



Small Group Medical Plan Options for Employers with 2-50 Eligible Employees - Effective July 1, 2009

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	Option # 1 Aetna Health Inc. EPO	Option # 2 Aetna Health Inc. PPOc	Option # 3 Emblem Health EPO	Option # 4 Empire Prism EPO	Option # 5 Health Net Outlook EPO	Option # 6 Health Net Outlook EPO	Option # 7 Health Net Outlook POS	Option # 8 Oxford Health Plan Freedom Direct POSc	Option # 9 Oxford Health Plan Freedom Metro EPO	Option # 10 Oxford Health Plan Freedom Metro EPO
Monthly Rates	Individual: \$ 516.00 EE & Spouse: \$ 1,192.00 EE & Child(ren): \$ 1,007.00 Family: \$ 1,558.00	Individual: \$ 511.00 EE & Spouse: \$ 1,180.00 EE & Child(ren): \$ 997.00 Family: \$ 1,543.00	Individual: \$ 411.89 EE & Spouse: \$ 906.05 EE & Child(ren): \$ 785.66 Family: \$ 1,219.16	Individual: \$ 446.69 EE & Spouse: \$ 893.38 EE & Child(ren): \$ 804.04 Family: \$ 1,340.07	Individual: \$ 445.24 EE & Spouse: \$ 991.59 EE & Child(ren): \$ 823.75 Family: \$ 1,325.48	Individual: \$ 414.49 EE & Spouse: \$ 923.11 EE & Child(ren): \$ 766.85 Family: \$ 1,233.93	Individual: \$ 498.60 EE & Spouse: \$ 1,110.44 EE & Child(ren): \$ 922.48 Family: \$ 1,484.34	Individual: \$ 466.71 EE & Spouse: \$ 1,026.76 EE & Child(ren): \$ 863.42 Family: \$ 1,474.80	Individual: \$ 486.83 EE & Spouse: \$ 1,071.03 EE & Child(ren): \$ 900.64 Family: \$ 1,509.17	Individual: \$ 423.60 EE & Spouse: \$ 931.92 EE & Child(ren): \$ 783.66 Family: \$ 1,313.16
Referrals Required	No	No	No	No	No	No	No	No	No	No
Deductible Ind/Fam	In-Net: N/A Out-Net: N/A	In-Net: \$1,000/\$3,000 Out-Net: \$2,000/\$6,000	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: \$1,000/\$2,000	In-Net: \$1,000/\$2,000 Out-Net: \$2,000/\$4,000	In-Net: N/A Out-Net: N/A	In-Net: N/A Out-Net: N/A
Co-insurance	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: 70% to \$10,000	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: 70% of \$10,000	In-Net: 100% Out-Net: 70% of \$10,000	In-Net: 100% Out-Net: N/A	In-Net: 100% Out-Net: N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	In-Net: Unlimited	In-Net: Unlimited	In-Net: Unlimited	In-Net: Unlimited	Unlimited	Unlimited
Office Co-pay	In-Net: \$25 Copay Out-Net: N/A	In-Net: \$25 Copay Out-Net: Ded & Coins.	In-Net: \$40 Copay Out-Net: N/A	In-Net: \$35 Copay Out-Net: N/A	In-Net: \$25 Copay Out-Net: N/A	In-Net: \$30 Copay Out-Net: N/A	In-Net: \$30 Copay Out-Net: Ded & Co-Ins	In-Net: \$25 Copay Out-Net: Ded & Co-Ins	In-Net: \$20 Copay Out-Net: N/A	In-Net: \$25 Copay Out-Net: N/A
Specialist Co-pay	In-Net: \$40 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: Ded & Coins.	In-Net: \$40 Copay Out-Net: N/A	\$35 Copay Out-Net: N/A	\$40 Copay Out-Net: N/A	\$50 Copay Out-Net: N/A	\$50 Copay Out-Net: Ded & Co-Ins	\$40 Copay Out-Net: Ded & Co-Ins	\$40 Copay Out-Net: N/A	\$50 Copay Out-Net: N/A
DXL/Lab Fees	In-Net: \$40 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: Ded & Coins.	In-Net: \$40 Copay Out-Net: N/A	In-Net: No Charge Out-Net: N/A	In-Net: No Cost Out-Net: N/A	In-Net: No Cost Out-Net: N/A	In-Net: No Charge Out-Net: Ded & Co-Ins	In-Net: No Charge; Xray- Ded & Coins Out-Net: Ded & Co-Ins	In-Net: No Charge Out-Net: N/A	In-Net: No Charge Out-Net: N/A
Hospital In-Patient	\$300 Per Day/Up to 5 days Out-Net: N/A	In-Net: Ded & Coins. Out-Net: Ded & Coins.	\$500 Copay Out-Net: N/A	\$500 copay Out-Net: N/A	\$500 Copay per Admin. Per 90 days Out-Net: N/A	\$300 per day up to \$1,500 Out-Net: N/A	In-Net: \$750 Copay per Admin. Per 90 days Out-Net: Ded & Co-Ins	In-Net: Ded & Co-Ins Out-Net: Ded & Co-Ins	\$200/incident Out-Net: N/A	\$300 per day up to 5 days max cal yr. Out-Net: N/A
Hospital Out-Patient	\$250 Copay Out-Net: N/A	In-Net: Ded & Coins. Out-Net: Ded & Coins.	\$250 Copay Out-Net: N/A	\$300 Copay Out-Net: N/A	In-Net: No Charge Out-Net: N/A	In-Net: No Charge Out-Net: N/A	\$250 Copay Out-Net: Ded & Co-Ins	In-Net: Ded & Co-Ins Out-Net: Ded & Co-Ins	\$200/incident Out-Net: N/A	\$300/incident Out-Net: N/A
Emergency Room	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$75 Copay	\$100 Copay	\$75 Copay	\$75 Copay
Private Nursing	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Benefits	Generic: \$15 Brand: \$35 Non-Preferred: \$70 Annual Deductible: N/A Annual Maximum: N/A	Generic: \$15 Brand: \$35 Non-Preferred: \$70 Annual Deductible: N/A Annual Retail Maximum: N/A	Generic: \$0 Brand: \$30 Non-Preferred: \$50 Annual Deductible: \$50 Annual Retail Maximum: \$3,000	Generic: \$10 Brand: \$35 Non-Preferred: \$70 Annual Deductible: \$100 Annual Maximum: N/A	Generic: \$15 Brand: \$25 Non-Preferred: \$40 Annual Deductible: \$0 Annual Retail Maximum: N/A	Generic: \$15 Brand: \$25 Non-Preferred: \$40 Annual Deductible: N/A Annual Maximum: N/A	Generic: \$15 Brand: \$25 Non-Preferred: \$40 Annual Deductible: N/A Annual Maximum: N/A	Generic: \$15 Brand: \$30 Non-Preferred: \$60 Annual Deductible: \$100 Annual Maximum: \$3,000	Generic: \$10 Brand: \$25 Non-Preferred: \$50 Annual Deductible: \$100 Annual Maximum: N/A	Generic: \$15 Brand: \$35 Non-Preferred: \$60 Annual Deductible: \$100 Annual Maximum: \$3,000
Surgical In-Patient	In-Net: \$300/Day/5d/admin Out-Net: N/A	In-Net: Ded & Coins. Out-Net: Ded & Coins.	In-Net: Covered in full Out-Net: N/A	In-Net: No Charge Out-Net: N/A	\$500 Copay per Admin. Per 90 days Out-Net: N/A	In-Net: No Charge Out-Net: N/A	In-Net: No Charge Out-Net: Ded & Co-Ins	In-Net: Ded & Co-Ins Out-Net: Ded & Co-Ins	In-Net: \$200 Out-Net: N/A	In-Net: No Charge Out-Net: N/A
Surgical Out-Patient	In-Net: \$250 Copay Out-Net: N/A	In-Net: Ded & Coins. Out-Net: Ded & Coins.	In-Net: Covered in full Out-Net: N/A	\$300 Copay Out-Net: N/A	\$75 Copay Out-Net: N/A	\$75 Co-pay Out-Net: N/A	\$250 Copay Out-Net: Ded & Co-Ins	Ded & Co-Ins Out-Net: Ded & Co-Ins	\$200/incident Out-Net: N/A	\$300/incident Out-Net: N/A
Mental Health Inpatient	In-Net: \$300/Day/5d/admin/30 days max/yr Out-Net: N/A	In-Net: Ded & Coins./30 days max/yr Out-Net: N/A	In-Net: \$500 Copay/30 days max/yr Out-Net: N/A	In-Net: \$500 copay/30 days max/yr Out-Net: N/A	In-Net: \$500 Copay per Admin. Per 90 days/30 visits max/yr Out-Net: N/A	In-Net: No Charge/30 Days/Cal.Yr Out-Net: N/A	In-Net: \$750 Copay per Admin. Per 90 days/30 days/max Out-Net: Ded & Co-Ins/30	In-Net: No Charge After Ded/30 Days max/yr Out-Net: Ded & Co-Ins/30	In-Net: \$200/incident/30 days/calendar year Out-Net: N/A	In-Net: \$300 per day up to 5 days max cal yr./30 days/calendar year Out-Net: N/A
Mental Health Outpatient	In-Net: \$40 Copay/30 visits max/yr Out-Net: N/A	In-Net: \$50 Copay/30 visits max/yr Out-Net: N/A	In-Net: \$40 Copay/30 visits max/yr Out-Net: N/A	In-Net: \$35 Copay/20 visits max/yr Out-Net: N/A	In-Net: \$40 Copay/20 visits max/yr Out-Net: N/A	In-Net: \$50 Co-pay/20 Visits/Cal.Yr. Out-Net: N/A	In-Net: \$50 Copay/20 visits per year Out-Net: Ded & Co-Ins/30 Visits/Year	In-Net: \$40 Copay/30 visits per year Out-Net: Ded & Co-Ins/30 Visits/Year	In-Net: \$40 Copay/30 visits/calendar year Out-Net: N/A	In-Net: \$30 Copay/30 visits/calendar year Out-Net: N/A
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	19/23 Yrs	19/23 Yrs
Chiropractic Care	In-Net: \$40 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: Ded & Coins.	In-Net: \$40 Copay/\$0 Dep Out-Net: N/A	In-Net: \$35 Copay Out-Net: N/A	In-Net: \$40 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: Ded & Co-Ins	\$40 Copay Ded & Co-Ins	In-Net: \$40 Copay Out-Net: N/A	In-Net: \$50 Copay Out-Net: 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 _____