

MEDICAL PLANS AVAILABLE FOR SOLE PROPRIETORS				
PLAN DESIGNS OFFERED THROUGH MVP				
	<input type="checkbox"/> MVP EPOc - EC0034S		<input type="checkbox"/> MVP EPOc - EC0022S	
	<u>IN NETWORK BENEFITS</u>			
OFFICE VISIT CO-PAY				
PRIMARY	\$30.00		\$40.00	
SPECIALIST	\$50.00		\$40.00	
DEDUCTIBLE				
SINGLE	\$1,000.00		\$1,000.00	
FAMILY	\$2,500.00		\$2,500.00	
COINSURANCE	80%		80%	
OUT OF POCKET MAXIMUM				
SINGLE	\$3,000.00		\$3,000.00	
FAMILY	\$7,500.00		\$7,500.00	
HOSPITALIZATION	Ded. & Coins.		Ded. & Coins.	
EMERGENCY CO-PAY	\$200.00		\$200.00	
<u>OUT OF NETWORK BENEFITS</u>				
OFFICE VISIT COPAY				
PRIMARY	N/A		N/A	
SPECIALIST	N/A		N/A	
DEDUCTIBLE				
SINGLE	N/A		N/A	
FAMILY	N/A		N/A	
COINSURANCE	N/A		N/A	
SINGLE	N/A		N/A	
FAMILY	N/A		N/A	
<u>PRESCRIPTION BENEFIT</u>				
ANNUAL DEDUCTIBLE	N/A		N/A	
GENERIC	\$10		\$10.00	
PREFERRED BRAND NAME	\$30		N/A	
NON-PREFERRED BRAND NAME	\$50		N/A	
ANNUAL MAX	Unlimited		Unlimited	
Monthly Rates:				
Employee	\$1,619.67		\$1,347.42	
Employee/Spouse	N/A		N/A	
Employee/Children	N/A		N/A	
Family	\$4,114.80		\$3,433.08	

MEDICAL PLANS AVAILABLE FOR SOLE PROPRIETORS				
PLAN DESIGNS OFFERED THROUGH MVP				
	<input type="checkbox"/> MVP EPO - EC0052S		<input type="checkbox"/> MVP EPO - EC0048S	
	<u>IN NETWORK BENEFITS</u>			
OFFICE VISIT CO-PAY				
PRIMARY	\$30.00		\$40.00	
SPECIALIST	\$50.00		\$40.00	
DEDUCTIBLE				
SINGLE	N/A		N/A	
FAMILY	N/A		N/A	
COINSURANCE	N/A		N/A	
OUT OF POCKET MAXIMUM				
SINGLE	N/A		N/A	
FAMILY	N/A		N/A	
HOSPITALIZATION	\$500.00		\$500.00	
EMERGENCY CO-PAY	\$100.00		\$100.00	
<u>OUT OF NETWORK BENEFITS</u>				
OFFICE VISIT COPAY				
PRIMARY	N/A		N/A	
SPECIALIST	N/A		N/A	
DEDUCTIBLE				
SINGLE	N/A		N/A	
FAMILY	N/A		N/A	
COINSURANCE	N/A		N/A	
SINGLE	N/A		N/A	
FAMILY	N/A		N/A	
<u>PRESCRIPTION BENEFIT</u>				
ANNUAL DEDUCTIBLE	N/A		N/A	
GENERIC	\$10.00		\$10.00	
PREFERRED BRAND NAME	\$30.00		\$25.00	
NON-PREFERRED BRAND NAME	\$50.00		\$40.00	
ANNUAL MAX	Unlimited		2,500	
Monthly Rates:				
Employee	\$1,942.41		\$1,835.61	
Employee/Spouse	N/A		N/A	
Employee/Children	N/A		N/A	
Family	\$4,949.91		\$4,682.64	

Payments are due quarterly 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 \$30.00 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