



# PIA Association Health Plan

MVP North region, 2+ employees

(Oct - Dec 2008)



| Monthly RATES   | Preferred EPO \$30 | Preferred PPO \$40 | Preferred PPO \$30 | Preferred PPO \$25 |
|-----------------|--------------------|--------------------|--------------------|--------------------|
| Employee        | \$321.87           | \$294.72           | \$382.34           | \$432.97           |
| Employee/Spouse | \$643.73           | \$589.43           | \$764.68           | \$865.95           |
| Employee/Child  | \$632.94           | \$579.55           | \$759.39           | \$859.96           |
| Family          | \$932.77           | \$854.09           | \$1,119.10         | \$1,267.31         |

| BENEFITS  | Preferred EPO \$30 |             | Preferred PPO \$40 |                 | Preferred PPO \$30 |                 | Preferred PPO \$25 |                   |
|---|--------------------|-------------|--------------------|-----------------|--------------------|-----------------|--------------------|-------------------|
|   | In network         | Out network | In network         | Out network     | In network         | Out network     | In network         | Out network       |
| Deductible, single                                      | \$750              | N/A         | \$1,500            | \$3,000         | \$750              | \$1,500         | \$500              | \$2,500           |
| Deductible, family                                      | \$1,500            | N/A         | \$3,000            | \$6,000         | \$1,500            | \$3,000         | \$1,000            | \$5,000           |
| Coinsurance   | 80/20              | N/A         | 80/20              | 80/20           | 80/20              | 80/20           | N/A                | 80/20             |
| Maximum out-of-pocket, single<br>(including deductible) | \$2,500            | N/A         | \$5,000            | \$10,000        | \$2,500            | \$5,000         | \$2,000            | \$12,500          |
| Maximum out-of-pocket, family<br>(including deductible) | \$5,000            | N/A         | \$10,000           | \$20,000        | \$5,000            | \$10,000        | \$4,000            | \$25,000          |
| Maximum per lifetime                                    | Unlimited          | N/A         | Unlimited          | \$500k per ind. | Unlimited          | \$500k per ind. | Unlimited          | \$1 mil. per ind. |
| Inpatient hospital                                      | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins.     | Ded./coins.        | Ded./coins.     | \$500 copay.       | Ded./coins.       |
| Inpatient physician                                     | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins.     | Ded./coins.        | Ded./coins.     | In full            | Ded./coins.       |
| Emergency room  | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins.     | Ded./coins.        | Ded./coins.     | \$100 per visit    | Ded./coins.       |
| Ambulance   | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins.     | Ded./coins.        | Ded./coins.     | In full            | Ded./coins.       |
| Skilled nursing facility<br>(60 days per contract year) | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins.     | Ded./coins.        | Ded./coins.     | In full            | Ded./coins.       |
| Outpatient Surgery                                      | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins.     | Ded./coins.        | Ded./coins.     | ded                | Ded./coins.       |
| Physician Office Visit                                  | \$30 copay.        | N/A         | \$40 copay.        | Ded./coins.     | \$30 copay.        | Ded./coins.     | \$25 copay.        | Ded./coins.       |
| Annual adult physical                                   | In full            | N/A         | In full            | Ded./coins.     | In full            | Ded./coins.     | \$25 copay.        | Ded./coins.       |
| Well child  | In full            | N/A         | In full            | In full         | In full            | In full         | In full            | In full           |
| Diagnostic Lab & X-Ray                                  | \$30 copay.        | N/A         | \$40 copay.        | Ded./coins.     | \$30 copay.        | Ded./coins.     | \$25 copay.        | Ded./coins.       |
| High-tech Imaging(MRI, CT, etc.-office)                 | \$150 copay.       | N/A         | \$150 copay.       | Ded./coins.     | \$150 copay.       | Ded./coins.     | Ded./\$25          | Ded./coins.       |
| Physical therapy (limit 30 visits)                      | \$30 copay.        | N/A         | \$40 copay.        | Ded./coins.     | \$30 copay.        | Ded./coins.     | \$25 copay.        | Ded./coins.       |



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| BENEFITS (CON'T.)  | Preferred EPO \$30 |             | Preferred PPO \$40 |             | Preferred PPO \$30 |             | Preferred PPO \$25 |             |
|--|--------------------|-------------|--------------------|-------------|--------------------|-------------|--------------------|-------------|
|  | In network         | Out network | In network         | Out network | In network         | Out network | In network         | Out network |
| Outpatient substance abuse<br>(60 visits per calendar year)  | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins. | Ded./coins.        | Ded./coins. | Ded./\$25 copay    | Ded./coins. |
| Inpatient substance abuse<br>(7 days detox)                  | Ded./coins.        | N/A         | Ded./coins.        | N/A         | Ded./coins.        | N/A         | \$500 copay.       | N/A         |
| Outpatient mental health (20 visits)                         | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins. | Ded./coins.        | Ded./coins. | Ded./ \$25 copay   | Ded./coins. |
| Inpatient mental health<br>(30 days per contract year)       | Ded./coins.        | N/A         | Ded./coins.        | Ded./coins. | Ded./coins.        | Ded./coins. | \$500 copay.       | Ded./coins. |
| Home health care<br>(60 days per contract year)              | Coins.             | N/A         | Coins.             | Coins.      | Coins.             | Coins.      | In full            | Coins.      |
| Durable medical equipment<br>(\$25,000 Maximum per lifetime) | 50%                | N/A         | 50%                | 50%         | 50%                | 50%         | 50%                | 50%         |
| Dependents covered   | 23                 | N/A         | 23                 |             | 26                 |             | 26                 |             |
| Prescription drugs, generic                                  | \$10 copay.        | N/A         | \$10 copay.        | N/A         | \$10 copay.        | N/A         | \$10 copay.        | N/A         |
| Prescription drugs, preferred brand                          | N/A                | N/A         | N/A                | N/A         | \$30 copay.        | N/A         | \$30 copay.        | N/A         |
| Prescription drugs, non-preferred brand                      | N/A                | N/A         | N/A                | N/A         | \$50 copay.        | N/A         | \$50 copay.        | N/A         |
| Annual maximum   | N/A                | N/A         | N/A                | N/A         | \$4,000            | N/A         | N/A                | 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
  - Preferred PPO \$40
  - Preferred PPO \$30
  - Preferred PPO \$25

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

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date