

HIRSP Plans Option Table

	HIRSP 1,000	HIRSP 2,500	HIRSP 5000	HIRSP Medicare Supplement	HIRSP Health Savings Account
Premiums	Refer to rate table	Refer to rate table	Refer to rate table	Refer to rate table	Refer to rate table
Premium reductions available if you qualify	Yes (refer to "Reductions in shaded box below")	Yes (refer to "Reductions in shaded box below")	Yes (refer to "Reductions in shaded box below")	Yes (refer to "Reductions in shaded box below")	Yes (refer to "Reductions in shaded box below")
Medical deductible (you pay)	\$1,000 per year	\$2,500 per year	\$5,000 per year	\$500 per year	\$3,500 per year
Medical deductible reductions available if you qualify	Yes (refer to "Reductions" in shaded box below)	Yes (refer to "Reductions" in shaded box below)	Yes (refer to "Reductions" in shaded box below)	No	Yes (refer to "Reductions" in shaded box below)
Medical Coinsurance (you pay)	20% of allowed amount \$1,000 per year	20% of allowed amount \$1,000 per year	20% of allowed amount \$1,000 per year	No	20% of allowed amount (after deductible is met)
Individual medical out-of-pocket maximum (your total expenditures for medical deductible and medical coinsurance, after which HIRSP will pay at 100%)	\$2,000 per year	\$3,500 per year	\$6,000 per year	\$500 per year	20% of allowed amount (after deductible is met. No first dollar drug coverage)
Family medical out-of-pocket maximum (all family members must be on the same plan)	\$4,000 per year	\$7,000 per year	\$12,000 per year	\$1,000 per year	\$2,100 per year
Drug Copay (you pay)	\$10 Tier 1 / \$30 Tier 2 Up to a maximum of \$2,000 per year	\$10 Tier 1 / \$30 Tier 2 Up to a maximum of \$2,000 per year	\$10 Tier 1 / \$30 Tier 2 Up to a maximum of \$2,000 per year	\$10 Generic / \$30 Brand Up to a maximum of \$1,500 per year	\$5,600 per year
Drug out-of-pocket maximum reductions available if you qualify	Yes (refer to "Reductions" in shaded box below)	Yes (refer to "Reductions" in shaded box below)	Yes (refer to "Reductions" in shaded box below)	Yes (refer to "Reductions" in shaded box below)	\$11,200 per year
Pre-existing condition waiting period	If applicable (refer to "Pre-existing" in shaded box below)	If applicable (refer to "Pre-existing" in shaded box below)	If applicable (refer to "Pre-existing" in shaded box below)	If applicable (refer to "Pre-existing" in shaded box below)	Yes (refer to "Reductions" in shaded box below)
Maximum lifetime benefit	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	If applicable (refer to "Pre-existing" in shaded box below) \$1,000,000

Reductions: Available for policyholders with household incomes of less than \$25,000 (less than \$33,000 for 2009).
 HIRSP 1,000 / HIRSP 2,500 / HIRSP 5,000 – subsidized premium, medical deductible, and drug out-of-pocket maximum.
 HIRSP BSA – subsidized premium and medical/drug deductible.
Pre-existing: If you are eligible for HIRSP based on your medical condition, HIRSP does not cover services or medications related to a pre-existing injury or illness, including maternity, during your first six months of coverage. A pre-existing injury or illness is a condition, whether physical or mental, regardless of the cause of the condition, which was diagnosed or for which medical advice, care, or treatment was recommended or received during the six months immediately preceding the policy effective date.

HEALTH INSURANCE RISK-SHARING PLAN

Quarterly Premium Rates

Rates Effective January 1, 2009

HIRSP 1,000 - (\$1,000 deductible)

Quarterly Premium Rates		
Age	Male	Female
0-18	\$900	\$885
19-24	\$900	\$1,128
25-29	\$948	\$1,272
30-34	\$1,095	\$1,455
35-39	\$1,287	\$1,695
40-44	\$1,551	\$1,962
45-49	\$1,887	\$2,217
50-54	\$2,277	\$2,457
55-59	\$2,784	\$2,724
60 +	\$3,384	\$2,880

HIRSP 2,500 - (\$2,500 deductible)

Quarterly Premium Rates		
Age	Male	Female
0-18	\$462	\$462
19-24	\$459	\$582
25-29	\$477	\$642
30-34	\$558	\$738
35-39	\$636	\$840
40-44	\$768	\$975
45-49	\$969	\$1,122
50-54	\$1,248	\$1,287
55-59	\$1,596	\$1,464
60 +	\$2,010	\$1,671

HIRSP 5,000 - (\$5,000 deductible)

Quarterly Premium Rates		
Age	Male	Female
0-18	\$339	\$336
19-24	\$333	\$426
25-29	\$351	\$471
30-34	\$408	\$540
35-39	\$465	\$615
40-44	\$561	\$711
45-49	\$711	\$816
50-54	\$912	\$939
55-59	\$1,167	\$1,068
60 +	\$1,467	\$1,221

HIRSP HSA - (\$3,500 deductible)

Quarterly Premium Rates		
Age	Male	Female
0-18	\$399	\$399
19-24	\$396	\$504
25-29	\$411	\$552
30-34	\$480	\$633
35-39	\$546	\$723
40-44	\$660	\$840
45-49	\$834	\$963
50-54	\$1,071	\$1,107
55-59	\$1,374	\$1,263
60 +	\$1,728	\$1,437

HEALTH INSURANCE RISK-SHARING PLAN

Plans Subsidy Discount Table

HIRSP 1,000, HIRSP 2,500 and HIRSP 5,000			
Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum
\$33,000 and Above	No Discount	No Discount	\$2,000
\$30,000-32,999.99	\$100	15%	\$1,250
\$25,000-29,999.99	\$100	20%	\$1,000
\$20,000-24,999.99	\$100	25%	\$750
\$17,000-19,999.99	\$200	29%	\$600
\$14,000-16,999.99	\$300	34%	\$525
\$10,000-13,999.99	\$400	39%	\$450
Less than \$10,000	\$500	43%	\$375

HIRSP Health Savings Account			
Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum*
\$33,000 and Above	No Discount	No Discount	Not Applicable
\$30,000-32,999.99	\$100	15%	Not Applicable
\$25,000-29,999.99	\$100	20%	Not Applicable
\$20,000 - 24,999.99	\$100	25%	Not Applicable
\$17,000 - 19,999.99	\$200	29%	Not Applicable
\$14,000 - 16,999.99	\$300	34%	Not Applicable
\$10,000 - 13,999.99	\$400	39%	Not Applicable
Less than \$10,000	\$500	43%	Not Applicable

* The medical and drug benefit in the HSA plan is a combined benefit; therefore, a cap on out-of-pocket drug costs is not available.