



PIA Association Health Plan

MVP East Region, Sole Proprietor

(Jan-Mar 2012)



Monthly RATES	Preferred EPO \$30/\$50	Preferred HDEPO 23	Preferred PPO \$40	Preferred PPO \$50
Employee	\$505.90	\$341.08	\$559.74	\$687.11
Employee/Spouse	\$1,011.80	\$682.16	\$1,119.48	\$1,374.23
Employee/Child	\$961.22	\$648.05	\$1,063.51	\$1,305.51
Family	\$1,416.51	\$955.03	\$1,567.27	\$1,923.93

BENEFITS	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible	\$1,500/\$3,000	N/A	\$3,000/\$6,000	N/A	\$1,500/\$3,000	\$3,000/\$6,000	\$0	\$5,000/\$10,000
Coinsurance	75%/25%	N/A	75%/25%	N/A	80%/20%	60%/40%	N/A	60%/40%
Maximum Out-Of-Pocket	\$5,000/\$10,000	N/A	\$5,950/\$11,900	N/A	\$5,000/\$10,000	\$10,000/\$20,000	N/A	\$10,000/\$20,000
Maximum Per Lifetime	Unlimited	N/A	Unlimited	N/A	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital	Ded./coins	N/A	Ded./coins.	N/A	Ded./coins.	Ded./coins.	\$250 copay per day / 1st 10 days	Ded./coins.
Emergency Room	Ded./coins	N/A	Ded./coins.	N/A	Ded./coins.	Ded./coins.	\$250 copay	Ded./coins.
Physician Office Visit	\$30 copay	N/A	Ded./coins.	N/A	\$40 copay.	Ded./coins.	\$50 copay	Ded./coins.
Specialist Office Visit	\$50 copay	N/A	Ded./coins.	N/A	\$40 copay.	Ded./coins.	\$50 copay	Ded./coins.
Preventative & Well - Adult	In full	N/A	In full	N/A	In full	Ded./coins.	In full	Ded./coins.
Preventative & Well - Child	In full	N/A	In full	N/A	In full	In full	In full	In full
Dependent Coverage To Age	26	N/A	26	N/A	26		26	
Prescription Drug Copay	\$10/50%/50%	N/A	Deductible / 25%/25%/50%	N/A	\$10/50%/50%	N/A	\$10/\$30/\$50 \$2,500 Max / 50%	N/A

This document does not constitute a guarantee of benefits or coverage.

Final rates and coverage are subject to approval at the time of enrollment.

I have chosen: Preferred EPO \$30/\$50 Preferred PPO \$40
 Preferred HDEPO23 Preferred PPO \$50

Coverage is subject to the terms and conditions of this proposal and the application to which this is attached.

Authorized signature

Date