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SMALL GROUP APPLICATION/CHANGE FORM

(2-50 eligible employees)

Thank you for choosing Empire. Please fill out **all** items below and **print clearly in black or blue ink** in order for us to quickly and accurately process your group's application. Once you've completed this form, please sign in the space provided in **Section 11**.

| 1. | KEA | SU | N FU | JK <i>F</i> | NPP | LIG | AHI | JN/L | HA | NGE | - | | R | eque | sted Ef | fective | e Date | (MMD | DYY) | | | | | Revisi | ion or | Renev | val Dat | e (MM | IDDYY |
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| • | fill in o | one or | nly | | | | | | | | 0 | Nev | v [| | | | | | | C |) E | hange xisting lenefit | g | | | | | | |
| Sales | Repre | esenta | tive La | ıst Naı | me | | | | | | | | | | | | First N | Name | | | | | | | | | | | |
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| Group | Maili | ng Ad | dress | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Group | o Cont | act La | st Na | me | | | | - | | | | | | | | | Group | o Con | act Fi | rst Nar | ne | | | | | | | | |
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| E-ma | il Addı | ess (E | Benefit | Admir | nistrat | or) | | | | | | | | | | | | | | | | | | | | | | | |
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| Billing | g Cont | act | | | | | | | | | | | | | | | | | | Billing | Phon | е | | | 1 | | | | |
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| Fede | al Em | ployer | Identi | ficatio | n Num | nber | | | | | | | | | | | L Count | ty | | I | | | | | | | | | |
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| 2. GROUP | INF | ORN | IATI | ON | - co | ntinue | ed | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|---|------------------------|--|---------------------|-----------------------------|------------|-------------------------------|---|--|--|--|------------------|--|--|---|----------------------------------|---------|-------------------|--|--|--|---|---|--|---|-----------------|
| Is your group a If yes, Name | subsidia | ry/divis | sion aff | filiated | d with | anoth | er con | npany? | ? (|) Ye | es | 0 | No | | | | | | | | | | Numbe | er of E | mploy | ees | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you currently | , , | roup co | overag | e with | Empi | re? | 0 | Yes | (| 1 C | No | | | | | | | | | | | | | | | | |
| If yes, Group No | umber | | | | | | | | | | | | Т | | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | L |
| 3. EMPLO | | ONL | INE | SE | RVI | CES | 3 | \bigcirc | I war | nt to m | nanage | my g | ıroup's | health | n plan | inform | ation c | nline. | Pleas | e senc | l log-i | n inforr | nation | to my | e-mai | l addr | ess. |
| (if applicate 4. OTHER | , | ED A | CE | Has | health | ı insur | ance h | neen n | urchas | sed fo | r the a | ıroup f | from ar | nv cari | rier ind | cluding | Empi | re dur | ina th | e last | twelve | e (12) m | nonths | ? | | | |
| 4. UINEN | GUV | ENA | UE | | ore tha | | | er in 12 | | ths, pl | ease a | ttach | a sepa | arate p | | orading | Linpii | o, dui | | o idot | · · · | J (12) 11 | ioritrio | | | | |
| I | | | | 0 | Yes | | \bigcirc | No | | It | yes, I | nsurai | nce Ca | ırrıer | | | | | | | | | | | | | |
| _ | | | | | | Cov | erage | Type (| ex: HN | 10, P(| OS, PF | PO) | (| Covera | age sta | art date | e (MMI | ODYY) | | | | Cove | rage e | nd dat | e (MM | DDYY | 7 |
| 1 | | | | | | | | | | | Τ | | | | | | | | | | | | | | | | |
| 5. GROUP | ELIC | GIBI | LITY | | | | | | | | | | | | | oll, K1, | | whose | | | | | | | | | - |
| Seasonal Other Employer contractoverage Empire require (i.e., NYS-45, 6. PAYMI % Employee o | ibution to sproof payroll, | (a) Nu loc annote the formal state of empeters. | mber cover of ee retin | is (incluences, incluences, incluences, incluences, incluences, incluences) of retrage of incluences (claim) and incluences (a + + incluence) of net eas (a + + incluences) and incluences are incluences and incluences are incluences. | eligiblheck t-Time | wners de eligibl e ereaso e | ele nn % | A. All (300) B. All a sixt | Initial All er be in On On Aftee De Initial All er be in On | I Enrol I E | Illment tees' art t: Effect emploorms in the tees' are tees to the tees tees tees to the tees tees tees tees tees tees tees | of Grand department of Gra | monttl e e recei | y is sa ived no effect enrollm le for of day(s of hir day(s of hir | itisfied o later ive da nent of covera (i.i.) followe e (i.i.) follower e (i.i.) fol | e will I (see E than the |) Attached to the state of hire | | r you a subirects | are chi- Share Mew I New I Mid-H Alban Essex Saratc Washi New I Sussex Susse | oosing POS, POS, Odd of the court output out | Resi g HMO , please sersid Bronx, ckland, nties. n: Dutc counties any, Cl I on, Gree chence counting of the c | , Directed check the control of the | t HMCk all reference to the thick all reference | egions e list be nes, Ne r, Rich m, Ora bia, Domery, I mery, I mouth | your your elow. Was Yor mond ange, \$\frac{1}{2} \text{ ange, \$\frac{1}{2} \text{ ange, \$\frac{1}{2} \text{ arren } \text{ and } | kk, and Sulliva |
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| | If you | ır grou | p has | multip | ple lo | cation | ıs, do | you w | ish to | recei | ive (fill | in or | ne) | | | | | | | | _ | | | | | | |
| I | | Separa | | | | | | | Ŭ | | · | | | | | ocatio | | / (| \supset | | ΕN | NR6 | 000 | BP | 2 | | |

| | ICAL BEN t all of the cover | | | | then fill out the | details | s under the | e coverage se | ctions. | | | | | |
|-----------------------|--|---------------------------------------|-------------------------------------|--------------|-------------------------------------|---------|--------------|---------------------------------|---------------|-------------------|----------|--------------------------------|--|--------|
| <u></u> НІ | MO* | Direct HM | O* | POS* | O Dire | ctShar | re™ POS | \circ | PPO | ○ EPO | C |) Compreh | | |
| O 01 | ther | | *HMO be | nefits pı | rovided by Em | pire H | lealthChoi | ice HMO, Inc |). | | | Hospital/I | Medical | |
| нмо с | PTIONS | | | | | | | | | | | | | |
| Co-payr | nent Optio | ns (fill in o | ne only) | | | Pre | scripti | on Drug | (includes c | ontraceptives*) | Rat | ing Stru | cture (fill in one o | nly) |
| Co-payment Options | | CP/Primary lome/Office Co-pay | Specialist Home/Office Co-pay | ER Co-pay | Ambulatory/ OP Surgery Co-pay | Co-r | pay Opti | ons (fill in o | ,, | Non- | 0 | 2-Tier | 3-Tier | 4-Tie |
| Opt 1 | \$0 | \$5 | \$5 | \$35 | \$0 | 0 | Opt 1 | Generic \$5 | Brand \$15 | Formulary \$25 | | ion Optic | (fill in one only) | |
| Opt 2 | \$0 | \$10 | \$10 | \$35 | \$0 | 0 | Opt 2 | \$5 | \$20 | \$40 | 00- | payment (ii | , | |
| Opt 3 | \$250/\$625* | \$10 | \$10 | \$35 | \$0 | 0 | Opt 3 | \$10 | \$20 | \$30 | | \$5 | \$10 | |
| Opt 4 | \$500/\$1,250 |)* \$15 | \$15 | \$35 | \$0 | 0 | Opt 4 | \$10 | \$20 | \$40 | Ben | efit cycle (1 | fill in one) | |
| Opt 5 | \$0 | \$20 | \$20 | \$35 | \$0 | 0 | Opt 5 | \$10 | \$25 | \$50 | 0 | 12 month | O 24 month | |
| Opt 6 | \$500/\$1,250 |)* \$20 | \$20 | \$35 | \$0 | Dec | ductible | C** (fill in or | ne only) | | Plar | n choice (f | ill in one) | |
| Opt 7 | \$0 | \$25 | \$25 | \$75 | \$0 | 0 | \$0 | \$50 | \$100 | \$150 | 0 | Low (exam | only) | |
| Opt 8 | \$0 | \$25 | \$40 | \$75 | \$0 | 0 | No presc | ription drug | coverage | | 0 | | plus \$10 co-payme | nt on |
| Opt 9 | \$500/\$1,250 |)* \$25 | \$40 | \$75 | \$75 | | | | asing contra | aceptives must | | \$35 al | es/contacts and lowance on an frames) | |
| *per admissi | on/family maxim | um per caler | ndar year | | | | • | ed affidavit. e to mail-orde | r program. | | 0 | No vision co | , | |
| Miscella | neous Opt | tions (f | fill in all of the | followin | ng options you | wish to | purchase |) | | () . | | habilitation fo | r alcohol/ s in-network | |
| / \ · | ent mental and b care increases fr | | days | | Skilled n from 60 t | | facility inc | reases | | | | • | or pre-existing condit | ions |
| () . | tient mental and care increases fr | | visits | | () | | | ent age increa | | 0 | | nal options | 3 | |
| | т нмо о | | | | | | | | , | | | | | |
| | nent Optio | | | | | Pre | escript | ion Drug | (includes | contraceptives* |) Ra | ting Stru | icture (fill in one o | only) |
| Co-payment | | | Specialist Home/Office | e ER | Ambulatory/ OP Surgery | Co- | -pay Opt | tions (fill in o | one only) | Non- | | 2-Tier | 3-Tier |) 4-Ti |
| Options | Co-pay | Co-pay | Co-pay | Co-pay | | | | Generic | Brand | Formulary | \(\(\) | | | |
| Opt 1 | \$0 | \$5 | \$5 | \$35 | \$0 | | Opt 1 | \$5 | \$15 | \$25 | _ | sion Opti -payment (| ON (fill in one only) fill in one) | |
| Opt 2 | \$0 | \$10 | \$10 | \$35 | \$0 | 0 | Opt 2 | \$5 | \$20 | \$40 | | \$5 | \$10 | |
| Opt 3 | \$250/\$625* | \$10 | \$10 | \$35 | \$0 | 0 | Opt 3 | \$10 | \$20 | \$30 | | | | |
| Opt 4 | \$500/\$1,250* | \$15 | \$15 | \$35 | \$0 | | Opt 4 | \$10 | \$20 | \$40 | Bei | nefit cycle | (fill in one) | |
| Opt 5 | \$0 | \$20 | \$20 | \$35 | \$0 | | Opt 5 | \$10 | \$25 | \$50 | 0 | 12 month | O 24 month | |
| Opt 6 | \$500/\$1,250* | | \$20 | \$35 | \$0 | | | | | φου | Pla | n choice | (fill in one) | |
| | | | | | | De | | le** (fill in o | | 0 0450 | | Low (exam | n only) | |
| Opt 7 | \$0 | \$25 | \$25 | \$75 | \$0 | | \$0 (|) \$50 (|) \$100 | \$150 | | Lliab (avan | a plua (†10 ag paum | |
| Opt 8 | \$0 | \$25 | \$40 | \$75 | \$0 | 0 | No pres | cription drug | g coverage | e | | glass | n plus \$10 co-paymes es/contacts and allowance on | ant on |
| Opt 9 | \$500/\$1,250* | \$25 | \$40 | \$75 | \$75 | | | npt from purcl ed affidavit. | hasing contr | raceptives must | | non p | olan frames) | |
| *per admission | on/family maxim | um per calen | idar year | | | **No | ot applicab | le to mail-ord | er program. | | | No vision o | coverage | |
| | neous Opt | | fill in all of the | followin | ng options you | | • | , | | | | | | |
| | ent mental and be neare increases f | | days | | Skilled r 60 to 12 | _ | | creases from | | () . | | ehabilitation for abuse 30 day | or alcohol/ ys in-network | |
| | atient mental and | |) visits | | () . | | | ent age increa | | Re | move w | aiting period | for pre-existing condi | tions |
| I | .caro morcases I | . 5.11 20 10 40 | . violed | | 13/23 10 | , 20/2C | o (Grid Oi C | Jaioridai yed | '/ | ○ No | additio | nal options | | |

7. MEDICAL BENEFITS SECTION (continued)

POS COVERAGE OPTIONS

| | | | In-Network | | | | | | Out-of- | -Ne | two | rk | | | | ı |
|------------|--|--|--|--|---------|---------|--------------------|-------------------------|---|------|--------------------------|-----------|------------|-------------------------------------|------------|----------------|
| | | PCP/Primary Home/Office Co-payment | Specialist Home/Office Co-payment | Inpatient Co-payment | | | Deduc Individua | | Coinsurance | | oinsu Stop I vidua | | C | | | /laximum |
| \bigcirc | Option 1 | \$15 | \$15 | \$0 | | | \$500/\$ | 1,250 | 70%/30% | \$10 | ,000/9 | \$25,000 | | \$3,00 | 00/\$7, | 500 |
| \bigcirc | Option 2 | \$15 | \$15 | \$250/\$625* | | | \$500/\$ | 1,250 | 70%/30% | \$10 | ,000/9 | \$25,000 | | \$3,00 | 00/\$7, | 500 |
| \bigcirc | Option 3 | \$20 | \$20 | \$0 | | | \$1,000/ | \$2,500 | 70%/30% | \$10 | ,000/9 | \$25,000 | | \$3,00 | 00/\$7, | 500 |
| \bigcirc | Option 4 | \$20 | \$20 | \$250/\$625* | | | \$1,000/ | \$2,500 | 70%/30% | \$10 | ,000/ | \$25,000 | | \$3,00 | 00/\$7, | 500 |
| \bigcirc | Option 5 | \$20 | \$20 | \$500/\$1,250* | | | \$1,000/ | \$2,500 | 70%/30% | \$10 | ,000/ | \$25,000 | | \$3,00 | 00/\$7, | 500 |
| \bigcirc | Option 6 | \$20 | \$20 | \$0 | | | \$1,500/ | \$3,750 | 70%/30% | \$15 | ,000/ | \$37,500 | | \$4,50 | 0/\$11 | ,250 |
| \bigcirc | Option 7 | \$20 | \$20 | \$250/\$625* | | | \$1,500/ | \$3,750 | 70%/30% | \$15 | ,000/ | \$37,500 | | \$4,50 | 0/\$11 | ,250 |
| \bigcirc | Option 8 | \$20 | \$20 | \$500/\$1,250* | | | \$1,500/ | \$3,750 | 70%/30% | \$15 | ,000/ | \$37,500 | | \$4,50 | 0/\$11 | ,250 |
| \bigcirc | Option 9 | \$15 | \$15 | \$0 | | | \$2,000/ | \$5,000 | 60%/40% | \$15 | ,000/ | \$37,500 | | \$6,00 | 0/\$15 | ,000 |
| \bigcirc | Option 10 | \$15 | \$15 | \$500/\$1,250* | | | \$2,000/ | \$5,000 | 60%/40% | \$15 | ,000/ | \$37,500 | | \$6,00 | 0/\$15 | ,000 |
| \bigcirc | Option 11 | \$20 | \$20 | \$0 | | | \$2,000/ | \$5,000 | 60%/40% | \$20 | ,000/ | \$50,000 | | \$8,00 | 0/\$20 | ,000 |
| \bigcirc | Option 12 | \$20 | \$20 | \$500/\$1,250* | | | \$2,000/ | \$5,000 | 60%/40% | \$20 | ,000/ | \$50,000 | | \$8,00 | 0/\$20 | ,000 |
| \bigcirc | Option 13 | \$25 | \$40 | \$0 | | | \$1,000/ | \$2,500 | 70%/30% | \$10 | ,000/ | \$25,000 | | \$3,00 | 00/\$7, | 500 |
| \bigcirc | Option 14 | \$25 | \$40 | \$0 | | | \$1,500/ | \$3,750 | 70%/30% | \$15 | ,000/ | \$37,500 | | \$4,50 | 0/\$11 | ,250 |
| \bigcirc | Option 15 | \$25 | \$40 | \$0 | | | \$2,000/ | \$5,000 | 60%/40% | \$20 | ,000/ | \$50,000 | | \$8,00 | 0/\$20 | ,000 |
| \bigcirc | Option 16 | \$25 | \$40 | \$500 | | | \$2,000/ | \$5,000 | 60%/40% | \$15 | ,000/9 | \$37,500 | | \$6,00 | 0/\$15 | ,000 |
| Note | : ER co-pay: C |)ptions 1-12 – \$50 | Options 13-16 | - \$75 Ambula | tory/OP | Surgery | co-pay: O | ption 16 - | - \$75 *per | adm | nission | n/family | maxir | mum per | caler | ıdar year |
| Visi | ion Option | (fill in one only) | | | | • | | _ | les contraceptives | s*) | De | ducti | ble* | * (fill in | one o | only) |
| Co-l | oayment (fill in | one) \$5 | \$10 | | | | ons (fill in | • , | | | \bigcirc | \$0 | \bigcirc | \$50 | \bigcirc | \$100 |
| Ben | efit cycle (fill ir | n one) | | | Gi | eneric | Brand | | Formulary | | | , - | | , | | |
| \bigcirc | 12 month | 24 month | | | O | \$5 | \$20 | | \$40 | | 0 | \$150 | \circ | \$250 | \circ | \$500 |
| Plan | choice (fill in o | ne) | | ' | 0 | \$10 | \$20 | | \$40 | | 0 | No pre | script | ion drug | cover | rage |
| 0 | Low (exam only | ,, | (exam plus \$10 c on glasses/conta allowance on nor frames) | cts and \$35 | 0 | \$10 | \$25 | | \$50 | | m | ust attac | h a sig | om purch ned affida mail-orde | vit. | contraceptives |
| (chec | scellaneous k all of the follow to purchase) | | inci | pendent children reases from 19/2 calendar year) | | | | alcohol/sı 30 days c | rehabilitation for ubstance abuse—combined in-network | ork | | 0 | cond | ver for pritions | | |

DIRECTSHARESM POS OPTIONS Co-payment Options (fill in one only)

| | | | | I | In-Netwo | rk | | | l | Out | -of-Netwo | ork |
|------------|---------------------|--------|--|-----------------------|-------------|--------------|---------------------------|-----------------------------------|-------------|-------------|---------------------------|----------------------------------|
| | | • | Specialty Care Office Co-Pay ¹ | In-patient Co-Pay* | Deductible* | Coinsurance* | Coinsurance Stop Loss* | Out-of-Pocket Coinsurance Max* | Deductible* | Coinsurance | Coinsurance Stop Loss* | Out-of-pocket Coinsurance Max |
| \bigcirc | Option ⁻ | 1 \$25 | \$40 | Ded + Coins | \$ 250 | 90%/10% | \$10,000 | \$1,000 | \$1,500 | 70%/30% | \$10,000 | \$3,000/ |
| \bigcirc | Option 2 | 2 \$30 | \$50 | Ded + Coins | \$ 500 | 90%/10% | \$10,000 | \$1,000 | \$1,000 | 70%/30% | \$10,000 | \$3,000 |
| \bigcirc | Option 3 | 3 \$30 | \$50 | Ded + Coins | \$ 500 | 80%/20% | \$10,000 | \$2,000 | \$1,000 | 60%/40% | \$10,000 | \$4,000 |
| \bigcirc | Option 4 | 4 \$30 | \$50 | Ded + Coins | \$ 750 | 80%/20% | \$12,500 | \$2,500 | \$1,500 | 60%/40% | \$12,500 | \$5,000 |
| \bigcirc | Option 5 | 5 \$30 | \$50 | Ded + Coins | \$1,000 | 80%/20% | \$15,000 | \$3,000 | \$2,000 | 60%/40% | \$15,000 | \$6,000 |

Note: ER co-pay \$75 *Family coverage is 2.5 times the individual coverage amount.

| 7. MEDICAL BENEFITS SECTION | DIRECTSHAR | E [™] POS OPTI | ONS (continued) | | |
|--|---|--|--|---|--|
| Vision Option (fill in one only) Co-payment (fill in one) \$5 \$10 | Prescription Co-pay Options | Drug (includes con (fill in one only) | traceptives*) Dec | ductible** (fill in | one only) |
| Benefit cycle (fill in one) | Generic B | rand Non-Formula | ary | \$0 \$50 | \$100 |
| 12 month 24 month | \$10 | \$20 \$40 | | \$150 (\$250 | \$500 |
| Plan choice (fill in one) | \$10 | \$25 \$50 | | ψ100 | ⊕ \$666 |
| Cow (exam only) | \$10 | \$25 \$50 | | No prescription drug | g coverage |
| High (exam plus \$10 co-payment on glasses/contacts and \$35 allowance on non plan fram No vision coverage | | | mı | oups exempt from purcha ust attach a signed affidav ot applicable to mail-order | it. |
| Miscellaneous Options (fill in all of the following options you wish to purchase) | Dependent children/studen increases from 19/23 to 23/ calendar year) | 25 (end of alc | patient rehabilitation for sohol/substance abusemblined in-network and twork | | Waiver for pre-existing conditions No additional options |
| EPO COVERAGE OPTIONS In-Network Options (fill in one only) | ffice Visit Co-pay | ment (\$12 | \$20 | \$30 | |
| Vision Co-payment (fill in one only) | Prescription D | | eptives*) Dedu | ıctible** (fill in or | ne only) |
| \$5 Co-payment (1 exam every 24 months) | Co-pay Options (fill Generic Brand | | S |)*** | 50 \$100 |
| \$5 Co-payment (1 exam every 24 months) | \$10 \$20 | \$40 | | | |
| \$10 Co-payment for frames | | *** | | | |
| \$25 Co-payment for contact lenses | \$10 \$25 | \$50 | | | o prescription drug coverage |
| \$35 Allowance for non-plan frames | | | attach | os exempt from purchasin n a signed affidavit. pplicable to mail-order pro | |
| No vision coverage | | | | uctible only available with | |
| (fill in all of the following options | Dependent children/student ncreases from 19/23 to 23/2 of calendar year) | 25 (end alco | atient rehabilitation for phol/substance abuse— pbined in-network | | No additional options |
| PPO COVERAGE OPTIONS In-Network Options (fill in one only) Out-of-Network Options (fill in one only) | ffice Visit Co-payr | ment () \$12 | \$20 | \$30 | |
| Deduction of the only of the o | tible | Stop | Loss Out-of | Coinsurance f-Pocket Maximum dividual/Family | |
| <u> </u> | ,250 70%/30% | % \$5,000 <i>/</i> | /\$12,500 | \$1,500/\$3,750 | |
| 2 \$500/\$1 | ,250 70%/30% | 6 \$10,000 | /\$25,000 | \$3,000/\$7,500 | |
| 3 \$750/\$1 | ,875 70%/30% | % \$15,000 | /\$37,500 \$ | 4,500/\$11,250 | |
| 4 \$1,000/\$ | 2,500 70%/30% | % \$25,000 | /\$62,500 \$ | 7,500/\$18,750 | |
| Vision Co-payment (fill in one only) | Prescriptio | n Drug (includes co | ontraceptives*) | Deductible** (fi | ll in one only) |
| \$5 Co-payment (1 exam every 24 months) | | ns (fill in one only) | | O 40 | A 50 |
| \$5 Co-payment (1 exam every 24 months) | Generic | Brand Non-Form | nulary | () \$0 () | \$50 (\$100 |
| \$10 Co-payment for frames | \$10 | \$20 \$40 | | \$150 | No prescription drug covera |
| \$25 Co-payment for contact lenses | \$10 | \$25 \$50 | | * Groups exempt from n | urchasing contraceptives |
| \$35 Allowance for non-plan frames | | | | must attach a signed a ** Not applicable to mail- | ffidavit. |
| No vision coverage | | | | | |
| (fill in all of the following options | Dependent children/stude increases from 19/23 to 2 (end of calendar year) | 3/25 alc | patient rehabilitation for ohol/substance abuse days combined in-net | - | No additional options |

7. MEDICAL BENEFITS SECTION (continued)

COMPREHENSIVE HOSPITAL AND EXTENDED MEDICAL OPTIONS

Deductible and Coinsurance Applies to Hospital and Extended Medical

Deductible, Coinsurance and Stop-Loss Options

Check the deductible you desire in the "Deductible" column below. Then move to the right of your selection and choose the coinsurance and stop-loss level you wish (fill in one only).

| Chec | ck the deductible you des | ire in th | ie "Deductible | " column below | . Then r | nove to the r | ight of your s | selec | ction and cho | ose the | coinsu | rance and stop-los | SS IE | evel you wish | (fill in or | ne only). |
|------------|---|------------|-----------------------------|-----------------------------|------------------------------------|----------------------------|----------------------------|---------|---|-------------------|---------|-------------------------------|----------|------------------------------|--|--|
| | nual Deductible dividual/Family) | - | tions: Co ividual/Family | insurance | and S | Stop Los | s | | | | | | | | | |
| 0 | \$200/\$500 | 0 | 80% Coinsu \$2,000/\$5,0 | rance to 000 Stop Loss | \circ | 80% Coins \$4,000/\$10 | surance to 0,000 Stop L | Loss | _ | 80% C \$10,00 | | ance to 000 Stop Loss | (| No Stop | | ce with |
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| 0 | \$1,000/\$2,000 | 0 | 80% Coinsu \$4,000/\$10, | rance to 000 Stop Loss | 0 | 80% Coinsi \$10,000/\$2 | urance to 25,000 Stop L | Loss | 0 | 100% (| Coinsur | ance | | | | |
| 0 | \$2,000/\$5,000 | 0 | 80% Coinsu \$10,000/\$25 | rance to i,000 Stop Loss | 0 | 100% Coins | surance | | | | | | | | | |
| Ra | ting Structure (f | ill in on | ie only) | 0 | 2-Tier | 0 | 4-Tier | | | | | | | | | |
| Mis | scellaneous Op | tions | fill in all of | the following | ptions | you wish to | purchase) | | | | | | | | | |
| 0 | Alcohol and substance a detox and 30 days inpat calendar year | | | Dependent | er year r r lifetime college | • | | 0 | Nonpar hos Speech and unlimited vis | l occupa | | | C | calendar yea care; 60 add | visits pe ir for me itional o alendar | er person per ntal and nervous utpatient visits pe year for alcohol |
| 8. | DENTAL BENEF | ITS | SECTIO | N | | | | | | | | | | | | |
| \bigcirc | No Coverage | Please | select the de | ental product a | nd cov | erage optior | ns you wish | to p | urchase. | | | | | | | |
| 0 | Premium Care (fill in one only) | PPC |) | ○ Mar | naged | d Dental | Progran | ns' | f (fill in one | only) | 0 | Progressi | ve | Dental | | |
| | Coinsurance In-Network | | urance Network | _ | | are—\$10 co ocedures on | -payment or lly | n dia | agnostic and | d | 0 | Age 23/25 Ride | er | | | |
| \bigcirc | 100%/80%/50% 1 | 00%/8 | 80%/50% | Prever | ntive Ca | are Plus—A | dds Basic R | Resto | orative cover | rage | | | | | | |
| \circ | 100%/80%/50% | 80%/60 | 0%/50% | Comp | | ve Care | | | | | 0 | Open Acc (fill in one only | | s—Volur | ntary | |
| De | ductible (fill in one | only) | | |) Plai | | Plan 2 |) F | Plan 3 | | | Coinsurance | [| Deductible | Ortho | dontics** |
| | (6 | oy/ | | | Office | Visit Co-pay | _ | , | 2 440 | | 0 | 100%/50%/50 | % | \$25 | \bigcirc | Child only |
| \bigcirc | \$25/\$75 | S | 50/\$150 | | 0 | \$0 (| _) \$5 | (| \$10 | | | | | | | |
| An | nual Maximum | (fill in o | one only) | | Ortho | dontics** | | Ohii | | | | 100%/50%/30 | % | \$50 | Not / | Available |
| \bigcirc | \$1,000 | \bigcirc | \$1,500 | | 0.00 | Child only | | | d and adult | | | 100%/50%/0% | <u>.</u> | \$50 | Not | Available |
| 0 | Orthodontics** | | | | Ortho | \$2,000 (| x per membe \$2,500 | er (| \$3,000 | | | 100 70/30 70/0 70 | U | φου | NOT / | Available |
| ** 0 | | | | | Depe | ndent/Stude | nt Age | | | | | | | | | |
| | ntact your Sales represer allability of this option. | itative i | lor | | \bigcirc | 19/23 ECY | | 23/2 | 25 ECY | | | | | | | |
| | | | | * Existing gro | oups ca | n attach men | nber listing w | vith F | PCD selection | n. n | | ı | | | | |
| Gro | oup's Contribut | ion, | if any. | Contact yo | ui Ouioc | roprosentati | ve for availab | Dility | or triis optio | | | | | | | |
| % | Employee only | | % 2 Party | | | % Empl | loyee & Spou | use | | % Pare | nt & Ch | nild(ren) | | % Family | | |
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| signe or an of emstate state oeing s sub For e contii if the unde New agree Remi with to | county In the Personnel Record and the attached compopy of my New York State Department of Tand Finance "Quarterly Combined Withholding Vage Reporting return of Wages Paid to each imployee (NYS-4/NYS-45/NYS-45ATT)" as filingined by an officer or owner of the group, Wir any additional documentation validating enfemployees, owners or partners (i.e., K-1, not attaments, payroll records) are a completed tatement of the total number of our employee in employees, owners or partners (i.e., K-1, not attaments, payroll records) are a completed tatement of the total number of our employee in the enrollment for which appropriate docume is submitted. For eligible retirees, evidence of past employn ontinuing financial arrangements is required. If the enrollment forms submitted meet Empire inderwriting requirements, and are in complia lew York State law, and we issue coverage, the grees to the following: The enrollment forms submitted meet Empire inderwriting requirements, and are in complia inderwriting requirements, and are in compliance in the terms of such contracts, and if employent to tempire the charges payable in accordith the terms of such contracts, and if employent to the terms of such contracts, and if employent to the following: The application of the following: The terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of such contracts, and if employent to the terms of | | | -2 for rollme otarize es, not not annuatio ment a e's ance whe graduance yee ayroll | ent ed n n and vith pup | infor cove Ensuas it TEFI any emp Ensu Carve emp to conveligil Prorreligi who pror | rmatio erage. ure co relate RA / d active eloyee ure proveout of eresion Metalloyee Meta | mplians to his stop h | nce wieelth cobra oyee of cobra oyee oyee of cobra oyee of cobra oyee oyee oyee oyee oyee oyee oyee oye | e to the plans of | IIPAA (As. Ensure legispende group's and cares and call attended legispende group's and cares and call attended legispended le | ninistr. 5 CFF are cor at bene dicare dicare dicare dicare elejenc Ensur Carvec enrolli ptly re e to r up bei | R Parr nplian i as it it it is as in activents as e activents ents e pro out comment emove emov e emove emove emov emov | of this ts 160- nce wi relate ive s prima ed / vely not compt overag form f e merr remo sponsi | -164) th s to verece e for or or bers vals ble | o w co g g B m th 60 b to E re ap | r within ill begoverage over a coup renefits agy be a coup is agreeming the wind the coup is a coup in a c | n 60 c pin on ge will genewa s purc chan geemel group, ms to written may t s set fo tion is group | days at the control begins at date of the control begins at the co | after that a date of a non- date of non- date of and at render and a non- date of the non-date of the no | the eligible feligible open e estable ewal or terminatice. In will be less the n by the hois agreegroup of the agree in insura | ibility; on rollminished sished sished sished sished sished sished by the ear required an 60 e grooteemer acontrasemer since b | date, of the rwiners or eligibiles under your to red to days: up to Ent for a lect. This to between the red to | lity seerstoo group f tern pay subseempir iny of is groveen | rage next electe od that o givin nination equer e. f the oup | | | | |
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