



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 office with your check made payable to **Bollinger**.

**PICPA KEYSTONE HEALTH PLAN EAST MEDICAL PLANS &
AMERIHEALTH MEDICAL PLANS FOR PA AND NJ**

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

KEYSTONE/AMERIHEALTH PLANS			
Monthly Rates	HMO Flex C3-F3	HMO Flex C2-F1	POS Flex C3-F1-01
Single	\$541.31	\$586.75	\$585.08
W/Child	1,008.06	1,092.65	1,089.55
W/Children	1,008.06	1,092.65	1,089.55
W/Spouse	1,245.60	1,350.13	1,346.30
Family	1,628.34	1,764.99	1,759.98

Includes RX Benefit \$20/\$40/\$60

Coverage is available in Delaware, Maryland, Southern New Jersey and the following Pennsylvania counties to include zip codes beginning with the digits 180, 189 thru 196:

Philadelphia

Berks Bucks

Chester Delaware

Lancaster Lehigh

Montgomery Northampton

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

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