

Signature Base Plan

At the end of 2010, there are approximately 6,538 policies
 Insured counts 12,468

Deductible	Coinsurance/Maximum OOP		
	50%	80%	Total
3,500	1.5%	24.9%	26.3%
5,000	2.4%	26.5%	28.9%
7,500	2.9%	16.3%	19.2%
10,000	10.1%	15.4%	25.5%
Grand Total	16.9%	83.1%	100.0%

50% is at \$4,000 maximum out of pocket
 80% is at \$2,000 maximum out of pocket

Riders

Percentage of polices with rider	
Accident	90%
Air Ambulance	78%
Ambulatory Care Rider	94%
Breast reduction and Varicose Vein	3%
Doctors office visit	62%
Emergency Room	75%
Mental Health	1%

Below is the distribution of benefit options by rider
 for those riders that have optional benefit options

Ambulatory Care

Coinsurance	Maximum Be	Deductible		
		\$500	\$1,000	Total
50%	\$500	0%	2%	2%
	\$1,000	2%	1%	3%
	\$2,000	0%	1%	1%
80%	\$500	2%	1%	3%
	\$1,000	22%	17%	39%
	\$2,000	27%	26%	53%
Grand Total		54%	46%	100%

Accident Rider

Maximum	Deductible		
	\$50	\$100	Total
\$600	0%	1%	1%
\$1,200	2%	9%	11%
\$1,800	15%	73%	88%
Grand Total	17%	83%	100%

|Breast reduction and Varicose Vein and Mental health riders benefits follow the base plan

State Mandated Plans

At the end of 2010, there are approximately 14 policies
Insured Count 28

	Coinsurance		
Deductible	80%	60%	Total
\$500	14%	0%	14%
\$250	64%	21%	86%
Grand Total	79%	21%	100%

Scheduled Plan (Health Choice)

At the end of 2010, there are approximately 214 policies
Insured Count 464

Room and Board

Deductible	\$300-\$400	\$500	\$600	\$700	\$800	\$900-\$1,000	Total
\$1,000	0%	2%	8%	1%	1%	2%	14%
\$5,000	1%	2%	5%	6%	8%	7%	29%
\$3,000	6%	3%	16%	3%	3%	5%	35%
\$4,000	0%	1%	3%	0%	0%	1%	7%
\$2,000	1%	2%	9%	0%	2%	0%	15%
Grand Total	8%	11%	41%	10%	14%	15%	100%

	Miscellaneous Inpatient Benefit	Surgical Benefits
<=\$16,000	8%	14%
\$18 - \$24,00	13%	19%
\$25 - \$30,00	22%	18%
\$25 - \$40,00	57%	36%

Riders

Percentage of polices with rider	
Accident Rider	82%
Air Ambulance	55%
Ambulatory Care	93%
Breast reduction and Varicose Vein	0%
Doctors office visit	41%
Emergency Room	50%
Chemotherapy	86%
Accumulated Expense Rider	73%

Ambulatory Care

		Deductible		
Coinsurance	Maximum Be	\$500	\$1,000	Total
50%	\$500	0%	1%	1%
	\$1,000	0%	0%	0%
	\$2,000	1%	0%	1%
80%	\$500	16%	6%	21%
	\$1,000	38%	31%	69%
	\$2,000	3%	6%	9%
Grand Total		57%	43%	100%

Accident Rider

		Deductible		
Maximum	\$50	\$100	Total	
\$600	1%	5%	6%	
\$1,200	13%	39%	52%	
\$1,800	5%	37%	42%	
Grand Total	19%	81%	100%	