



Please note, coverage under this plan begins on the first of the month, with initial premium due at the time of application. If you wish to enroll, please complete the Group Enrollment/Change form, and return it to our offices with your check made payable to **Bollinger**.

PICPA HSA-QUALIFIED PPO HIGH DEDUCTIBLE HEALTH PLAN
Preferred Provider Organization

PLEASE NOTE: The deductible under this plan is calculated on a calendar year basis from January 1 to December 31 of each year.

MONTHLY RATE SCHEDULE
Rates Effective 9/1/09 thru 8/31/10

Monthly Rates	PPO HD3-HC1
Single	\$572.19
W/Child	1,219.68
W/Children	1,468.39
W/Spouse	1,410.24
Family	1,658.99

Coverage includes the following BC/BS product lines for PPO:
PA Capital Region - PPO Blue
Philadelphia/Southern NJ Region - Personal Choice
PA Western Region - PPO Blue

Your application and check for the first month's premium should be sent to the Plan Administrator.

PLAN ADMINISTRATOR
Bollinger Insurance
400 Market Street, Suite 450
Philadelphia, PA 19106
1-800-952-4050 Fax 215-351-9012

