



BUSINESS COUNCIL HEALTH INSURANCE PROGRAMS-2009

| | <input style="width: 100%; height: 15px; border: 1px solid red;" type="checkbox"/> Oxford Plan # 1 Freedom POS www.oxhp.com | <input style="width: 100%; height: 15px; border: 1px solid red;" type="checkbox"/> Oxford Plan #2 Freedom POS www.oxhp.com | <input style="width: 100%; height: 15px; border: 1px solid red;" type="checkbox"/> Oxford Plan #3 Freedom Direct POS www.oxhp.com | <input style="width: 100%; height: 15px; border: 1px solid red;" type="checkbox"/> Oxford Plan #4 Liberty EPO www.oxhp.com | <input style="width: 100%; height: 15px; border: 1px solid red;" type="checkbox"/> Oxford Plan #5 Freedom POS www.oxhp.com | <input style="width: 100%; height: 15px; border: 1px solid red;" type="checkbox"/> Oxford Plan #6 Freedom HSAs www.oxhp.com | <input style="width: 100%; height: 15px; border: 1px solid red;" type="checkbox"/> Oxford Plan #7 Liberty Direct POS www.oxhp.com | <input style="width: 100%; height: 15px; border: 1px solid red;" type="checkbox"/> Oxford Plan #8 Freedom EPO www.oxhp.com |
|--|--|---|--|---|---|--|--|---|
| Monthly Rates | Individual: \$698.51 | Individual: \$644.01 | Individual: \$638.91 | Individual: \$488.09 | Individual: \$572.02 | Individual: \$330.14 | Individual: \$496.12 | Individual: \$513.73 |
| | Emp & Spouse: \$1,530.73 | Emp & Spouse: \$1,410.83 | Emp & Spouse: \$1,399.61 | Emp & Spouse: \$1,067.81 | Emp & Spouse: \$1,252.44 | Emp & Spouse: \$720.30 | Emp & Spouse: \$1,085.46 | Emp & Spouse: \$1,124.20 |
| | Emp/Child(ren): \$1,288.00 | Emp/Child(ren): \$1,187.17 | Emp/Child(ren): \$1,177.74 | Emp/Child (ren): \$898.73 | Emp/Child (ren): \$1,054.00 | Emp/Child (ren): \$606.51 | Emp/Child (ren): \$913.57 | Emp/Child (ren): \$946.15 |
| | Family: \$2,154.87 | Family: \$1,985.93 | Family: \$1,970.14 | Family: \$1,502.60 | Family: \$1,762.76 | Family: \$1,012.94 | Family: \$1,527.47 | Family: \$1,582.05 |
| Referral Requirement | Referrals Required | Referrals Required | No Referrals Required | No Referrals Required | No Referrals Required | No Referrals Required | No Referrals Required | No Referrals Required |
| Deductible | In-Net: N/A | In-Net: N/A | In-Net: \$500/\$1,000 | In-Net: N/A | In-Net: N/A | In-Net: \$2,850/\$5,700 | In-Net: \$500/\$1,000 | In-Net: N/A |
| | Out-Net: \$1,000/\$3,000 | Out-Net: \$1,000/\$3,000 | Out-Net: \$1,000/\$2,000 | Out-Net: N/A | Out-Net: \$3,000/\$9,000 | Out-Net: N/A | Out-Net: \$1,000/\$2,000 | Out-Net: N/A |
| Lifetime Maximum | Unlimited | Unlimited | Out-Net: \$1,000,000 | Unlimited | Unlimited | Unlimited | Out-Net: \$1,000,000 | Unlimited |
| Coinsurance | In-Net: 100% | In-Net: 100% | In-Net: 90% of \$10,000 | In-Net: 100% | In-Net: 100% | In-Net: 100% | In-Net: 90% of \$10,000 | In-Net: 100% |
| | Out-Net: 70% of \$10,000 | Out-Net: 70% of \$10,000 | Out-Net: 70% of \$10,000 | Out-Net: N/A | Out-Net: 70% of \$10,000 | Out-Net: N/A | Out-Net: 70% of \$10,000 | Out-Net: N/A |
| Office Co-payments | In-Net: \$15/\$25 Copay | In-Net: \$25/\$40 | In-Net: \$15/\$25 Copay | In-Net: \$25/\$50 | In-Net: \$30/\$50 | In-Net: 100% After Deductible | In-Net: 90% After Deductible | In-Net: \$25/\$50 |
| | Out-Net: 70% after Deductible | Out-Net: 70% after Deductible | Out-Net: 70% after Deductible | Out-Net: N/A | Out-Net: 70% after Deductible | Out-Net: N/A | Out-Net: 70% after Deductible | Out-Net: N/A |
| Hospitals | In-Net: \$100 Inpatient Copay / \$100 Outpatient Surgery Copay | In-Net: \$250 per day (\$1,250 calendar yr max), \$250 Outpatient Surgery Copay | In-Net: 90% after Deductible | In-Net: \$300 per day (5 day max) Inpatient/\$300 Copay Outpatient Surgery | In-Net: \$500 per admission Inpatient/\$500 Copay Outpatient Surgery | In-Net: 100% After Ded | In-Net: 90% After Deductible | In-Net: \$300 per day (5 day max) Inpatient/\$300 Copay Outpatient Surgery |
| | Out-Net: 70% After Deductible | Out-Net: 70% after Deductible | Out-Net: 70% After Deductible | N/A | Out-Net: 70% After Deductible | N/A | Out-Net: 70% After Deductible | Out-Net: N/A |
| Prescription Benefits | Generic: \$10 | Generic: \$10 | Generic: \$10 | Generic: \$10 | Generic: \$15 | Generic: \$10 | Generic: \$15 | Generic: \$10 |
| | Preferred: \$25 | Preferred: \$25 | Preferred: \$25 | Preferred: \$25 | Preferred: \$30 | Preferred: \$25 | Preferred: \$30 | Preferred: \$25 |
| | Non-Preferred: \$50 | Non-Preferred: \$50 | Non-Preferred: \$50 | Non-Preferred: \$50 | Non-Preferred: \$60 | Non-Preferred: \$50 | Non-Preferred: \$60 | Non-Preferred: \$50 |
| | \$50 Annual Deductible | \$50 Annual Deductible- Waived for Generic. | \$50 Annual Deductible- Waived for Generic. | \$50 Annual Deductible- Waived for Generic. | \$100 Annual Deductible | Subject to Deductible | \$100 Annual Deductible- Waived for Generic. | \$100 Annual Deductible- Waived for Generic. |
| | Annual Maximum: Unlimited | Annual Maximum: Unlimited | Annual Maximum: Unlimited | Annual Maximum: Unlimited | Annual Maximum: \$3,000 | Annual Maximum: Unlimited | Annual Maximum: \$3,000 | Annual Maximum: Unlimited |
| Emergency Room | \$75 Copay Waived If Admitted | \$75 Copay Waived If Admitted | \$100 Copay | \$75 Copay Waived If Admitted | \$150 Copay Waived If Admitted | In-Net: 100% After Ded | 90% After Deductible | \$75 Copay Waived If Admitted |
| Dependents | 19/23 yrs | 19/23 yrs | 19/23 yrs | 19/23 yrs | 19/23 yrs | 19/23 yrs | 19/23 yrs | 19/23 yrs |
| Mental Health Inpatient (Biologically based mental health services treated as any other illness) | In-Net: \$100 per admission (30 days max per calendar yr.) | In-Net: \$250 copay per day- 30 days per yr. max (\$1,250 Calendar max) | In-Net: 90% After Deductible-30 days per yr. max | In-Net: \$300 per day (5 day max) 30 Days per calendar yr max. | In-Net: \$500 per admission- 30 Days per calendar yr max. | In-Net: 100% After Deductible-30 days per yr. max | In-Net: 90% After Deductible-30 days per yr. max | In-Net: \$300 per day (5 day max) 30 Days per calendar yr max. |
| | Out-Net: 70% after Deductible (30 days max per calendar yr.) | Out-Net: 70% after Deductible (30 days max per calendar yr.) | Out-Net: 70% after Deductible (30 days max per calendar yr.) | Out-Net: N/A | Out-Net: 50% after Deductible (30 days max per calendar yr.) | Out-Net: N/A | Out-Net: 70% after Deductible (30 days max per calendar yr.) | Out-Net: N/A |
| Mental Health Outpatient (Biologically based mental health services treated as any other illness) | In-Net: \$25 Copay per office visit (30 visits max per calendar yr.) | In-Net: \$40 Copay per office visit (30 visits max per calendar yr.) | In-Net: 90% After Deductible-30 visits per yr. max | In-Net: \$50 Copay per office visit (30 visits max per calendar yr.) | In-Net: \$50 Copay per office visit (30 visits max per calendar yr.) | In-Net: 100% After Deductible-30 visits per yr. max | In-Net: 90% After Deductible-60 days per yr. max | In-Net: \$50 Copay per office visit (30 visits max per calendar yr.) |
| | Out-Net: 70% after Deductible (30 days max per calendar yr.) | Out-Net: 70% after Deductible (30 days max per calendar yr.) | Out-Net: 70% after Deductible (30 days max per calendar yr.) | Out-Net: N/A | Out-Net: 50% after Deductible (30 days max per calendar yr.) | Out-Net: N/A | Out-Net: 70% after Deductible (60 days max per calendar yr.) | Out-Net: N/A |
| Chiropractic | In-Net: \$25 Copay | In-Net: \$40 Copay | N/A | In-Net: \$50 Copay | In-Net: \$50 Copay | In-Net: 100% After Ded | N/A | In-Net: \$50 Copay |
| | Out-Net: 70% After Deductible | Out-Net: 70% After Deductible | N/A | N/A | Out-Net: 70% After Deductible | N/A | N/A | N/A |

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 \$ _____ (including \$5.00 administrative billing fee) and a check in this amount is enclosed.

Please accept this completed form as acknowledgment of my 2009 plan election:

Signature _____ Date _____