




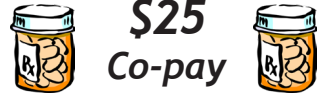






# HEALTH

Gold Plan			
Premium Amount: \$350 Single - \$650 Family/Monthly			
<p><b>Deductible</b> <b>\$3,000</b> Per Person <i>*Patient can pay over 12-months</i></p> 	<p><b>Coverage</b> <b>80/20</b> Insurance Pays 80% Patient Pays 20% <i>(after deductible)</i> <i>*Patient can pay over 12-months</i></p>	<p><b>Co-Pay</b> <b>\$25</b> 5 Standard Visits Allowed Per Visit/Per Person</p> 	<p><b>Prescription</b> <b>\$10</b> Co-pay Per Bottle/Per Person</p> 
Silver Plan			
Premium Amount: \$275 Single - \$575 Family/Monthly			
<p><b>Deductible</b> <b>\$5,000</b> Per Person <i>*Patient can pay over 12-months</i></p> 	<p><b>Coverage</b> <b>70/30</b> Insurance Pays 70% Patient Pays 30% <i>(after deductible)</i> <i>*Patient can pay over 12-months</i></p>	<p><b>Co-Pay</b> <b>\$45</b> 3 Standard Visits Allowed Per Visit/Per Person</p> 	<p><b>Prescription</b> <b>\$25</b> Co-pay Per Bottle/Per Person</p> 
Bronze Plan			
Premium Amount: \$175 Single - \$475 Family/Monthly			
<p><b>Deductible</b> <b>\$10,000</b> Per Person <i>*Patient can pay over 12-months</i></p> 	<p><b>Coverage</b> <b>60/40</b> Insurance Pays 60% Patient Pays 40% <i>(after deductible)</i> <i>*Patient can pay over 12-months</i></p>	<p><b>Co-Pay</b> <b>\$65</b> 3 Standard Visits Allowed Per Visit/Per Person</p> 	<p><b>Prescription</b> <b>\$45</b> Co-pay Per Bottle/Per Person</p> 
No Plan			
Vitamins Required: \$45/Month			
<p><b>Deductible</b> <b>\$0</b></p> 	<p><b>Coverage</b> <b>None</b> Patient Pays 100%  <i>*Patient can pay over 12-months</i></p>	<p><b>Co-Pay</b> <b>None</b></p>	<p><b>Prescription</b> <b>As Priced</b> Per Bottle/Per Person</p> 