

MEDICAL PLANS AVAILABLE FOR SMALL GROUPS

PLAN DESIGNS OFFERED THROUGH MVP

	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	MVP	MVP		MVP	MVP
	EPOc - EC0034S 001	EPOc - EC0022S 001		EPO - EC0052S 001	EPO - EX0048S 001
<u>IN NETWORK BENEFITS</u>			<u>IN NETWORK BENEFITS</u>		
OFFICE VISIT CO-PAY			OFFICE VISIT CO-PAY		
PRIMARY	\$30.00	\$40.00	PRIMARY	\$30.00	\$40.00
SPECIALIST	\$50.00	\$40.00	SPECIALIST	\$50.00	\$40.00
DEDUCTIBLE			DEDUCTIBLE		
SINGLE	\$1,000.00	\$1,000.00	SINGLE	N/A	N/A
FAMILY	\$2,500.00	\$2,500.00	FAMILY	N/A	N/A
COINSURANCE	80%	80%	COINSURANCE	N/A	N/A
OUT OF POCKET MAXIMUM			OUT OF POCKET MAXIMUM		
SINGLE	\$3,000.00	\$3,000.00	SINGLE	N/A	N/A
FAMILY	\$7,500.00	\$7,500.00	FAMILY	N/A	N/A
HOSPITALIZATION	Ded. & Coins.	Ded. & Coins.	HOSPITALIZATION	\$500.00	\$500.00
EMERGENCY CO-PAY	\$200.00	\$200.00	EMERGENCY CO-PAY	\$100.00	\$100.00
<u>OUT OF NETWORK BENEFITS</u>			<u>OUT OF NETWORK BENEFITS</u>		
OFFICE VISIT COPAY			OFFICE VISIT COPAY		
PRIMARY	N/A	N/A	PRIMARY	N/A	N/A
SPECIALIST	N/A	N/A	SPECIALIST	N/A	N/A
DEDUCTIBLE			DEDUCTIBLE		
SINGLE	N/A	N/A	SINGLE	N/A	N/A
FAMILY	N/A	N/A	FAMILY	N/A	N/A
COINSURANCE	N/A	N/A	COINSURANCE	N/A	N/A
SINGLE	N/A	N/A	SINGLE	N/A	N/A
FAMILY	N/A	N/A	FAMILY	N/A	N/A
<u>PRESCRIPTION BENEFIT</u>			<u>PRESCRIPTION BENEFIT</u>		
ANNUAL DEDUCTIBLE	N/A	N/A	ANNUAL DEDUCTIBLE	N/A	N/A
GENERIC	\$10.00	\$10.00	GENERIC	\$10.00	\$10.00
PREFERRED BRAND NAME	\$30.00	N/A	PREFERRED BRAND NAME	\$30.00	\$25.00
NON-PREFERRED BRAND NAME	\$50.00	N/A	NON-PREFERRED BRAND NAME	\$50.00	\$40.00
ANNUAL MAX	Unlimited	Unlimited	ANNUAL MAX	Unlimited	\$2,500.00
Monthly Rates:			Monthly Rates:		
Employee	\$470.76	\$391.86	Employee	\$564.31	\$533.36
Employee/Spouse	N/A	N/A	Employee/Spouse	N/A	N/A
Employee/Children	N/A	N/A	Employee/Children	N/A	N/A
Family	\$1,194.01	\$996.40	Family	\$1,436.07	\$1,358.60

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.