



2010 Association Plan Rate for Sole Proprietors
Effective Rates 7/1/2010—6/30/2011

1B HIP Prime HMO Generic-RX Only	2B HIP Prime HMO (30/50/1000/150) w/Rx	3B HIP Select PPO Generic RX only	4B HIP Select PPO 30/50/Ded & Coins/150w/Rx
\$30 office Visit Copay except Primary/preventive to age 19	\$30 office Visit Copay except Primary/preventive to age 19	\$30 office Visit Copay except Primary/preventive to age 19	\$30 office Visit Copay except Primary/preventive to age 19
\$50 Specialist Visit Copay	\$50 Specialist Visit Copay	\$50 Specialist Visit Copay	\$50 Specialist Visit Copay
\$1,000 Hospital Copay	\$1,000 Hospital Copay	Hospital: Ded & Coins.	Hospital: Ded & Coins.
\$150 Ambulatory Surgery/OP Copay	\$150 Ambulatory Surgery/OP Copay	Ambulatory Surgery: Ded & Coins.	Ambulatory Surgery: Ded & Coins.
\$150 ER Copay	\$150 ER Copay	\$150 ER Copay	\$150 ER Copay
RX: \$10 Generic/No Brand \$100 Ded.	RX: \$20/\$30/\$50 - \$300 Ded.	RX: \$10 Generic/No Brand \$100 Ded	RX: \$20/\$30/\$50 - \$300 Ded
DME: Not Covered	DME: Not Covered	In-Net.Coins/Ded: 80/20%/ \$2,000 / 4,000	In-Net.Coins/Ded: 80/20%/ \$2,000 / 4,000
PDN: Not Covered	PDN: Not Covered	In-Net.Coins Max: \$5,000 / \$10,000	In-Net.Coins Max: \$5,000 / \$10,000
30 Days Skilled Nursing Facility	30 Days Skilled Nursing Facility	Non-Net.Coins/Ded:60/40%/ \$4,000/8,000	Non-Net.Coins/Ded:60/40%/ \$4,000/8,000
40 Home Health Care Visits, No copay	40 Home Health Care Visits/ No copay	Non-Net. Coins Max: \$10,000 / \$20,000	Non-Net. Coins Max: \$10,000 / \$20,000
IP Therapies: Not Covered	IP Therapies: Not Covered	DME: Not Covered	DME: Not Covered
OP Therapies: 30 Visits \$50 Copay	OP Therapies: 30 Visits \$50 Copay	PDN: Not Covered	PDN: Not Covered
IP Mental Health: 30 days/\$1,000 Copay	IP Mental Health: 30 days/\$1,000 Copay	30 Days S. Nursing Facility:Ded & Coins	30 Days S. Nursing Facility:Ded & Coins
IP AL/SA Detox: 7 Days/ \$1,000	IP AL/SA Detox: 7 Days/ \$1,000	40 Home Health Care visits;Ded & Coins	40 Home Health Care visits;Ded & Coins
IP AL/SA Rehab.: Not covered	IP AL/SA Rehab.: Not covered	IP Therapies: 30 days/Ded & Coins	IP Therapies: 30 days/Ded & Coins
OP AL/SA Rehab.: 60 visits / \$25 Copay	OP AL/SA Rehab.: 60 visits / \$25 Copay	OP Therapies: 30 visits / \$50 Copay	OP Therapies: 30 visits / \$50 Copay
OP Mental Health: 20 visits/\$50 Copay	OP Mental Health: 20 visits/\$50 Copay	IP Mental Health: 30 days / Ded & Coins	IP Mental Health: 30 days/Ded & Coins
Dialysis treatment: \$25 Copay	Dialysis treatment: \$25 Copay	IP AL/SA Detox: 7 Days/ Ded & Coins	IP AL/SA Detox: 7 Days/ Ded & Coins
Refractive Eye Exam: \$25 Copay	Refractive Eye Exam: \$25 Copay	IP Chem Rehab.: 30 days / Ded & Coins	IP Chem Rehab: 30 days / Ded & Coins
Diabetic Supplies: \$25 Copay	Diabetic Supplies: \$25 Copay	OP Chem Rehab.: 60 visits / \$50 Copay	OP AL/SA Rehab: 60 visits / \$50 Copay
Preventive Dental: Included.	Preventive Dental: Included	OP Mental Health: 40 visits/\$50 Copay	OP Mental Health: 40 visits/\$50 Copay
Fertility: Base Benefits Only	Fertility: Base Benefits Only	Dialysis treatment: \$20 Copay	Dialysis treatment: \$20 Copay
Eyeglasses: \$45 every 24 months	Eyeglasses: \$45 every 24 months	Fertility: Base Benefits Only	Fertility: Base Benefits Only
Dependent Child: End of month 26	Dependent Child: End of month 26	Diabetic Supplies: \$30 Copay	Diabetic Supplies: \$30 Copay
1	1	Preventive Dental: Included	Preventive Dental: Included
		Eyeglasses: \$0 Contacts - \$25 / 12 mos	Eyeglasses: \$0 Contacts - \$25 / 12 mos
		Refractive Eye Exam: \$25 Copay.	Refractive Eye Exam: \$25 Copay.
		Hospice Care: 210 Days Ded & Coins.	Hospice Care: 210 Days Ded & Coins.
		DDependent Child: End of month 26	Dependent Child: End of month 26
Employee: \$ 546.21	Employee: \$ 593.26	Employee: \$ 507.97	Employee: \$ 555.02
Family: \$1,481.08	Family: \$ 1,610.43	Family: \$ 1437.00	Family: \$ 1573.44

The above rates include a \$12 administration fee