



Shore Mortgage –Employee Options
Benefit Year: August 1, 2010 to July 31, 2011

90 Days or More

Blue Cross / Blue Shield PPO

	Community Blue Plan 12 63577-661	Community Blue Plan 14 63577-663
Deductible	\$1,000	\$1,500
Co-Insurance	\$2,500	\$2,500
Out of Pocket Maximum	\$3,500	\$4,000
Office Visit Copay	\$30	\$30
Chiropractic Copay	\$30	\$30
Urgent Care Copay	\$30	\$30
Emergency Room Copay	\$50	\$50
Preventative Care	100% to \$1,000 maximum	100% to \$1,000 maximum
Mammography	100% No deductible	100% No deductible
Diagnostic Services	80% after deductible	80% after deductible
Hospital Care	80% after deductible	80% after deductible
Surgical Services	80% after deductible	80% after deductible
Maternity – Prenatal/Postnatal	100%	100%
Maternity – Delivery & Nursery care	80% after deductible	80% after deductible
Prescription Drugs	\$10 Generic / \$40 Brand Form. / \$80 Non Form.	\$10 Generic / \$40 Brand Form. / \$80 Non Form.



Vision Insurance – Blue Cross

	Vision 63577-661	Vision 63577 - 663
Exams	24 months; \$5 Copay	24 months; \$10 Copay
Contact Lenses (in lieu of Glasses)	24 months up to \$35	24 months; up to \$120
Lenses	24 months; \$7.50 Copay	24 months; \$10 Copay
Frames	24 months; up to \$75	24 months; up to \$120
Employee Only	Rates included in medical contribution	Rates included in medical contribution
2 person	Rates included in medical contribution	Rates included in medical contribution
Family	Rates included in medical contribution	Rates included in medical contribution

Guardian Dental Insurance

Benefit	PPO	DHMO
Deductible Combined on Basic & Major Services Individual / Family	\$50 / \$150 In & Out Network	No Deductible; \$5 Copay per visit
Benefit Maximum Class I, Class II, & Class III Benefits In/Out Network	\$1,000, Subject to Maximum Benefit Rollover	No Maximum
Class I Preventive Benefits In/Out Network	100% / 100%	100% / Not Covered
Class II Basic Benefits In/Out Network	80% / 80%	80% / Not Covered
Class III Major Benefits In/Out Network	50% / 50%	50% / Not Covered