



Client proposal prepared for



Prezi





## ABOUT US

NAHU represents those who serve the needs of employers and individuals seeking health insurance.



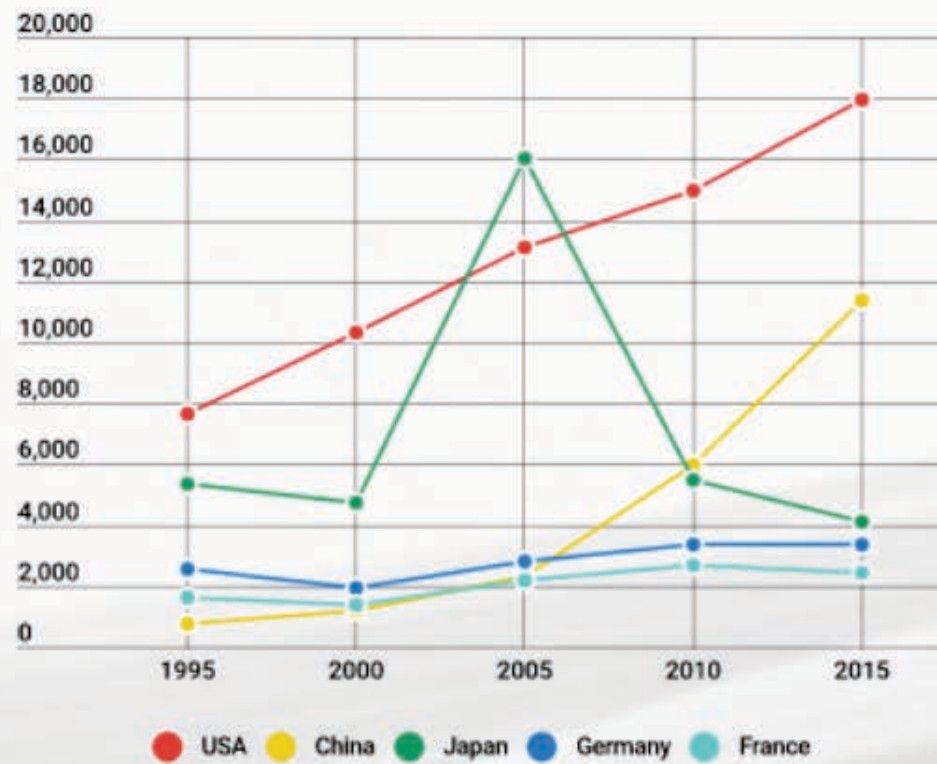
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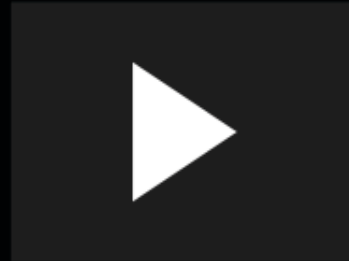








# Mission



# **SPECIALITIES**

- Large Group
- Small Group
- Individuals

# OUR TEAM



Name



Name

*title*



Name

*title*



Person with  
long name

*title*



Name

*person with  
long title*





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## OUR PRODUCTS



**HOME**



**CAR**



**HEALTH**



**LIFE**



## HEALTH

LEVEL	BENEFITS
<i>Gold</i>	
<i>Silver</i>	
<i>Bronze</i>	

**Long-term  
Care**

**SBCs**



## **SBCs**

Summary of benefits

**Example**



# Example

## Insurance Company 1: Plan Option 1

Coverage Period: 01/01/2013 – 12/31/2013

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Spouse | Plan Type: PPO

 **This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.\[insert\]](#) or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<b>\$500</b> person / <b>\$1,000</b> family Doesn't apply to preventive care	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	Yes. <b>\$300</b> for prescription drug coverage. There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For participating providers <b>\$2,500</b> person / <b>\$5,000</b> family For non-participating providers <b>\$4,000</b> person / <b>\$8,000</b> family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <u>specific</u> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. See <a href="#">www.[insert].com</a> or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <u>excluded services</u> .

**Questions:** Call 1-800-[insert] or visit us at [www.\[insert\]](#).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.\[insert\]](#) or call 1-800-[insert] to request a copy.

OMB Control Numbers 1545-2229,  
1210-0147, and 0938-1146

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Corrected on May 11, 2012

Important Questions	Answers
What is the overall <u>deductible</u> ?	<b>\$500</b> person / <b>\$1,000</b> family Doesn't apply to preventive care
Are there other <u>deductibles</u> for specific services?	Yes. <b>\$300</b> for prescription drug coverage. There are no other specific <b>deductibles</b> .
Is there an <u>out-of-pocket</u> limit on my	Yes. For participating providers <b>\$2,500</b> person / <b>\$5,000</b> family



## Coverage Examples

Policy Period: \_\_\_\_\_  
Coverage for: \_\_\_\_\_ Plan Type: \_\_\_\_\_

### About these Coverage Examples:

These examples show how this plan might cover medical care in three situations. Use these examples to see, in general, how much insurance protection you might get from different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

#### Having a baby (normal delivery)

- Amount owed to providers: \$10,000
- Plan pays \$
- You pay \$

##### Sample care costs:

First office visit	\$100
Radiology	\$300
Laboratory tests	\$200
Routine obstetric care	\$2,000
Hospital charges (mother)	\$4,100
Hospital charges (baby)	\$1,900
Anesthesia	\$1,000
Circumcision	\$200
Vaccines, other preventive	\$200
<b>Total</b>	<b>\$10,000</b>

##### You pay:

Deductibles	\$
Co-pays	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

#### Treating breast cancer (surgery, chemotherapy, radiation)

- Amount owed to providers: \$98,000
- Plan pays \$
- You pay \$

##### Sample care costs:

Office visits & procedures	\$4,000
Radiology	\$4,000
Laboratory tests	\$2,400
Hospital charges	\$3,300
Inpatient medical care	\$230
Outpatient surgery	\$3,400
Chemotherapy	\$64,000
Radiation therapy	\$13,000
Prostheses (wgt)	\$500
Pharmacy	\$2,000
Mental health	\$1,200
<b>Total</b>	<b>\$98,000</b>

##### You pay:

Deductibles	\$
Co-pays	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

#### Managing diabetes (routine maintenance of existing condition)

- Amount owed to providers: \$7,800
- Plan pays \$
- You pay \$

##### Sample care costs:

Office visits & procedures	\$900
Laboratory tests	\$360
Medical equipment & supplies	\$40
Pharmacy	\$6,500
<b>Total</b>	<b>\$7,800</b>

##### You pay:

Deductibles	\$
Co-pays	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

**Questions:** Call 1-800-XXX-XXXX or visit us at [www.insurancecompany.com](http://www.insurancecompany.com).

If you aren't clear about any of the terms used in this form, see the Glossary at [www.insuranceterms.gov](http://www.insuranceterms.gov).

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Anesthesia	\$1,000
Circumcision	\$200
Vaccines, other preventive	\$200
<b>Total</b>	<b>\$10,000</b>

**You pay:**

Deductibles	\$
Co-pays	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

Radiation therapy
Prostheses (wigs)
Pharmacy
Mental health
<b>Total</b>

**You pay:**

Deductibles
Co-pays
Co-insurance
Limits or exclusions
<b>Total</b>

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Vaccines, other preventive	\$200
<b>Total</b>	<b>\$10,000</b>

**You pay:**

Deductibles	\$
Co-pays	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

Radiation therapy
Prostheses (wig)
Pharmacy
Mental health
<b>Total</b>

**You pay:**

Deductibles
Co-pays
Co-insurance
Limits or exclusions
<b>Total</b>

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Anesthesia	\$1,000
Circumcision	\$200
Vaccines, other preventive	\$200
<b>Total</b>	<b>\$10,000</b>

**You pay:**

Deductibles	\$
Co-pays	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

Radiation therapy
Prostheses (wigs)
Pharmacy
Mental health
<b>Total</b>

**You pay:**

Deductibles
Co-pays
Co-insurance
Limits or exclusions
<b>Total</b>



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Policy Period: \_\_\_\_\_  
Coverage for: \_\_\_\_\_ Plan Type: \_\_\_\_\_

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Hospital charges (baby)	\$1,900
Anesthesia	\$1,000
Circumcision	\$200
Vaccines, other preventive	\$200
<b>Total</b>	<b>\$10,000</b>

##### You pay:

Deductibles	\$
Co-pay	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

#### Treating breast cancer (surgery, chemotherapy, radiation)

- Amount owed to providers: \$98,000
- Plan pays \$
- You pay \$

##### Sample care costs:

Office visits & procedures	\$4,000
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Radiation therapy	\$13,000
Prostheses (wgt)	\$500
Pharmacy	\$2,000
Mental health	\$1,200
<b>Total</b>	<b>\$98,000</b>

##### You pay:

Deductibles	\$
Co-pay	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

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##### Sample care costs:

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Pharmacy	\$6,500
<b>Total</b>	<b>\$7,800</b>

##### You pay:

Deductibles	\$
Co-pay	\$
Co-insurance	\$
Limits or exclusions	\$
<b>Total</b>	<b>\$</b>

**Questions:** Call 1-800-XXX-XXXX or visit us at [www.insurancecompany.com](http://www.insurancecompany.com).

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## **Long-term Care**

**Policy  
1**

**Policy  
2**





# Policy 1

## Policy 2



LEVEL	BENEFITS
Gold	
Silver	
Bronze	

IMPORTANT  
TAKEAWAY

An abstract graphic design featuring a large teal circle in the center. The background is composed of several overlapping shapes: a light orange shape in the top left, a darker orange shape in the top right, and a dark gray shape in the bottom right. The text "IMPORTANT TAKEAWAY" is written in white, bold, uppercase letters across the center of the teal circle.

**IMPORTANT TAKEAWAY**



LEVEL	BENEFITS
<i>Gold</i>	
<i>Silver</i>	
<i>Bronze</i>	

IMPORTANT  
TAKEAWAY



## **IMPORTANT TAKEAWAY**





## HOME

LEVEL	BENEFITS
<i>Gold</i>	
<i>Silver</i>	
<i>Bronze</i>	

IMPORTANT  
TAKEAWAY



## **IMPORTANT TAKEAWAY**



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# TESTIMONIALS



**STORY**  
**1**



**STORY**  
**2**



**STORY**  
**3**

# STORY 1



## STORY 2





## STORY 3





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Questions?  
*dsamson@nahu.org*