

Name:Panum Telecom, LLC
Group Location:Maryland MSGR - MO
Proposed Effective Date:05/01/2009
Total Enrolled:8
Quote Number:32

Group Number:BWW5
Rep Code:5973
Rate Invalid After:05/31/2009
Average Age:38
SIC Code:8011 Page 1 of 4

BENEFIT DESCRIPTION BLUE SELECTIONS - - NON PARALLEL - CONTRACT YEAR

Base Plan

BC HMO OA HSA CDH HG 05 HMO OA HSA CDH - Opt 1 - Contract Year
 BlueFund - Int Rx Integrated Rx, Fund Administrator
 In-Network Deductible \$1,200
 PCP/Specialist \$20/\$30
 \$250 Inpatient Copay
 Out-of-Pocket Maximum \$2,400

Drug with HG XG ZC MSGR HSA \$1,200 Deductible (Combined Medical & Rx) Contract Year
 Non-Maintenance: \$0 Generic \$25 Brand Formulary
 \$45 Brand Non-Formulary 34 Day Supply
 Maintenance: \$0 Generic \$50 Brand Formulary
 \$90 Brand Non-Formulary 35-90 Day Supply

	Individual	Ind/Child(ren)	Ind/Adult	Family	Medicare
BC HMO OA HSA CDH BlueFund - Int Rx	\$192	\$355	\$442	\$538	\$163
Drug with HG	\$38	\$70	\$87	\$106	\$32
Total Rate	\$230	\$425	\$529	\$644	\$195

BlueChoice HMO Open Access CDH HSA is a product of CareFirst BlueChoice, Inc.

Option 1:

BlueChoice H1 P5 Option 5 - Contract Year
 In-Network \$30/\$40 Copay
 \$250 Inpatient Copay per Admission
 \$100 Copay for Hospital Emergency Room

Drug RH V3 \$100 Deductible - Contract Year
 Non-Maintenance: \$15 Generic \$25 Brand Formulary
 \$50 Brand Non-Formulary 34 Day Supply
 Maintenance: \$30 Generic \$50 Brand Formulary
 \$100 Brand Non-Formulary 35-90 Day Supply

	Individual	Ind/Child(ren)	Ind/Adult	Family	Medicare
BlueChoice	\$257	\$475	\$591	\$720	\$219
Drug	\$73	\$135	\$168	\$204	\$62
Total Rate	\$330	\$610	\$759	\$924	\$281

Option 2:

BlueChoice Opt-Out OA AM 01 Option 1 - \$10/20 Copay
 In-Network \$0 Inpatient Copay per Admission
 \$35 Copay for Emergency Room
 Contract Year

BlueChoice Opt-Out OA AM 01 80% Coinsurance of Plan Allowance
 Out-of-Network

Drug RA SH \$0 Deductible - Contract Year
 Non-Maintenance: \$10 Generic \$20 Brand Formulary
 \$30 Brand Non-Formulary 34 Day Supply
 Maintenance: \$20 Generic \$40 Brand Formulary
 \$60 Brand Non-Formulary 35 - 90 Day Supply

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	Individual	Ind/Child(ren)	Ind/Adult	Family	Medicare
BlueChoice Opt-Out OA	\$362	\$670	\$833	\$1,014	\$308
Drug	\$106	\$196	\$244	\$297	\$90
Total Rate	\$468	\$866	\$1,077	\$1,311	\$398

Traditional Dental **DA** **06** Plan 4 - \$1,500 Annual Maximum (Class I, II, III, IV)
Class I - 100%, Class II - 80%, Class III - 80%, Class IV - 50%
\$50 Individual/\$150 Family Deductible

	Individual	Ind/Child(ren)	Ind/Adult	Family	Medicare
Traditional Dental	\$29	\$54	\$67	\$81	\$29

BlueChoice, Inc. is required to issue a contract to any group applying for health coverage. CareFirst BlueCross BlueShield reserves the right to revise the rates if actual enrollment varies substantially from that used in the original rating or if applicable law or regulatory authority requires such revisions. The company declares that it is a Small Employer as defined in Section 15-1201 of the Insurance Article, and employed at least two (2), but not more than fifty (50) employees, on at least 50% of the working days during the previous calendar quarter. For CDH plans, special conditions may apply to the initial plan year if the plan is on a calendar year deductible benefit period and 1) the CDH program is effective other than January 1, or; 2) a member chooses CDH in the middle of a plan year. Calendar year deductibles are applied during the benefit period January 1 - December 31, regardless of when the CDH plan year starts. While benefits are subject to the entire deductible, only a portion of the deductible will be available in the HSA/HRA account, equaling 1/12 x the number of remaining months in the calendar year.

Include Flexible Spending Account (FSA) for a one-time set up charge of \$500 (2-25 eligibles) or for \$1,000 (26-50 eligibles), and \$5.00 per participant per month. YES _____

Include Premium Only Plan (POP) - available at no additional cost with a medical product. YES _____

OR without a medical product for a one-time set up charge of \$250. YES _____

The group must comply with all the guidelines set forth in the POP and FSA applications. These products are administered by BlueCross BlueShield of Delaware, a CareFirst company.

Under Maryland law, small employers including certain government and nonprofit organizations, as defined by Insurance Article, *15-1203, Annotated Code of Maryland, must be offered the Comprehensive Standard health Benefit Plan ("Standard Plan") by each carrier when health coverage is elected or renewed.

A carrier may not offer small employers a health plan having fewer benefits than the Standard Plan. A carrier may offer benefits in addition to those in the Standard Plan provided the optional, additional benefits are offered and priced separately from the Standard Plan. I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT. I ACKNOWLEDGE THAT I HAVE RECEIVED A DESCRIPTION OF THE STANDARD PLAN AND RATES AND ANY ADDITIONAL BENEFITS AND RATES HAVE BEEN SHOWN AND PRICED SEPARATELY.

Initial

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Name of Carrier: _____
Name of Producer: _____
Employer Name: _____
Employer Signature: _____ Date: _____

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Summary of Rates

Base Plan:

BC HMO OA HSA CDH BlueFund - Int Rx - HG05	Individual	Ind/Child(ren)	Ind/Adult	Family	Medicare
Total Rate for Medical/Drug	\$230	\$425	\$529	\$644	\$195
Total Rate for Medical/Drug/Traditional Dental	\$259	\$479	\$596	\$725	\$224

Option 1:

BlueChoice - H1P5	Individual	Ind/Child(ren)	Ind/Adult	Family	Medicare
Total Rate for Medical/Drug	\$330	\$610	\$759	\$924	\$281
Total Rate for Medical/Drug/Traditional Dental	\$359	\$664	\$826	\$1,005	\$310

Option 2:

BlueChoice Opt-Out OA - AM01	Individual	Ind/Child(ren)	Ind/Adult	Family	Medicare
Total Rate for Medical/Drug	\$468	\$866	\$1,077	\$1,311	\$398
Total Rate for Medical/Drug/Traditional Dental	\$497	\$920	\$1,144	\$1,392	\$427