

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

PICPA BC/ BS TRADITIONAL INDEMNITY PLAN

MONTHLY RATE SCHEDULE
Rates Effective 9/1/08 thru 8/31/09

TRADITIONAL INDEMNITY	
Coverage Status	100 UCR \$200 BS deductible \$500 Major Medical deductible
Single	\$1,392.99
w/child	\$2,837.92
w/children	\$3,009.31
w/spouse	\$2,837.92
Family	\$3,452.57
CARVE-OUT 65 PLAN (Medicare Supplement)	
Single	\$1,118.92
w/spouse	\$2,238.14

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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