



PIA Association Health Plan

MVP North Region, Sole Proprietor

(Jan-Mar 2012)



| Monthly RATES | Preferred EPO \$30/\$50 | Preferred HDEPO 23 | Preferred PPO \$40 | Preferred PPO \$50 |
|-----------------|-------------------------|--------------------|--------------------|--------------------|
| Employee | \$565.00 | \$388.71 | \$627.66 | \$769.25 |
| Employee/Spouse | \$1,129.99 | \$777.42 | \$1,255.32 | \$1,538.52 |
| Employee/Child | \$1,073.50 | \$738.55 | \$1,192.56 | \$1,461.59 |
| Family | \$1,581.98 | \$1,088.39 | \$1,757.43 | \$2,153.93 |

| 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