




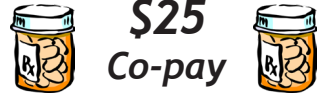






HEALTH

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