

## Chamber Benefits Group Small Group/Sole Proprietor Health Insurance Programs - 2011 Monthly

	MVP EPOc <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>		MVP EPOc <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>		MVP HDEPO <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>	
	Small Group	Sole Prop	Small Group	Sole Prop	Small Group	Sole Prop
<b>Individual:</b>	<b>\$514.27</b>	<b>\$588.41</b>	<b>\$485.08</b>	<b>\$554.84</b>	<b>\$375.26</b>	<b>\$428.55</b>
<b>Emp/Child(ren):</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>
<b>Emp/Spouse</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>
<b>Family:</b>	<b>\$1,265.05</b>	<b>\$1,451.81</b>	<b>\$1,182.70</b>	<b>\$1,357.11</b>	<b>\$908.15</b>	<b>\$1,041.38</b>
<b>Referral Requirement</b>	No Referrals Required		No Referrals Required		No Referrals Required	
<b>Deductible</b>	In-Net: \$1,000/\$2,500 Out-Net: N/A		In-Net: \$1,000/\$2,500 Out-Net: N/A		In-Net: \$1,500/\$3,000 Out-Net: N/A	
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited	
<b>Coinsurance</b>	In-Net: 80% Out-Net: N/A		In-Net: 80% Out-Net: N/A		In-Net: 80% Out-Net: N/A	
<b>Office Co-payments</b>	In-Net: \$40/\$40 Out-Net: N/A		In-Net: \$30/\$50 Out-Net: N/A		In-Net: Preventive & Well Care Services are Covered in Full / Other Visits are Subject to Deductible Out-Net: N/A	
<b>Hospitals</b>	In-Net: 80% After Deductible Out-Net: N/A		In-Net: 80% After Deductible Out-Net: N/A		In-Net: 80% After Deductible Out-Net: N/A	
<b>Prescription Benefits</b>	Generic: \$10 Preferred: \$30 Non-Preferred: \$50 N/A Annual Maximum: Unlimited		Generic: \$10 Preferred: 50% Non-Preferred: 50% N/A Annual Maximum: Unlimited		Generic: \$5 Preferred: \$35 Non-Preferred: \$70 All Prescriptions are Subject to Deductible Annual Maximum: Unlimited	
<b>Emergency Room</b>	\$200 Copay Waived If Admitted		\$200 Copay Waived If Admitted		80% After Deductible	
<b>Dependents</b>	To Age 26		To Age 26		To Age 26	
<b>Mental Health Inpatient (Biologically based mental health services treated as Mental Health)</b>	In-Net: 80% After Deductible - 30 Days Max Per Contract Yr Out-Net: N/A		In-Net: 80% After Deductible - 30 Days Max Per Contract Yr Out-Net: N/A		In-Net: 80% After Deductible Out-Net: N/A	
<b>Mental Health Outpatient (Biologically based mental health services treated as any other illness)</b>	In-Net: \$40 Copay Per Office Visit - 20 Combined Visits Max Per Contract Yr Out-Net: N/A		In-Net: \$50 Copay Per Office Visit - 20 Combined Visits Max Per Contract Yr Out-Net: N/A		In- Net: 80% After Deductible Out-Net: N/A	
<b>Chiropractic</b>	In-Net: \$40 Copay Out-Net: N/A		In-Net: \$50 Copay Out-Net: N/A		In- Net: 80% After Deductible Out-Net: N/A	

My new premium is \$\_\_\_\_\_ and a check in this amount is enclosed.

Please accept this completed form as acknowledgment of my 2011 plan election:

Signature

Date

Print Name

\*Rates include a \$20 administrative billing fee

## Chamber Benefits Group Small Group/Sole Proprietor Health Insurance Programs - 2011 Quarterly

	MVP EPOc <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>		MVP EPOc <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>		MVP HDEPO <a href="http://www.mvphealthcare.com">www.mvphealthcare.com</a>	
	Small Group	Sole Prop	Small Group	Sole Prop	Small Group	Sole Prop
<b>Individual:</b>	<b>\$1,542.81</b>	<b>\$1,765.23</b>	<b>\$1,455.24</b>	<b>\$1,664.52</b>	<b>\$1,125.78</b>	<b>\$1,285.65</b>
<b>Emp/Child(ren):</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>
<b>Emp/Spouse</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>	<b>N /A</b>
<b>Family:</b>	<b>\$3,795.15</b>	<b>\$4,355.43</b>	<b>\$3,548.10</b>	<b>\$4,071.33</b>	<b>\$2,724.45</b>	<b>\$3,124.14</b>
<b>Referral Requirement</b>	No Referrals Required		No Referrals Required		No Referrals Required	
<b>Deductible</b>	In-Net: \$1,000/\$2,500 Out-Net: N/A		In-Net: \$1,000/\$2,500 Out-Net: N/A		In-Net: \$1,500/\$3,000 Out-Net: N/A	
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited	
<b>Coinsurance</b>	In-Net: 80% Out-Net: N/A		In-Net: 80% Out-Net: N/A		In-Net: 80% Out-Net: N/A	
<b>Office Co-payments</b>	In-Net: \$40/\$40 Out-Net: N/A		In-Net: \$30/\$50 Out-Net: N/A		In-Net: Preventive & Well Care Services are Covered in Full / Other Visits are Subject to Deductible Out-Net: N/A	
<b>Hospitals</b>	In-Net: 80% After Deductible Out-Net: N/A		In-Net: 80% After Deductible Out-Net: N/A		In-Net: 80% After Deductible Out-Net: N/A	
<b>Prescription Benefits</b>	Generic: \$10 Preferred: \$30 Non-Preferred: \$50 N/A Annual Maximum: Unlimited		Generic: \$10 Preferred: 50% Non-Preferred: 50% N/A Annual Maximum: Unlimited		Generic: \$5 Preferred: \$35 Non-Preferred: \$70 All Prescriptions are Subject to Deductible Annual Maximum: Unlimited	
<b>Emergency Room</b>	\$200 Copay Waived If Admitted		\$200 Copay Waived If Admitted		80% After Deductible	
<b>Dependents</b>	To Age 26		To Age 26		To Age 26	
<b>Mental Health Inpatient (Biologically based mental health services treated as mental health services treated as any other illness)</b>	In-Net: 80% After Deductible - 30 Days Max Per Contract Yr Out-Net: N/A		In-Net: 80% After Deductible - 30 Days Max Per Contract Yr Out-Net: N/A		In-Net: 80% After Deductible Out-Net: N/A	
<b>Mental Health Outpatient (Biologically based mental health services treated as any other illness)</b>	In-Net: \$40 Copay Per Office Visit - 20 Combined Visits Max Per Contract Yr Out-Net: N/A		In-Net: \$50 Copay Per Office Visit - 20 Combined Visits Max Per Contract Yr Out-Net: N/A		In- Net: 80% After Deductible Out-Net: N/A	
<b>Chiropractic</b>	In-Net: \$40 Copay Out-Net: N/A		In-Net: \$50 Copay Out-Net: N/A		In- Net: 80% After Deductible Out-Net: N/A	

My new premium is \$\_\_\_\_\_ and a check in this amount is enclosed.

Please accept this completed form as acknowledgment of my 2011 plan election:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

\*Rates include a \$60 administrative billing fee