

## 2010 Benefit Election Form

Company Name:	Email:	<b>For office use only:</b>	Effective Date:
Contact Name:		CID:	Date Submitted:
Address:		Group Numbers:	
<i>Show all plans co is offering, new, current or changes w/in current. In comments, note non-stand plans being kept.</i>			

**Firms with 2-9 enrolled may offer 1 HMO AND 1 POS plan. Rx plans must match. Firms with 10 or more enrolled may offer 2 HMO and 1 PPO or 2 PPO and 1 HMO and 2 Rx plans.**

Choose Plans	Choose Product	Office Visit Copay PCP/Specialist	Facility Copay Hospital/Outpatient Surgery	Out-of-Network Benefit Individual/Family Deductible (PC & POS Only)	Prescription Plan Generic/Brand/Non-Formulary	Vision (Keystone (KS) riders may be sold only with HMO or POS plans)			Dental (KS riders only) indicate UCCL Dental in comment		
<b>Copay Series</b>	<input type="checkbox"/> Personal Choice	<input type="checkbox"/> C1 - \$10/\$20	<input type="checkbox"/> F1 - \$0-day/\$0 OP	<input type="checkbox"/> O1 - \$500/\$1500/70%	<input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60	<input type="checkbox"/> None	<input type="checkbox"/> Annual	<input type="checkbox"/> Biennial	<input type="checkbox"/> Basic Dental		
Office only: Bill to acct #	<input type="checkbox"/> Keystone HMO <input type="checkbox"/> Point of Service <input type="checkbox"/> Direct POS	<input type="checkbox"/> C2 - \$15/\$30 <input type="checkbox"/> C3 - \$20/\$40 <input type="checkbox"/> C4 - \$30/\$50*	<input type="checkbox"/> F2 - \$100-day/\$50 OP <input type="checkbox"/> F3 - \$150-day/\$75 OP <input type="checkbox"/> F4 - \$250-day/\$125 OP <input type="checkbox"/> F5 - \$400-day/\$200 OP**	<input type="checkbox"/> O2 - \$1500/\$4500/50%	<input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60	<input type="checkbox"/> \$35 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$50 <input type="checkbox"/> \$125 <input type="checkbox"/> \$35 KS Rider <input type="checkbox"/> \$75 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 KS Rider					
<b>Copay Series</b>	<input type="checkbox"/> Personal Choice	<input type="checkbox"/> C1 - \$10/\$20	<input type="checkbox"/> F1 - \$0-day/\$0 OP	<input type="checkbox"/> O1 - \$500/\$1500/70%	<input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60	<input type="checkbox"/> None	<input type="checkbox"/> Annual	<input type="checkbox"/> Biennial	<input type="checkbox"/> Basic Dental		
Office only: Bill to acct #	<input type="checkbox"/> Keystone HMO <input type="checkbox"/> Point of Service <input type="checkbox"/> Direct POS	<input type="checkbox"/> C2 - \$15/\$30 <input type="checkbox"/> C3 - \$20/\$40 <input type="checkbox"/> C4 - \$30/\$50*	<input type="checkbox"/> F2 - \$100-day/\$50 OP <input type="checkbox"/> F3 - \$150-day/\$75 OP <input type="checkbox"/> F4 - \$250-day/\$125 OP <input type="checkbox"/> F5 - \$400-day/\$200 OP**	<input type="checkbox"/> O2 - \$1500/\$4500/50%	<input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60	<input type="checkbox"/> \$35 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$50 <input type="checkbox"/> \$125 <input type="checkbox"/> \$35 KS Rider <input type="checkbox"/> \$75 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 KS Rider					
<b>Copay Series</b>	<input type="checkbox"/> Personal Choice	<input type="checkbox"/> C1 - \$10/\$20	<input type="checkbox"/> F1 - \$0-day/\$0 OP	<input type="checkbox"/> O1 - \$500/\$1500/70%	<input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60	<input type="checkbox"/> None	<input type="checkbox"/> Annual	<input type="checkbox"/> Biennial	<input type="checkbox"/> Basic Dental		
Office only: Bill to acct #	<input type="checkbox"/> Keystone HMO <input type="checkbox"/> Point of Service <input type="checkbox"/> Direct POS	<input type="checkbox"/> C2 - \$15/\$30 <input type="checkbox"/> C3 - \$20/\$40 <input type="checkbox"/> C4 - \$30/\$50*	<input type="checkbox"/> F2 - \$100-day/\$50 OP <input type="checkbox"/> F3 - \$150-day/\$75 OP <input type="checkbox"/> F4 - \$250-day/\$125 OP <input type="checkbox"/> F5 - \$400-day/\$200 OP**	<input type="checkbox"/> O2 - \$1500/\$4500/50%	<input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60	<input type="checkbox"/> \$35 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$50 <input type="checkbox"/> \$125 <input type="checkbox"/> \$35 KS Rider <input type="checkbox"/> \$75 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 KS Rider					
<b>Deductible Series</b>	<input type="checkbox"/> Personal Choice	<i>Deductible (Individual/Family)</i>		<i>Coinsurance</i>		<input type="checkbox"/> \$10/\$20/\$35 <input type="checkbox"/> \$250/\$20/\$40/\$60	<input type="checkbox"/> None	<input type="checkbox"/> Annual	<input type="checkbox"/> Biennial	<input type="checkbox"/> Basic Dental	
Office only: Bill to acct #	<input type="checkbox"/> Keystone HMO <input type="checkbox"/> Direct POS	<input type="checkbox"/> D1 - \$500/\$1500 <input type="checkbox"/> D2 - \$1000/\$3000 <input type="checkbox"/> D3 - \$2000/\$6000 <input type="checkbox"/> D4 - \$3000/\$9000	<input type="checkbox"/> N1 - 80% <input type="checkbox"/> N2 - 70%		<input type="checkbox"/> \$15/\$35/\$50 <input type="checkbox"/> \$0/\$25/\$50 <input type="checkbox"/> \$5/\$40/\$60 <input type="checkbox"/> \$20/\$40/\$60		<input type="checkbox"/> \$35 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$50 <input type="checkbox"/> \$125 <input type="checkbox"/> \$35 KS Rider <input type="checkbox"/> \$75 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 KS Rider				
<b>HRA</b>	Contribution amount <input type="checkbox"/> 25% of in-network deductible <input type="checkbox"/> 50% of in-network deductible			Claims rollover options <input type="checkbox"/> Include claims rollover <input type="checkbox"/> Exclude claims rollover		Options for eligible expenses <input type="checkbox"/> Include IRS Code 213(d) <input type="checkbox"/> Exclude IRS Code 213(d)					
<b>HSA Plans</b>	<input type="checkbox"/> Personal Choice	<i>Deductible (Individual/Family)</i>		<i>Coinsurance</i>		<i>Integrated Prescription Drug</i>		<input type="checkbox"/> None	<input type="checkbox"/> Annual	<input type="checkbox"/> Biennial	
Office only: Bill to acct #		<input type="checkbox"/> HD1 - \$1500/\$3000 <input type="checkbox"/> HD2 - \$2000/\$4000 <input type="checkbox"/> HD3 - \$2500/\$5000 <input type="checkbox"/> HD4 - \$3000/\$6000	<input type="checkbox"/> HC1 - 100% <input type="checkbox"/> HC2 - 80%		<input type="checkbox"/> With Rx <input type="checkbox"/> Without Rx		<input type="checkbox"/> \$35 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$50 <input type="checkbox"/> \$125 <input type="checkbox"/> \$200 <input type="checkbox"/> \$75 <input type="checkbox"/> \$200				
<b>HSA</b>	<input type="checkbox"/> Yes, I have employees interested in opening an HSA Account with Bancorp Bank										

**Coverage for adult children**  Yes, I want to provide Health Insurance Coverage to my employees' adult children.

Comments:	If you currently offer prescription drug programs without coverage for oral contraceptives you are able to keep this coverage. If, however, you change to another Select Drug option, your benefit design <u>will</u> include oral contraceptives.
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Signature required of company officer, owner or benefits administrator only	Date:
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867 Sussex Blvd.  
Broomall, PA 19008  
P 610-604-4500 F 610-604-4922

**If you are making a plan change, please complete and return by November 9, 2009.**

\*C4 can only be combined with F3, F4 or F5  
\*\*F5 can only be combined with C3 or C4 and O2