



PIA Association Health Plan

MVP North Region, 2+ Employees

(Jan-Mar 2012)



Monthly RATES	Preferred EPO \$30/\$50	Preferred HDEPO 23	Preferred PPO \$40	Preferred PPO \$50
Employee	\$491.30	\$338.01	\$545.79	\$668.92
Employee/Spouse	\$982.60	\$676.02	\$1,091.58	\$1,337.84
Employee/Child	\$933.48	\$642.22	\$1,037.01	\$1,270.95
Family	\$1,375.64	\$946.43	\$1,528.21	\$1,872.98

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