

**TEMPUS IT STAFFING, LLC
INSURANCE PLAN - EMPLOYEE COST
BLUECROSS BLUESHIELD GROUP #1029343
GUARDIAN GROUP #38 67 30
EFFECTIVE DATE - OCTOBER 1, 2005**

PLAN COVERAGE COMPARISON HIGHLIGHTS

<u>IN-NETWORK</u>	<u>PPO 100 Blue Cross Blue Shield</u>	<u>PPO 1201 Blue Cross Blue Shield</u>
DEDUCTIBLE - INDIVIDUAL	300.00	500.00
DEDUCTIBLE - FAMILY	900.00	1,500.00
OFFICE VISIT CO-PAY	15.00	25.00
HOSPITAL VISITS	90%, after deductible	90%, after deductible

EMPLOYEE COST COMPARISON PER PAY PERIOD (26 PER YEAR)

	<u>Blue Cross Blue Shield POS</u>	<u>Blue Cross Blue Shield PPO 100</u>	<u>Blue Cross Blue Shield PPO 1201</u>
MEDICAL - BCBS			
EMPLOYEE	55.38	71.60	63.09
EMP. & SPOUSE	166.13	216.30	189.29
EMP. & CHILD	155.06	200.48	176.67
FAMILY	276.89	358.01	315.47
DENTAL - GUARDIAN			
EMPLOYEE	6.20	6.20	6.20
EMP. & SPOUSE	19.89	19.89	19.89
EMP. & CHILD	25.10	25.10	25.10
FAMILY	38.79	38.79	38.79
VISION			
EMPLOYEE	0.00	0.00	0.00
EMP. & SPOUSE	0.00	0.00	0.00
EMP. & CHILD	0.00	0.00	0.00
FAMILY	0.00	0.00	0.00
TOTAL			
EMPLOYEE	61.58	77.80	69.29
EMP. & SPOUSE	186.02	236.19	209.18
EMP. & CHILD	180.16	225.58	201.77
FAMILY	315.68	396.80	354.26