



Blue Shield 7100 POS High Deductible Plan

	<u>In-Network</u>	<u>Out-of-Network</u>
Annual Deductible	\$1,500/Individual \$3,000/Family	\$1,500/Individual \$3,000/Family
Coinsurance	N/A	30%
Out-of-Pocket Max	\$5,000/Individual \$10,000/Family	\$10,000/Individual \$20,000/Family
Annual Maximum Coverage	Unlimited In and Out of Network	

See the Blue Shield Benefit Summary for Additional Information

**Coverage is subject to the Terms, Conditions and Limitations
of the Group Contract and Certificate of Insurance**

Rates and Benefits are Subject to Change

**2009 Quarterly Rates
for Small Businesses and Sole Proprietors**

A \$21.00 Administration Fee is Included in the Rate

	<u>Single</u>	<u>Two Person</u>	<u>Family</u>
	\$753.45	\$1522.50	\$2080.92