

**Exhibit D**

**Current Health Plans - Plan Design and Biweekly Medical Rates**

	<b>Kaiser HMO</b>	<b>Anthem HMO</b>	<b>Anthem PPO \$250</b>	<b>Anthem HDPPO \$3,000</b>
<b>Benefits:</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>DEDUCTIBLE</b>				
Per Individual	\$0	\$0	\$250	\$3,000
Per Family	\$0	\$0	\$500	\$6,000
<b>OUT OF POCKET MAX</b>				
Per Individual	\$1,500	\$1,000	\$3,000	\$3,000
Per Family	\$3,000	\$2,000	\$5,000	\$6,000
<b>PREVENTATIVE SERVICES</b>				
Adult Preventive Visits	No Charge	No Charge	No Charge	No Charge
Routine Physical Exams (age 7 & older)	No Charge	No Charge	No Charge	No Charge
Well Baby Routine Physical Exams (birth to age 6)	No Charge	No Charge	No Charge	No Charge
<b>PHYSICIAN SERVICES</b>				
Office Visits	\$15	\$15	\$20	N/C after ded
Lab and X-Rays	No Charge	No Charge	No Charge	N/C after ded
<b>OUTPATIENT SERVICES</b>				
Surgery	\$15	No Charge	No Charge	N/C after ded
<b>HOSPITALIZATION SERVICES</b>				
Inpatient Services	No Charge	No Charge	No Charge	N/C after ded
<b>EMERGENCY SERVICES</b>	\$100	\$100	\$100	N/C after ded
<b>CHIROPRACTIC SERVICES</b>	\$10 30 Visits	\$15 (60 days)	No charge 24 Visits	N/C after ded 24 Visits
<b>PRESCRIPTON DRUG</b>				
Generic	\$10	\$10	\$10	N/C after ded
Brand	\$20	\$20	\$20	N/C after ded
Non-Formulary	N/A	\$35	\$35	N/C after ded
<b>2017 Biweekly Medical Rates</b>				
Employee Only	\$342.39	\$365.32	\$462.25	\$254.19
Employee + Spouse	\$614.50	\$646.06	\$970.35	\$538.42
Employee + Child(ren)	\$541.65	\$570.19	\$879.12	\$482.71
Employee + Family	\$813.09	\$850.17	\$1,340.53	\$735.60