

**Cummins Crosspoint Effective 1/1/2012**

<b>Health Plan Benefits</b>			
	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
	<b>Value Plan</b>	<b>Deluxe Plan</b>	<b>Super Deluxe Plan</b>
<b>Deductible - Individual</b>	\$3000	\$2000	\$1500
<b>Deductible - Family</b>	\$6000	\$4000	\$3000
<b>Co-Insurance (Member)</b>	20%*	20%*	20%*
<b>Office Visit Co-Pay</b>	\$ 0*	\$ 0*	\$ 0*
<b>Max Limit - Individual</b>	\$5000	\$4000	\$3000
<b>Max Limit - Family</b>	\$10000	\$8000	\$6000
<b>Rx Generic/Brand</b>	20%/20%*	20%/20%*	20%/20%*
<b>Rx Brand Deductible</b>	\$ 0	\$ 0	\$ 0
<b>Annual Employer HSA or HRA Amount</b>			
<b>Employee Only</b>	\$1000	\$500	\$ 0
<b>Employee / Spouse</b>	\$2000	\$1000	\$ 0
<b>Employee / Child(ren)</b>	\$2000	\$1000	\$ 0
<b>Employee / Family</b>	\$2000	\$1000	\$ 0
<b>Annual Employee Premium Amount</b>			
<b>Employee Only</b>	\$ 96	\$132	\$180
<b>Employee / Spouse</b>	\$180	\$228	\$300
<b>Employee / Child(ren)</b>	\$264	\$324	\$420
<b>Employee / Family</b>	\$348	\$420	\$540

All numbers represent In-Network Benefits.

\*Subject to deductible