

7. MEDICAL BENEFITS SECTION

Please select all of the coverage options you wish to use, and then fill out the details under the coverage sections.

☐ HMO*

☐ Direct HMO*

☐ POS*

☐ DirectShare™ POS

☐ PPO

☐ EPO

☐ Comprehensive Hospital/Medical

☐ Other _____

*HMO benefits provided by Empire HealthChoice HMO, Inc.

HMO OPTIONS

Co-payment Options (fill in one only)

Co-payment Options	Inpatient Co-pay	PCP/Primary Home/Office Co-pay	Specialist Home/Office Co-pay	ER Co-pay	Ambulatory/OP Surgery Co-pay
<input type="radio"/> Opt 1	\$0	\$5	\$5	\$35	\$0
<input type="radio"/> Opt 2	\$0	\$10	\$10	\$35	\$0
<input type="radio"/> Opt 3	\$250/\$625*	\$10	\$10	\$35	\$0
<input type="radio"/> Opt 4	\$500/\$1,250*	\$15	\$15	\$35	\$0
<input type="radio"/> Opt 5	\$0	\$20	\$20	\$35	\$0
<input type="radio"/> Opt 6	\$500/\$1,250*	\$20	\$20	\$35	\$0
<input type="radio"/> Opt 7	\$0	\$25	\$25	\$75	\$0
<input type="radio"/> Opt 8	\$0	\$25	\$40	\$75	\$0
<input type="radio"/> Opt 9	\$500/\$1,250*	\$25	\$40	\$75	\$75

*per admission/family maximum per calendar year

Prescription Drug (includes contraceptives*)

Co-pay Options (fill in one only)

	Generic	Brand	Non-Formulary
<input type="radio"/> Opt 1	\$5	\$15	\$25
<input type="radio"/> Opt 2	\$5	\$20	\$40
<input type="radio"/> Opt 3	\$10	\$20	\$30
<input type="radio"/> Opt 4	\$10	\$20	\$40
<input type="radio"/> Opt 5	\$10	\$25	\$50

Deductible** (fill in one only)

☐ \$0 ☐ \$50 ☐ \$100 ☐ \$150

☐ No prescription drug coverage

* Groups exempt from purchasing contraceptives must attach a signed affidavit.

**Not applicable to mail-order program.

Rating Structure (fill in one only)

☐ 2-Tier ☐ 3-Tier ☐ 4-Tier

Vision Option (fill in one only)

Co-payment (fill in one)

☐ \$5 ☐ \$10

Benefit cycle (fill in one)

☐ 12 month ☐ 24 month

Plan choice (fill in one)

☐ Low (exam only)

☐ High (exam plus \$10 co-payment on glasses/contacts and \$35 allowance on non plan frames)

☐ No vision coverage

Miscellaneous Options (fill in all of the following options you wish to purchase)

☐ Inpatient mental and behavioral healthcare increases from 30 to 45 days

☐ Skilled nursing facility increases from 60 to 120 days

☐ Inpatient rehabilitation for alcohol/ substance abuse 30 days in-network

☐ Outpatient mental and behavioral healthcare increases from 20 to 40 visits

☐ Dependent children/student age increases from 19/23 to 23/25 (end of calendar year)

☐ Remove waiting period for pre-existing conditions

☐ No additional options

DIRECT HMO OPTIONS

Co-payment Options (fill in one only)

Co-payment Options	Inpatient Co-pay	PCP/Primary Home/Office Co-pay	Specialist Home/Office Co-pay	ER Co-pay	Ambulatory/OP Surgery Co-pay
<input type="radio"/> Opt 1	\$0	\$5	\$5	\$35	\$0
<input type="radio"/> Opt 2	\$0	\$10	\$10	\$35	\$0
<input type="radio"/> Opt 3	\$250/\$625*	\$10	\$10	\$35	\$0
<input type="radio"/> Opt 4	\$500/\$1,250*	\$15	\$15	\$35	\$0
<input type="radio"/> Opt 5	\$0	\$20	\$20	\$35	\$0
<input type="radio"/> Opt 6	\$500/\$1,250*	\$20	\$20	\$35	\$0
<input type="radio"/> Opt 7	\$0	\$25	\$25	\$75	\$0
<input type="radio"/> Opt 8	\$0	\$25	\$40	\$75	\$0
<input type="radio"/> Opt 9	\$500/\$1,250*	\$25	\$40	\$75	\$75

*per admission/family maximum per calendar year

Prescription Drug (includes contraceptives*)

Co-pay Options (fill in one only)

	Generic	Brand	Non-Formulary
<input type="radio"/> Opt 1	\$5	\$15	\$25
<input type="radio"/> Opt 2	\$5	\$20	\$40
<input type="radio"/> Opt 3	\$10	\$20	\$30
<input type="radio"/> Opt 4	\$10	\$20	\$40
<input type="radio"/> Opt 5	\$10	\$25	\$50

Deductible** (fill in one only)

☐ \$0 ☐ \$50 ☐ \$100 ☐ \$150

☐ No prescription drug coverage

* Groups exempt from purchasing contraceptives must attach a signed affidavit.

**Not applicable to mail-order program.

Rating Structure (fill in one only)

☐ 2-Tier ☐ 3-Tier ☐ 4-Tier

Vision Option (fill in one only)

Co-payment (fill in one)

☐ \$5 ☐ \$10

Benefit cycle (fill in one)

☐ 12 month ☐ 24 month

Plan choice (fill in one)

☐ Low (exam only)

☐ High (exam plus \$10 co-payment on glasses/contacts and \$35 allowance on non plan frames)

☐ No vision coverage

Miscellaneous Options (fill in all of the following options you wish to purchase)

☐ Inpatient mental and behavioral healthcare increases from 30 to 45 days

☐ Skilled nursing facility increases from 60 to 120 days

☐ Inpatient rehabilitation for alcohol/ substance abuse 30 days in-network

☐ Outpatient mental and behavioral healthcare increases from 20 to 40 visits

☐ Dependent children/student age increases from 19/23 to 23/25 (end of calendar year)

☐ Remove waiting period for pre-existing conditions

☐ No additional options

7. MEDICAL BENEFITS SECTION (continued)

POS COVERAGE OPTIONS

	In-Network			Out-of-Network			
	PCP/Primary Home/Office Co-payment	Specialist Home/Office Co-payment	Inpatient Co-payment	Deductible Individual/Family	Coinsurance	Coinsurance Stop Loss Individual/Family	Coinsurance Out-of-Pocket Maximum Individual/Family
<input type="radio"/> Option 1	\$15	\$15	\$0	\$500/\$1,250	70%/30%	\$10,000/\$25,000	\$3,000/\$7,500
<input type="radio"/> Option 2	\$15	\$15	\$250/\$625*	\$500/\$1,250	70%/30%	\$10,000/\$25,000	\$3,000/\$7,500
<input type="radio"/> Option 3	\$20	\$20	\$0	\$1,000/\$2,500	70%/30%	\$10,000/\$25,000	\$3,000/\$7,500
<input type="radio"/> Option 4	\$20	\$20	\$250/\$625*	\$1,000/\$2,500	70%/30%	\$10,000/\$25,000	\$3,000/\$7,500
<input type="radio"/> Option 5	\$20	\$20	\$500/\$1,250*	\$1,000/\$2,500	70%/30%	\$10,000/\$25,000	\$3,000/\$7,500
<input type="radio"/> Option 6	\$20	\$20	\$0	\$1,500/\$3,750	70%/30%	\$15,000/\$37,500	\$4,500/\$11,250
<input type="radio"/> Option 7	\$20	\$20	\$250/\$625*	\$1,500/\$3,750	70%/30%	\$15,000/\$37,500	\$4,500/\$11,250
<input type="radio"/> Option 8	\$20	\$20	\$500/\$1,250*	\$1,500/\$3,750	70%/30%	\$15,000/\$37,500	\$4,500/\$11,250
<input type="radio"/> Option 9	\$15	\$15	\$0	\$2,000/\$5,000	60%/40%	\$15,000/\$37,500	\$6,000/\$15,000
<input type="radio"/> Option 10	\$15	\$15	\$500/\$1,250*	\$2,000/\$5,000	60%/40%	\$15,000/\$37,500	\$6,000/\$15,000
<input type="radio"/> Option 11	\$20	\$20	\$0	\$2,000/\$5,000	60%/40%	\$20,000/\$50,000	\$8,000/\$20,000
<input type="radio"/> Option 12	\$20	\$20	\$500/\$1,250*	\$2,000/\$5,000	60%/40%	\$20,000/\$50,000	\$8,000/\$20,000
<input type="radio"/> Option 13	\$25	\$40	\$0	\$1,000/\$2,500	70%/30%	\$10,000/\$25,000	\$3,000/\$7,500
<input type="radio"/> Option 14	\$25	\$40	\$0	\$1,500/\$3,750	70%/30%	\$15,000/\$37,500	\$4,500/\$11,250
<input type="radio"/> Option 15	\$25	\$40	\$0	\$2,000/\$5,000	60%/40%	\$20,000/\$50,000	\$8,000/\$20,000
<input type="radio"/> Option 16	\$25	\$40	\$500	\$2,000/\$5,000	60%/40%	\$15,000/\$37,500	\$6,000/\$15,000

Note: ER co-pay: Options 1-12 – \$50 Options 13-16 – \$75 Ambulatory/OP Surgery co-pay: Option 16 – \$75 *per admission/family maximum per calendar year

Vision Option (fill in one only)

Co-payment (fill in one only) ☐ \$5 ☐ \$10

Benefit cycle (fill in one only)

☐ 12 month ☐ 24 month

Plan choice (fill in one)

☐ Low (exam only)
 ☐ High (exam plus \$10 co-payment on glasses/contacts and \$35 allowance on non plan frames)

☐ No vision coverage

+

Prescription Drug (includes contraceptives*)

Co-pay Options (fill in one only)

Generic	Brand	Non-Formulary
<input type="radio"/> \$5	\$20	\$40
<input type="radio"/> \$10	\$20	\$40
<input type="radio"/> \$10	\$25	\$50

Deductible** (fill in one only)

☐ \$0 ☐ \$50 ☐ \$100

☐ \$150 ☐ \$250 ☐ \$500

☐ No prescription drug coverage

* Groups exempt from purchasing contraceptives must attach a signed affidavit.
 ** Not applicable to mail-order program.

Miscellaneous Options

(check all of the following options you wish to purchase)

☐ Dependent children/student age increases from 19/23 to 23/25 (end of calendar year)
 ☐ Inpatient rehabilitation for alcohol/substance abuse—30 days combined in-network and out-of-network
 ☐ Waiver for pre-existing conditions
 ☐ No additional options

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

In-Network									Out-of-Network			
	Primary Care Office Co-Pay¹	Specialty Care Office Co-Pay¹	In-patient Co-Pay²	Deductible³	Coinsurance³	Coinsurance Stop Loss³	Out-of-Pocket Coinsurance Max³	Deductible³	Coinsurance	Coinsurance Stop Loss³	Out-of-pocket Coinsurance	
<input type="radio"/> Option 1	\$25	\$40	Ded + Coins	\$ 250	90%/10%	\$10,000	\$1,000	\$1,500	70%/30%	\$10,000	\$3,000/	
<input type="radio"/> Option 2	\$30	\$50	Ded + Coins	\$ 500	90%/10%	\$10,000	\$1,000	\$1,000	70%/30%	\$10,000	\$3,000	
<input type="radio"/> Option 3	\$30	\$50	Ded + Coins	\$ 500	80%/20%	\$10,000	\$2,000	\$1,000	60%/40%	\$10,000	\$4,000	
<input type="radio"/> Option 4	\$30	\$50	Ded + Coins	\$ 750	80%/20%	\$12,500	\$2,500	\$1,500	60%/40%	\$12,500	\$5,000	
<input type="radio"/> Option 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 ¹Family coverage is 2.5 times the individual coverage amount.

7. MEDICAL BENEFITS SECTION DIRECTSHARESM POS OPTIONS (continued)

Vision Option (fill in one only)

Co-payment (fill in one) ☐ \$5 ☐ \$10

Benefit cycle (fill in one)

☐ 12 month ☐ 24 month

Plan choice (fill in one)

☐ Low (exam only)

☐ High (exam plus \$10 co-payment on glasses/contacts and \$35 allowance on non plan frames)

☐ No vision coverage

Prescription Drug (includes contraceptives*)

Co-pay Options (fill in one only)

Generic	Brand	Non-Formulary
<input type="radio"/> \$10	<input type="radio"/> \$20	<input type="radio"/> \$40
<input type="radio"/> \$10	<input type="radio"/> \$25	<input type="radio"/> \$50

Deductible** (fill in one only)

☐ \$0 ☐ \$50 ☐ \$100

☐ \$150 ☐ \$250 ☐ \$500

☐ No prescription drug coverage

* Groups exempt from purchasing contraceptives must attach a signed affidavit.

** Not applicable to mail-order program.

Miscellaneous Options
(fill in all of the following options you wish to purchase)

☐ Dependent children/student age increases from 19/23 to 23/25 (end of calendar year)

☐ Inpatient rehabilitation for alcohol/substance abuse—30 days combined in-network and out-of-network

☐ Waiver for pre-existing conditions

☐ No additional options

EPO COVERAGE OPTIONS

In-Network Options (fill in one only) **Office Visit Co-payment** ☐ \$12 ☐ \$20 ☐ \$30

Vision Co-payment (fill in one only)

☐ \$5 Co-payment (1 exam every 24 months)

☐ \$5 Co-payment (1 exam every 24 months)

☐ \$10 Co-payment for frames

☐ \$25 Co-payment for contact lenses

☐ \$35 Allowance for non-plan frames

☐ No vision coverage

Prescription Drug (includes contraceptives*)

Co-pay Options (fill in one only)

Generic	Brand	Non-Formulary
<input type="radio"/> \$10	<input type="radio"/> \$20	<input type="radio"/> \$40
<input type="radio"/> \$10	<input type="radio"/> \$25	<input type="radio"/> \$50

Deductible** (fill in one only)

☐ \$0*** ☐ \$50 ☐ \$100

☐ \$150 ☐ No prescription drug coverage

* Groups exempt from purchasing contraceptives must attach a signed affidavit.

** Not applicable to mail-order program.

*** 0 deductible only available with \$10/\$30/\$50.

Miscellaneous Options
(fill in all of the following options you wish to purchase)

☐ Dependent children/student age increases from 19/23 to 23/25 (end of calendar year)

☐ Inpatient rehabilitation for alcohol/substance abuse—30 days combined in-network

☐ No additional options

PPO COVERAGE OPTIONS

In-Network Options (fill in one only) **Office Visit Co-payment** ☐ \$12 ☐ \$20 ☐ \$30

Out-of-Network Options (fill in one only)

	Deductible Individual/Family	Coinsurance	Coinsurance Stop Loss Individual/Family	Coinsurance Out-of-Pocket Maximum Individual/Family
<input type="radio"/> 1	\$500/\$1,250	70%/30%	\$5,000/\$12,500	\$1,500/\$3,750
<input type="radio"/> 2	\$500/\$1,250	70%/30%	\$10,000/\$25,000	\$3,000/\$7,500
<input type="radio"/> 3	\$750/\$1,875	70%/30%	\$15,000/\$37,500	\$4,500/\$11,250
<input type="radio"/> 4	\$1,000/\$2,500	70%/30%	\$25,000/\$62,500	\$7,500/\$18,750

Vision Co-payment (fill in one only)

☐ \$5 Co-payment (1 exam every 24 months)

☐ \$5 Co-payment (1 exam every 24 months)

☐ \$10 Co-payment for frames

☐ \$25 Co-payment for contact lenses

☐ \$35 Allowance for non-plan frames

☐ No vision coverage

Prescription Drug (includes contraceptives*)

Co-pay Options (fill in one only)

Generic	Brand	Non-Formulary
<input type="radio"/> \$10	<input type="radio"/> \$20	<input type="radio"/> \$40
<input type="radio"/> \$10	<input type="radio"/> \$25	<input type="radio"/> \$50

Deductible** (fill in one only)

☐ \$0 ☐ \$50 ☐ \$100

☐ \$150 ☐ No prescription drug coverage

* Groups exempt from purchasing contraceptives must attach a signed affidavit.

** Not applicable to mail-order program.

Miscellaneous Options
(fill in all of the following options you wish to purchase)

☐ Dependent children/student age increases from 19/23 to 23/25 (end of calendar year)

☐ Inpatient rehabilitation for alcohol/substance abuse—30 days combined in-network

☐ No additional options

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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).

Annual Deductible (Individual/Family)	Options: Coinsurance and Stop Loss (Individual/Family)			
<input type="radio"/> \$200/\$500	<input type="radio"/> 80% Coinsurance to \$2,000/\$5,000 Stop Loss	<input type="radio"/> 80% Coinsurance to \$4,000/\$10,000 Stop Loss	<input type="radio"/> 80% Coinsurance to \$10,000/\$25,000 Stop Loss	<input type="radio"/> 80% Coinsurance with No Stop Loss
<input type="radio"/> \$500/\$1,000	<input type="radio"/> 80% Coinsurance to \$2,000/\$5,000 Stop Loss	<input type="radio"/> 80% Coinsurance to \$4,000/\$10,000 Stop Loss	<input type="radio"/> 80% Coinsurance to \$10,000/\$25,000 Stop Loss	
<input type="radio"/> \$1,000/\$2,000	<input type="radio"/> 80% Coinsurance to \$4,000/\$10,000 Stop Loss	<input type="radio"/> 80% Coinsurance to \$10,000/\$25,000 Stop Loss	<input type="radio"/> 100% Coinsurance	
<input type="radio"/> \$2,000/\$5,000	<input type="radio"/> 80% Coinsurance to \$10,000/\$25,000 Stop Loss	<input type="radio"/> 100% Coinsurance		

Rating Structure (fill in one only) ☐ 2-Tier ☐ 4-Tier

Miscellaneous Options (fill in all of the following options you wish to purchase)

<input type="radio"/> Alcohol and substance abuse—7 days detox and 30 days inpatient rehab per calendar year	<input type="radio"/> Private duty nursing (\$10,000 per year maximum; \$50,000 per lifetime maximum)	<input type="radio"/> Nonpar hospital paid as par	<input type="radio"/> Additional outpatient services (7 outpatient visits per person per calendar year for mental and nervous care; 60 additional outpatient visits per person per calendar year for alcohol and substance abuse)
<input type="radio"/> Dependent college student age increases to 25 end of calendar year	<input type="radio"/> Speech and occupational therapy—unlimited visits		

8. DENTAL BENEFITS SECTION

☐ **No Coverage** Please select the dental product and coverage options you wish to purchase.

<input type="radio"/> Premium Care PPO (fill in one only) <table><tr><td>Coinsurance In-Network</td><td>Coinsurance Out-of-Network</td></tr><tr><td><input type="radio"/> 100%/80%/50%</td><td><input type="radio"/> 100%/80%/50%</td></tr><tr><td><input type="radio"/> 100%/80%/50%</td><td><input type="radio"/> 80%/60%/50%</td></tr></table> Deductible (fill in one only) <table><tr><td><input type="radio"/> \$25/\$75</td><td><input type="radio"/> \$50/\$150</td></tr></table> Annual Maximum (fill in one only) <table><tr><td><input type="radio"/> \$1,000</td><td><input type="radio"/> \$1,500</td></tr></table> <input type="radio"/> Orthodontics** ** Contact your Sales representative for availability of this option.	Coinsurance In-Network	Coinsurance Out-of-Network	<input type="radio"/> 100%/80%/50%	<input type="radio"/> 100%/80%/50%	<input type="radio"/> 100%/80%/50%	<input type="radio"/> 80%/60%/50%	<input type="radio"/> \$25/\$75	<input type="radio"/> \$50/\$150	<input type="radio"/> \$1,000	<input type="radio"/> \$1,500	<input type="radio"/> Managed Dental Programs* (fill in one only) <table><tr><td><input type="radio"/> Preventive Care—\$10 co-payment on diagnostic and preventive procedures only</td></tr><tr><td><input type="radio"/> Preventive Care Plus—Adds Basic Restorative coverage</td></tr><tr><td><input type="radio"/> Comprehensive Care <table><tr><td><input type="radio"/> Plan 1</td><td><input type="radio"/> Plan 2</td><td><input type="radio"/> Plan 3</td></tr></table>Office Visit Co-pays <table><tr><td><input type="radio"/> \$0</td><td><input type="radio"/> \$5</td><td><input type="radio"/> \$10</td></tr></table>Orthodontics** <table><tr><td><input type="radio"/> Child only</td><td><input type="radio"/> Child and adult</td></tr></table>Ortho Co-pay Max per member <table><tr><td><input type="radio"/> \$2,000</td><td><input type="radio"/> \$2,500</td><td><input type="radio"/> \$3,000</td></tr></table>Dependent/Student Age <table><tr><td><input type="radio"/> 19/23 ECY</td><td><input type="radio"/> 23/25 ECY</td></tr></table> * Existing groups can attach member listing with PCD selection. ** Contact your Sales representative for availability of this option.</td></tr></table>	<input type="radio"/> Preventive Care —\$10 co-payment on diagnostic and preventive procedures only	<input type="radio"/> Preventive Care Plus —Adds Basic Restorative coverage	<input type="radio"/> Comprehensive Care <table><tr><td><input type="radio"/> Plan 1</td><td><input type="radio"/> Plan 2</td><td><input type="radio"/> Plan 3</td></tr></table> Office Visit Co-pays <table><tr><td><input type="radio"/> \$0</td><td><input type="radio"/> \$5</td><td><input type="radio"/> \$10</td></tr></table> Orthodontics** <table><tr><td><input type="radio"/> Child only</td><td><input type="radio"/> Child and adult</td></tr></table> Ortho Co-pay Max per member <table><tr><td><input type="radio"/> \$2,000</td><td><input type="radio"/> \$2,500</td><td><input type="radio"/> \$3,000</td></tr></table> Dependent/Student Age <table><tr><td><input type="radio"/> 19/23 ECY</td><td><input type="radio"/> 23/25 ECY</td></tr></table> * Existing groups can attach member listing with PCD selection. ** Contact your Sales representative for availability of this option.	<input type="radio"/> Plan 1	<input type="radio"/> Plan 2	<input type="radio"/> Plan 3	<input type="radio"/> \$0	<input type="radio"/> \$5	<input type="radio"/> \$10	<input type="radio"/> Child only	<input type="radio"/> Child and adult	<input type="radio"/> \$2,000	<input type="radio"/> \$2,500	<input type="radio"/> \$3,000	<input type="radio"/> 19/23 ECY	<input type="radio"/> 23/25 ECY	<input type="radio"/> Progressive Dental <table><tr><td><input type="radio"/> Age 23/25 Rider</td></tr></table> <input type="radio"/> Open Access—Voluntary (fill in one only) <table><tr><td>Coinsurance</td><td>Deductible</td><td>Orthodontics**</td></tr><tr><td><input type="radio"/> 100%/50%/50%</td><td><input type="radio"/> \$25</td><td><input type="radio"/> Child only</td></tr><tr><td><input type="radio"/> 100%/50%/30%</td><td><input type="radio"/> \$50</td><td><input type="radio"/> Not Available</td></tr><tr><td><input type="radio"/> 100%/50%/0%</td><td><input type="radio"/> \$50</td><td><input type="radio"/> Not Available</td></tr></table>	<input type="radio"/> Age 23/25 Rider	Coinsurance	Deductible	Orthodontics**	<input type="radio"/> 100%/50%/50%	<input type="radio"/> \$25	<input type="radio"/> Child only	<input type="radio"/> 100%/50%/30%	<input type="radio"/> \$50	<input type="radio"/> Not Available	<input type="radio"/> 100%/50%/0%	<input type="radio"/> \$50	<input type="radio"/> Not Available
Coinsurance In-Network	Coinsurance Out-of-Network																																								
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<input type="radio"/> Age 23/25 Rider																																									
Coinsurance	Deductible	Orthodontics**																																							
<input type="radio"/> 100%/50%/50%	<input type="radio"/> \$25	<input type="radio"/> Child only																																							
<input type="radio"/> 100%/50%/30%	<input type="radio"/> \$50	<input type="radio"/> Not Available																																							
<input type="radio"/> 100%/50%/0%	<input type="radio"/> \$50	<input type="radio"/> Not Available																																							

Group's Contribution, if any.

% Employee only	% 2 Party	% Employee & Spouse	% Parent & Child(ren)	% Family															
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