

## Proposed Plan Design Changes

|                   |  |   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|-------------------|--|---|--------------------------|-------------------------|--|--------------------------|-------------------------|--|--|----------------------------|--------------------------|--|--|-------------|--|--|--|--|
| Williamson County |  |   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
| November 1, 2010  |  |   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  |   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  |   | PPO Core Plan            |                         |  | PPO Deductible Plan      |                         |  |  | EPO Plan                   |                          |  |  |             |  |  |  |  |
|                   |  |   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  | Plan Design Changes   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  |   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  | November 1, 2010 Effective Date   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  |   | PPO High Plan            | 11/1/2010               |  | Current                  | 11/1/2010               |  |  | Current                    | 11/1/2010                |  |  |             |  |  |  |  |
|                   |  | Benefits (In / Out of Network)  |                          |                         |  | Plan Design              |                         |  |  | Plan Design                |                          |  |  | Plan Design |  |  |  |  |
|                   |  |   | In Netwkw/Out of Netwkw  | In Netwkw/Out of Netwkw |  | In Netwkw/Out of Netwkw  | In Netwkw/Out of Netwkw |  |  | In Network                 | In Network               |  |  |             |  |  |  |  |
|                   |  | Individual Deductible   | \$750 / \$1,500          | No Deductible           |  | \$1,250 / \$2,500        | No Change               |  |  | \$300                      | No Change                |  |  |             |  |  |  |  |
|                   |  | Family Deductible   | \$2,250 / \$4,500        | No Deductible           |  | \$3,750 / \$7,500        | No Change               |  |  | \$900                      | No Change                |  |  |             |  |  |  |  |
|                   |  | Coinsurance (eligible expenses)   | 10% / 40%                | See Below               |  | 20% / 40%                | No Change               |  |  | 10%                        | No Change                |  |  |             |  |  |  |  |
|                   |  | Individual Out of Pocket  | \$2,500 / \$10,000       | \$3,500 (1)             |  | \$3,000                  | \$3,000 (1)             |  |  | \$1,500                    | \$3,500                  |  |  |             |  |  |  |  |
|                   |  | Family Out of Pocket  | \$7,500 / \$30,000       | \$6,000 (1)             |  | \$9,000                  | \$9,000 (1)             |  |  | \$4,500                    | \$6,000                  |  |  |             |  |  |  |  |
|                   |  | Hospital Services (eligible expenses)   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  | Deductible  | \$750 / \$1,500          | No Deductible           |  | \$1,250 / \$2,500        | No Change               |  |  | \$300                      | No Change                |  |  |             |  |  |  |  |
|                   |  | Coinsurance   | 10% / 40%                | 10% / 50%               |  | 20% / 40%                | No Change               |  |  | 10%                        | 10%                      |  |  |             |  |  |  |  |
|                   |  | Inpatient   | deductible & coinsurance | 10% / 50%               |  | deductible & coinsurance | No Change               |  |  | deductible & coinsurance   | deductible & coinsurance |  |  |             |  |  |  |  |
|                   |  | Outpatient Surgery  | deductible & coinsurance | 10% / 50%               |  | deductible & coinsurance | No Change               |  |  | deductible & coinsurance   | deductible & coinsurance |  |  |             |  |  |  |  |
|                   |  | Outpatient Diagnostic & Therapeutic Services  | deductible & coinsurance | 30% / 50%               |  | deductible & coinsurance | No Change               |  |  | deductible & coinsurance   | deductible & coinsurance |  |  |             |  |  |  |  |
|                   |  | Emergency Room  | \$225 copayment          | 30%                     |  | \$225 copayment          | No Change               |  |  | \$225 copayment            | No Change                |  |  |             |  |  |  |  |
|                   |  | Physician Services (eligible expenses)  |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  | Physician Office Visits - Primary   | \$25 copayment           | 30% / 50%               |  | \$25 copayment           | No Change               |  |  | \$25 copayment             | No Change                |  |  |             |  |  |  |  |
|                   |  | Physician Office Visits - Specialist  | \$40 copayment           | 30% / 50%               |  | \$40 copayment           | No Change               |  |  | \$40 copayment             | No Change                |  |  |             |  |  |  |  |
|                   |  | Other Services (eligible expenses)  |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  | Preventive Care - In Network only   | No Copayment \$400 max   | Covered at 100%         |  | No Copayment \$400 max   | Covered at 100%         |  |  | \$25 PCP / \$40 Specialist | Covered at 100%          |  |  |             |  |  |  |  |
|                   |  | Urgent Care Facility  | \$40 copayment           | 30%                     |  | \$40 copayment           | No Change               |  |  | \$40 copayment             | No Change                |  |  |             |  |  |  |  |
|                   |  | Outpatient Diagnostic Services: Lab / Xray (in network only)  | 100% (deductible waived) | Covered at 100%         |  | 100% (deductible waived) | Covered at 100%         |  |  | 100% (deductible waived)   | Covered at 100%          |  |  |             |  |  |  |  |
|                   |  | Prescription Drugs  |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  | Deductible  | N/A                      | \$50                    |  | N/A                      | \$50                    |  |  | N/A                        | \$50                     |  |  |             |  |  |  |  |
|                   |  | Out of Pocket Maximum   | N/A                      | \$1,250                 |  | N/A                      | \$1,250                 |  |  | N/A                        | \$1,250                  |  |  |             |  |  |  |  |
|                   |  | Retail Pharmacy (30 days) Generic / Brand   | \$10/\$30/\$50           | 30% / 30% (2)           |  | \$10/\$30/\$50           | 30% / 30% (2)           |  |  | \$10/\$30/\$50             | 30% / 30% (2)            |  |  |             |  |  |  |  |
|                   |  | Mail Order Pharmacy (90 days) Generic / Brand   | \$20/\$60/\$100          | \$20 / \$70             |  | \$20/\$60/\$100          | \$20 / \$70             |  |  | \$20/\$60/\$100            | \$20 / \$70              |  |  |             |  |  |  |  |
|                   |  | Specialty Drugs   | N/A                      | \$125                   |  | N/A                      | \$125                   |  |  | N/A                        | \$125                    |  |  |             |  |  |  |  |
|                   |  |   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  |   |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  | (1) Out of Network charges will not apply to the Out of Pocket Maximum; Out of Network charges will never be paid at 100% |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |
|                   |  | (2) There is a separate \$1,250 Prescription Out of Pocket Maximum  |                          |                         |  |                          |                         |  |  |                            |                          |  |  |             |  |  |  |  |