500	\$3,000
<b>OUT-OF-POCKET MAXIMUM (Excludes Ded)</b>		
Individual	\$3,000	\$5,000
Family	\$6,000	\$10,000
<b>INPATIENT HOSPITAL CARE</b>	<i>Transplants not covered in Out-of-Network</i>	
Unlimited Hospital Days (semi-private) Private Room When Medically Necessary	Deductible/20% Coinsurance	Deductible/40% Coinsurance
<b>OUTPATIENT FACILITY SERVICES</b>		
X-Ray	Deductible/20% Coinsurance	Deductible/40% Coinsurance
Lab	No Charge	Deductible/ 30% Coinsurance
Outpatient Surgery (Includes physician fees)	Deductible/20% Coinsurance	Deductible/ 40% Coinsurance
Outpatient Facility	Deductible/20% Coinsurance	Deductible/ 40% Coinsurance
<b>PHYSICIAN OFFICE VISITS</b> (Allergy not covered in Out-of-Network)		
Office Visits	\$20 Copay	\$40 Copay
Specialty Visits	\$40 Copay	\$80 Copay
<b>HOME HEALTH CARE</b>	Deductible/20% Coinsurance	Not covered
<b>VISION</b>	Eye exams every 24 months. \$20 Copayment	Only covered in-network
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>	50% Coinsurance	Only covered in-network
<b>PRESCRIPTION DRUGS</b>	\$7 Generic/\$17 Brand/\$40 Non-formulary	Covered only at participating pharmacies
<b>CHIROPRACTOR</b>	None Selected	None Selected
<b>RELAXED AUTHORIZATION</b>	Not Selected	
<b>EMERGENCY SERVICES</b>		
At Hospital Emergency Room	\$150 Copay (waived if admitted)	Covered as in-network benefit
Urgent Care Center	\$60 Copay per visit	Covered as in-network benefit
Ambulance	Deductible/20% Coinsurance	Covered as in-network benefit
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>Notice:</b>		
Your actual expenses for covered services may exceed the coinsurance or copayment amount because actual provider charges may not be used to determine Plan and member payment obligations.		
*Out-of-Network Rate ("ONR") is determined by WellPath. Member is responsible for payments of amounts in excess of ONR. For example, assume your coinsurance is 30%, the hospital bill is \$5,000, and the ONR is \$3,000. In this example, the Plan would not take into account the \$2,000 above the ONR. The Plan would pay 70% of \$3,000 which is \$2,100. You would pay 30% coinsurance of \$3,000 which is \$900 and you would pay the \$2,000 of actual charges that exceeded the ONR, for a total cost to you of \$2,900. Payments for charges in excess of ONR do not count towards your deductible or towards your out-of-pocket maximum.		
<ul style="list-style-type: none"> <li>- Certain services must be precertified by WellPath Select, Inc.</li> <li>- Emergency services are retrospectively reviewed.</li> <li>- Diaphragm is covered under your Prescription Drug Rider, if you have this benefit.</li> <li>- Percentage of the cost to WellPath Select, Inc..</li> </ul>		
This document is for informational purposes only. It contains only a partial, general description of Plan features and benefits and does not constitute a contract or any part of one. The complete terms of the Plan are contained in the official Plan documents, which are the Evidence of Coverage, the Schedule of Copayments, the Group Master Contract (available from your employer group), and any applicable Riders, Amendments, Supplemental Benefits or Endorsements. In the event of any differences between this document and the official Plan documents, the Plan documents will control.		



# Professional Computer Resources, Inc.

## INSURANCE RATES EFFECTIVE 6/1/08 – 5/31/09

### DENTAL/LIFE INSURANCE – PRINCIPLE LIFE INSURANCE CO.

Employee ONLY – \$44.18/mo.	(530.16/yr)
Employee & Child/Children – \$90.86/mo.	(1,090.32/yr)
Employee & Spouse – \$97.52/mo.	(1,170.24/yr)
Employee & Family – \$155.90/mo.	(1,870.80/yr)