

ABC Company, Inc.  
**Medical Insurance**  
 Effective Date: January 1, 2005  
 Prepared on: December 22, 2004

Carrier:  
 Plan:  
 Deductible Year:  
 Deductible:  
 Family Deductible:  
 Out-of-Pocket Maximum:  
 Family Out-of-Pocket Maximum:  
 Coinsurance:  
 Office Visits:  
 Routine Physicals:  
 Physician Services:  
 Emergency Room Services:  
 Hospital Admission Services:  
 Prescription Drugs:  
 Health Savings Account:  
 Risk Factor / Area Table:

				BlueCross BlueShield				HealthPartners				
				BC/BS-Deductible - Plan 23				HP Open Access 25-80				
				Calendar Year				Calendar Year				
				\$2,250; Combined with Out-of-network				None				
				\$4,500; Combined with Out-of-network				None				
				\$3,000; Separate \$1,000 Per Person for Prescription Drugs; Combined with Out-of-network				\$1,750				
				\$6,000; Combined with Out-of-network				\$3,500				
				80% After Deductible				\$25 Copay				
				No Benefit				100%; No Deductible				
				80% After Deductible				\$75 Copay				
				80% After Deductible				80%; No Deductible				
				No				No				
				Employee Paid		Employer Paid		Employee Paid		Employer Paid		
				EE	DEP	EE	DEP	EE	DEP	EE	DEP	
<b>ABC Company, Inc. (Eagan)</b>												
Sarah C. Emerson	F	32	34	-	\$37.78	\$75.56	\$151.12	\$113.34	\$55.00	\$55.00	\$165.00	\$165.00
Jerry M. Johnson	M	42	36	3	\$44.19	\$260.36	\$176.75	\$390.54	\$68.75	\$196.25	\$206.25	\$588.75
Thomas R. Smith	M	45	42	2	\$49.45	\$192.63	\$197.79	\$288.95	\$77.50	\$143.75	\$232.50	\$431.25
<b>ABC Company, Inc. (Lakeville)</b>												
Bob R. Ford	M	34	32	1	\$37.78	\$131.64	\$151.12	\$197.46	\$55.00	\$98.75	\$165.00	\$296.25
Timothy L. Hart	M	24	-	-	Waived	-	Waived	-	Waived	-	Waived	-
Samuel S. Larson	M	42	42	-	\$44.19	\$88.38	\$176.75	\$132.56	\$68.75	\$68.75	\$206.25	\$206.25
Fran S. Wall	F	42	44	4	\$44.19	\$180.20	\$176.75	\$270.30	\$68.75	\$133.75	\$206.25	\$401.25
Greg T. Wall (sp)	M	44	-	-	-	C \$220.94	-	-	-	C \$275.00	-	-
<b>ABC Company, Inc. (Minneapolis)</b>												
Julie Anderson	F	42	-	2	\$44.19	\$104.26	\$176.75	\$156.38	\$68.75	\$75.00	\$206.25	\$225.00
Jane Doe	F	29	39	-	\$35.96	\$80.16	\$143.84	\$120.24	\$52.50	\$62.50	\$157.50	\$187.50
Eagan Totals:					\$131.42	\$528.55	\$525.66	\$792.83	\$201.25	\$395.00	\$603.75	\$1,185.00
					<b>\$659.97</b>		<b>\$1,318.49</b>		<b>\$596.25</b>		<b>\$1,788.75</b>	
					<b>\$1,978.46</b>				<b>\$2,385.00</b>			
Lakeville Totals:					\$347.10	\$400.22	\$504.62	\$600.32	\$467.50	\$301.25	\$577.50	\$903.75
					<b>\$747.31</b>		<b>\$1,104.95</b>		<b>\$768.75</b>		<b>\$1,481.25</b>	
					<b>\$1,852.26</b>				<b>\$2,250.00</b>			
Minneapolis Totals:					\$80.15	\$184.42	\$320.59	\$276.62	\$121.25	\$137.50	\$363.75	\$412.50
					<b>\$264.56</b>		<b>\$597.22</b>		<b>\$258.75</b>		<b>\$776.25</b>	
					<b>\$861.78</b>				<b>\$1,035.00</b>			
Grand Totals:					\$558.66	\$1,113.18	\$1,350.88	\$1,669.78	\$790.00	\$833.75	\$1,545.00	\$2,501.25
					<b>\$1,671.84</b>		<b>\$3,020.66</b>		<b>\$1,623.75</b>		<b>\$4,046.25</b>	
					<b>\$4,692.50</b>				<b>\$5,670.00</b>			

ABC Company, Inc.

**Medical Insurance**

Effective Date: January 1, 2005

Prepared on: December 22, 2004

**Rate Adjustment**

Carrier: **BlueCross BlueShield**  
 Plan: **BC/BS-Deductible - Plan 23**  
 Deductible Year: **Calendar Year**  
 Deductible: **\$2,250; Combined with Out-of-network**  
 Family Deductible: **\$4,500; Combined with Out-of-network**  
 Out-of-Pocket Maximum: **\$3,000; Separate \$1,000 Per Person for Prescription Drugs; Combined with Out-of-network**  
 Family Out-of-Pocket Maximum: **\$6,000; Combined with Out-of-network**  
 Coinsurance:  
 Office Visits: **80% After Deductible**  
 Routine Physicals: **No Benefit**  
 Physician Services:  
 Emergency Room Services: **80% After Deductible**  
 Hospital Admission Services: **80% After Deductible**  
 Prescription Drugs:  
 Health Savings Account: **No**  
 Risk Factor / Area Table:

BlueCross BlueShield				HealthPartners			
BC/BS-Deductible - Plan 23				HP Open Access 25-80			
Calendar Year				Calendar Year			
\$2,250; Combined with Out-of-network				None			
\$4,500; Combined with Out-of-network				None			
\$3,000; Separate \$1,000 Per Person for Prescription Drugs; Combined with Out-of-network				\$1,750			
\$6,000; Combined with Out-of-network				\$3,500			
Coinsurance:							
Office Visits: 80% After Deductible				\$25 Copay			
Routine Physicals: No Benefit				100%; No Deductible			
Physician Services:							
Emergency Room Services: 80% After Deductible				\$75 Copay			
Hospital Admission Services: 80% After Deductible				80%; No Deductible			
Prescription Drugs:							
Health Savings Account: No				No			
Risk Factor / Area Table:							

Sex	Age	SP	CH	Employee Paid		Employer Paid		Employee Paid		Employer Paid		
				EE	DEP	EE	DEP	EE	DEP	EE	DEP	
<b>ABC Company, Inc. (Eagan)</b>												
Sarah C. Emerson	F	32	34	-	\$45.34	\$90.67	\$181.34	\$136.01	\$66.00	\$66.00	\$198.00	\$198.00
Jerry M. Johnson	M	42	36	3	\$53.03	\$312.43	\$212.10	\$468.65	\$82.50	\$235.50	\$247.50	\$706.50
Thomas R. Smith	M	45	42	2	\$59.34	\$231.16	\$237.35	\$346.74	\$93.00	\$172.50	\$279.00	\$517.50
<b>ABC Company, Inc. (Lakeville)</b>												
Bob R. Ford	M	34	32	1	\$45.34	\$157.97	\$181.34	\$236.95	\$66.00	\$118.50	\$198.00	\$355.50
Timothy L. Hart	M	24	-	-	Waived	-	Waived	-	Waived	-	Waived	-
Samuel S. Larson	M	42	42	-	\$53.03	\$106.05	\$212.10	\$159.08	\$82.50	\$82.50	\$247.50	\$247.50
Fran S. Wall	F	42	44	4	\$53.03	\$216.24	\$212.10	\$324.36	\$82.50	\$160.50	\$247.50	\$481.50
Greg T. Wall (sp)	M	44	-	-	-	C \$265.13	-	-	-	C \$330.00	-	-
<b>ABC Company, Inc. (Minneapolis)</b>												
Julie Anderson	F	42	-	2	\$53.03	\$125.11	\$212.10	\$187.66	\$82.50	\$90.00	\$247.50	\$270.00
Jane Doe	F	29	39	-	\$43.15	\$96.19	\$172.61	\$144.29	\$63.00	\$75.00	\$189.00	\$225.00
Eagan Totals:					\$157.70	\$634.26	\$630.80	\$951.39	\$241.50	\$474.00	\$724.50	\$1,422.00
					<b>\$791.96</b>		<b>\$1,582.19</b>		<b>\$715.50</b>		<b>\$2,146.50</b>	
					<b>\$2,374.15</b>				<b>\$2,862.00</b>			
Lakeville Totals:					\$416.52	\$480.26	\$605.55	\$720.39	\$561.00	\$361.50	\$693.00	\$1,084.50
					<b>\$896.77</b>		<b>\$1,325.94</b>		<b>\$922.50</b>		<b>\$1,777.50</b>	
					<b>\$2,222.71</b>				<b>\$2,700.00</b>			
Minneapolis Totals:					\$96.18	\$221.30	\$384.71	\$331.95	\$145.50	\$165.00	\$436.50	\$495.00
					<b>\$317.48</b>		<b>\$716.66</b>		<b>\$310.50</b>		<b>\$931.50</b>	
					<b>\$1,034.14</b>				<b>\$1,242.00</b>			
Grand Totals:					\$670.39	\$1,335.82	\$1,621.06	\$2,003.73	\$948.00	\$1,000.50	\$1,854.00	\$3,001.50
					<b>\$2,006.21</b>		<b>\$3,624.79</b>		<b>\$1,948.50</b>		<b>\$4,855.50</b>	
					<b>\$5,631.00</b>				<b>\$6,804.00</b>			