



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 PERSONAL CHOICE PPO PLAN**  
Preferred Provider Organization

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

Monthly Rates	PPO Flex C3-F2-01	PPO Flex Deductible D2-N2
Single	\$1,052.73	\$869.10
W/Child	2,206.90	1,815.47
W/Children	2,549.49	2,078.23
W/Spouse	2,653.68	2,201.08
Family	2,996.31	2,463.88

Includes RX benefit of \$20/\$40/\$60

**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

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