

Cummins Crosspoint Effective 1/1/2012

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

All numbers represent In-Network Benefits.

*Subject to deductible