

EXHIBIT A

Medical Plan Recommendations						
Plan Components	Out-of-Network Plan		Premier Plan		High Deductible Plan w. Health Savings Acct.	
	Proposed Employee Contribution: 20%		Proposed Employee Contribution: 15%		Proposed Employee Contribution: 5%	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
PCP Copay	\$25	70% after deductible	\$25	No Coverage	90% after deductible	70% after deductible
Specialist Copay	\$30	70% after deductible	\$30	No Coverage	90% after deductible	70% after deductible
Deductible	\$0	\$800/\$1,600	\$0	No Coverage	\$1,500/\$3,000 ***	\$3,000/\$6,000 ***
Out of Pocket Max - Medical	\$1,500 / \$3000	\$2,500/\$5,000	\$1,500 / \$3000	No Coverage	\$3,000/\$6,000**	\$4,500/\$9,000 **
Coinsurance Amount	90%	70%	90%	No Coverage	90%	70%
Emergency Room Copay	90% after \$75 copay		90% after \$75 copay		90%	
In-Patient Hospital	90%	70% after deductible	90%	No Coverage	90% after deductible	70% after deductible
Out-Patient Hospital	90%	70% after deductible	90%	No Coverage	90% after deductible	70% after deductible
Vision Benefit	Included	70% after deductible	Included	No Coverage	Included	Included
Lifetime Maximum	Unlimited		Unlimited	N/A	Unlimited	
Retail Prescriptions						
Generic	\$10	30%	\$10	No Coverage	90% after deductible	80% after deductible
Brand	\$35	30%	\$35	No Coverage	90% after deductible	80% after deductible
Non-Preferred Brand	\$50	30%	\$50	No Coverage	90% after deductible	80% after deductible
Mail Order Prescriptions						
Generic	\$20	30%	\$20	No Coverage	90% after deductible	No Coverage
Brand	\$70	30%	\$70	No Coverage	90% after deductible	No Coverage
Non-Preferred Brand	\$100	30%	\$100	No Coverage	90% after deductible	No Coverage
Out of Pocket Max - Prescriptions	\$5,100 / \$10,200	\$5,100 / \$10,200	\$5,100 / \$10,200	No Coverage	n/a *	n/a *
Proposed Monthly Pre-Tax Employee Contributions/Proposed NYIT Annual Contrib. to Health Sav. Acct.						
	Proposed Monthly Employee Contribution		Proposed Monthly Employee Contribution		Proposed Monthly Employee Contribution	Proposed NYIT Annual Contrib. to Health Sav. Acct.(includes \$500 upfront lump sum pymt.)
Employee Only	\$206.07		\$140.25		\$43.60	\$1,250
Employee & 1 Dependent	\$412.15		\$280.50		\$87.20	\$2,000
Employee & Family	\$669.75		\$455.83		\$141.70	\$2,900

*combined out of pocket maximum - medical and prescriptions

** Out-of-Pocket Maximums for In-network and Out-of Network services must be individually met

*** Deductibles for In-network and Out-of Network services must be individually met

Notes:

Out of Pocket Maximums include co-pays, deductibles and co-insurance, but do not include any uncovered services or charges in excess of "usual and customary" fees.

Employee contribution amounts are not based on the claims experience of the particular plan, but rather on the combined claims experience for all three medical plans.