

MEDICAL PLANS AVAILABLE FOR SOLE PROPRIETORS		
PLAN DESIGNS OFFERED THROUGH MVP		
	<input type="checkbox"/>	<input type="checkbox"/>
	MVP EPOc - EC0034S	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	\$539.89	\$449.14
Employee/Spouse	N/A	N/A
Employee/Children	N/A	N/A
Family	\$1,371.60	\$1,144.36

MEDICAL PLANS AVAILABLE FOR SOLE PROPRIETORS		
PLAN DESIGNS OFFERED THROUGH MVP		
	<input type="checkbox"/>	<input type="checkbox"/>
	MVP EPO - EG0052S	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	\$647.47	\$611.87
Employee/Spouse	N/A	N/A
Employee/Children	N/A	N/A
Family	\$1,649.97	\$1,560.88

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 \$_____ (rate includes \$10.00 monthly 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