

HOME BUILDERS ASSOCIATION

PROPOSED DATE: JULY 1, 2008

	ALTERNATE-1	ALTERNATE-2	ALTERNATE-3
HEALTH INSURANCE			
CARRIER	HUMANA	HUMANA	HUMANA
PLAN	PPO (COVERAGE FIRST)	POS (CHOICEPOS 08)	POS (CHOICEPOS 08)
LIFETIME MAXIMUM	\$5 MILLION	\$5 MILLION	\$5 MILLION
DEDUCTIBLE	\$15000 PPO (3X)/\$4500 NON-PPO (3X) UP FRONT ALLOWANCE \$500 PER MEMBER PER YEAR	\$500 PPO (3X)/\$1500 NON-PPO (3X)	\$2000 PPO (3X)/\$6000 NON-PPO (3X)
COINSURANCE	100% PPO/70% NON-PPO	90% PPO/60% NON-PPO	80% PPO/50% NON-PPO
OUT-OF-POCKET EXPENSE	\$0 PPO (3X)/\$4000 NON-PPO (2X)	\$1000 PPO (3X)/\$3000 NON-PPO (3X)	\$2000 PPO (3X)/\$6000 NON-PPO (3X)
HOSPITAL DEDUCTIBLE	\$250 COPAYMENT PER CONFINEMENT	NO COPAY	NO COPAY
DOCTOR COPAY	\$30 PCP/\$50 SPECIALIST COPAY	\$30 PCP/\$50 SPECIALIST COPAY	\$30 PCP/\$50 SPECIALIST COPAY
SUPPLEMENTAL ACCIDENT	N/A	N/A	N/A
EMERGENCY CARE	\$150 COPAY, THEN 100%	\$150 COPAY, THEN 100%	\$150 COPAY, THEN 100%
PREVENTIVE	INCLUDED	INCLUDED	INCLUDED
MATERNITY	INCLUDED	INCLUDED	INCLUDED
PRESCRIPTION DRUGS	\$10/\$35/\$55/25%	\$10/\$35/\$55/25%	\$10/\$35/\$55/25%
MAIL ORDER DRUGS	2.5 X PHARMACY COPAY	2.5 X PHARMACY COPAY	2.5 X PHARMACY COPAY
PRESCRIPTION MAXIMUM	N/A	N/A	N/A
SINGLE:			
EE/SP:			
EE/CH:			
FAMILY:			
ADMINISTRATION FEE			
MONTHLY PREMIUM	\$0.00	\$0.00	\$0.00
ANNUAL PREMIUM	\$0.00	\$0.00	\$0.00
PERCENT OF DIFFERENCE	0.00%	#DIV/0!	#DIV/0!
DOLLAR VARIANCE	\$0.00	\$0.00	\$0.00

This abbreviated proposal should not be interpreted as all inclusive of provisions, limitations and exclusions.

For further details, refer to the actual proposal. This summary is based on information supplied by the carrier.

ALL PROPOSED PREMIUMS ARE BASED ON THE QUOTING CENSUS:

FINAL RATES ARE BASED ON ACTUAL ENROLLMENT AND RISK ASSESSMENT OF THE GROUP.

CURRENT COVERAGE SHOULD NOT BE TERMINATED UNTIL WRITTEN CONFIRMATION OF COVERAGE IS RECEIVED BY THE GROUP.

MEDICAL SPREADSHEET PPO.XLS

6/2/2008

HOME BUILDERS ASSOCIATION

PROPOSED DATE: JULY 1, 2008

HEALTH INSURANCE	ALTERNATE-4	ALTERNATE-5
CARRIER	HUMANA	HUMANA
PLAN	HMO (SELECT OPTION 80)	PPO (SELECT OPTION 02)
LIFETIME MAXIMUM	UNLIMITED	UNLIMITED
DEDUCTIBLE	\$0	\$0
COINSURANCE	100%	100%
OUT-OF-POCKET EXPENSE	\$1500 (2X)	\$1500 (2X)
HOSPITAL DEDUCTIBLE	NO COPAY	\$250 COPAYMENT PER DAY; 3 DAY MAXIMUM
DOCTOR COPAY	\$20 COPAY	\$15 PCP/\$25 SPECIALIST COPAY
SUPPLEMENTAL ACCIDENT	N/A	N/A
EMERGENCY CARE	NO COPAY	\$75 COPAY, THEN 100%
PREVENTIVE	INCLUDED	INCLUDED
MATERNITY	INCLUDED	INCLUDED
PRESCRIPTION DRUGS	\$10/\$35/\$55/25%	\$10/\$35/\$55/25%
MAIL ORDER DRUGS	2.5 X RETAIL PHARMACY COPAY	2.5 X RETAIL PHARMACY COPAY
PRESCRIPTION MAXIMUM	N/A	N/A
PPG:		
SINGLE:		
EE/SP:		
EE/CH:		
FAMILY:		
ADMINISTRATION FEE		
MONTHLY PREMIUM	\$0.00	\$0.00
ANNUAL PREMIUM	\$0.00	\$0.00
PERCENT OF DIFFERENCE	#DIV/0!	#DIV/0!
DOLLAR VARIANCE	\$0.00	\$0.00

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