



MEDICAL PLANS AVAILABLE FOR SOLE PROPRIETORS

	PLAN DESIGNS OFFERED THROUGH CDPHP			PLAN DESIGNS OFFERED THROUGH MVP		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CDPHP	CDPHP	CDPHP	MVP	MVP	MVP
	HMO	PPOc	HD-PPO	HMO	EPO	EPOc
<u>IN NETWORK BENEFITS</u>						
OFFICE VISIT CO-PAY						
PRIMARY	\$25.00	\$20.00	90% After Ded.	\$25.00	\$40.00	\$40.00
SPECIALIST	\$25.00	\$20.00	90% After Ded.	\$40.00	\$40.00	\$40.00
DEDUCTIBLE						
SINGLE	N/A	\$200.00	\$2,700.00	N/A	N/A	\$1,000.00
FAMILY	N/A	\$500.00	\$5,400.00	N/A	N/A	\$2,500.00
COINSURANCE	N/A	N/A	90%	N/A	N/A	80%
OUT OF POCKET MAXIMUM						
SINGLE	N/A	N/A	\$4,000.00	N/A	N/A	\$3,000.00
FAMILY	N/A	N/A	\$8,000.00	N/A	N/A	\$7,500.00
HOSPITALIZATION	\$500.00	\$240 After Ded.	90% After Ded.	\$500.00	\$500.00	Ded & Coins.
EMERGENCY CO-PAY	\$100.00	\$75 After Ded.	90% After Ded.	\$100.00	\$100.00	\$200 Copay/Visit.
<u>OUT OF NETWORK BENEFITS</u>						
OFFICE VISIT COPAY						
PRIMARY	N/A	70% After Ded.	50% After Ded.	N/A	N/A	N/A
SPECIALIST	N/A	70% After Ded.	50% After Ded.	N/A	N/A	N/A
DEDUCTIBLE						
SINGLE	N/A	\$1,000.00	\$5,000.00	N/A	N/A	N/A
FAMILY	N/A	\$2,500.00	\$10,000.00	N/A	N/A	N/A
COINSURANCE	N/A	70%	50%	N/A	N/A	N/A
SINGLE	N/A	\$3,000.00	\$10,000.00	N/A	N/A	N/A
FAMILY	N/A	\$7,500.00	\$20,000.00	N/A	N/A	N/A
<u>PRESCRIPTION BENEFIT</u>						
ANNUAL DEDUCTIBLE	N/A		N/A	\$100.00	N/A	N/A
GENERIC	50%	\$250.00	\$4	\$10.00	\$10.00	\$10.00
PREFERRED BRAND NAME	50%	\$10.00	50%	\$30.00	\$30.00	\$30.00
NON-PREFERRED BRAND NAME	50%	\$30.00	50%	\$50.00	\$50.00	\$50.00
ANNUAL MAX	Unlimited	\$50.00	Unlimited	Unlimited	Unlimited	Unlimited
Monthly Rates:						
Employee	\$536.46	\$539.16	\$348.52	\$573.46	\$575.65	\$478.93
Employee/Spouse	N/A	N/A	N/A	N/A	N/A	N/A
Employee/Children	N/A	N/A	N/A	N/A	N/A	N/A
Family	\$1,382.89	\$1,389.95	\$892.78	\$1,467.14	\$1,478.90	\$1,226.15

Payments are due monthly in advance to TriState Special Marketing Corp.

I have placed an "X" in the red box above the plan I have chosen.

My new premium is \$_____ (including \$10.00 administrative billing fee) and a check in this amount is enclosed.

Please accept this completed form as acknowledgment of my 2010 plan election:

Signature

Date