

# Health Choice Premium Plan Overview

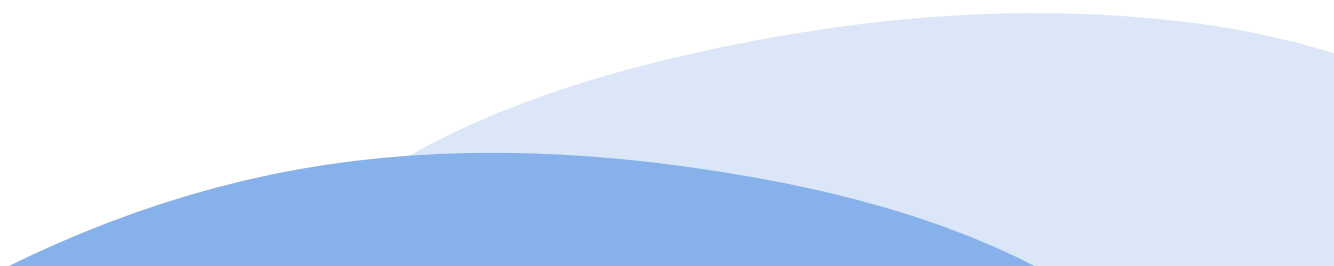
Understanding the details and benefits of the **Health Choice Premium**

## DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

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# The Health Choice Premium Plan

- Empowering health and enhancing lives through **American Financial Security Life Insurance Co.**
  - **Accessibility** for individuals and families
  - **Affordability** with supplemental coverage for high-deductible plans
  - **Personal impact** through comprehensive benefits
  - **Support tools** for effective healthcare management
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# Key Features and Benefits

Physician Services

Hospitalization

Virtual Visits (varies by plan)

Supplemental Coverage through National Congress of Employers




# Cost Management Tools

**Dashboards** (DB)

**Wellness Programs** System

**Advocacy Services** Support


# How Dashboards Work

1. Enroll through **National Congress of Employers**
  2. Access personalized health tracking
  3. Utilize wellness resources
  4. Receive monthly updates **(DB)**
  5. Engage with support services
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# Telehealth Services

- **Virtual Consultations**
  - **24/7 Access**
  - **Remote Monitoring** available
  - **Convenient Access** to care
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# Advocacy and Support Services

- **Personalized** healthcare advocacy
  - **Claims Assistance** support
  - **Benefit Options** exploration
  - **Resource Support** for members
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# 100A Plan

## Hospital Confinement Benefit

- \$100/day (max 30 days)

## Primary Care Visit Benefit

- \$50/day (max 3 visits)

## Specialty Care Visit Benefit

- \$50/day (max 3 visits)

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy

\*Benefits are based on an annual period per insured from effective date.

2 • Health Choice Premium

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1



# 100 Plan

## Hospital Confinement Benefit

- \$100/day (max 30 days)

## Primary Care Visit Benefit

- \$50/day (max 3 visits)

## Specialty Care Visit Benefit

- \$50/day (max 3 visits)

## Emergency Room Benefit

- \$50/day (max 1 visit)

## Accidental Death Benefit

- \$10,000

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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2 • Health Choice Premium

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Limited Medical Benefit Policy v1

# 200 Plan

## Hospital Confinement Benefit

- \$200/day (max 30 days)

## Primary Care Visit Benefit

- \$50/day (max 5 visits)

## Specialty Care Visit Benefit

- \$50/day (max 5 visits)

## Emergency Room Benefit

- \$50/day (max 1 visit)

## Basic Pathology & Radiology

- \$50/day (max 1 day)

## Advance Studies

- \$50/day (max 1 day)

## Accidental Death Benefit

- \$10,000

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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2 - Health Choice Premium

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Limited Medical Benefit Policy v1

# 200+ Plan (One of Two)

## Hospital Confinement Benefit

- \$200/day (max 30 days)

## Primary Care Visit Benefit

- \$50/day (max 5 visits)

## Specialty Care Visit Benefit

- \$50/day (max 5 visits)

## Emergency Room Benefit

- \$50/day (max 2 visits)

## Basic Pathology & Radiology

- \$50/day (max 3 days)

## Advance Studies

- \$50/day (max 3 days)

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Per Admission	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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2 • Health Choice Premium

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Limited Medical Benefit Policy v1

# 200+ Plan (Two of Two)

## Surgery

- \$400/day (max 3 days)

## Anesthesia

- 20% per day (max 3 days)

## Accidental Death Benefit

- \$10,000

## Critical Illness Benefit

- \$1,000

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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2 • Health Choice Premium

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Limited Medical Benefit Policy v1

# 300 Plan (One of Two)

## Hospital Confinement Benefit

- \$300/day (max 30 days)

## Primary Care Visit Benefit

- \$50/day (max 5 visits)

## Specialty Care Visit Benefit

- \$50/day (max 5 visits)

## Emergency Room Benefit

- \$50/day (max 1 visit)

## Advance Studies

- \$50/day (max 2 days)

## Surgery

- \$400/day (max 3 days)

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	2	3	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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Limited Medical Benefit Policy v1

# 300 Plan (Two of Two)

## Anesthesia

- 20% per day (max 3 days)

## Mental Health Inpatient

- \$150/day (max 60 days)

## Mental Health Outpatient

- \$50/day (max 20 visits)

## Accident Inpatient Admission

- \$500/day (max 1 day)

## Accident ER Benefit

- \$250/day (max 1 visit)

## Accidental Death Benefit

- \$10,000

## Critical Illness Benefit

- \$1,000

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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2 - Health Choice Premium

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Limited Medical Benefit Policy v1

# 500 Plan (One of Two)

## Hospital Confinement Benefit

- \$500/day (max 30 days)

## Primary Care Visit Benefit

- \$50/day (max 5 visits)

## Specialty Care Visit Benefit

- \$50/day (max 5 visits)

## Emergency Room Benefit

- \$75/day (max 1 visit)

## Basic Pathology & Radiology

- \$50/day (max 2 days)

## Advance Studies

- \$50/day (max 2 days)

## Surgery

- \$750/day (max 3 days)

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy

\*Benefits are based on an annual period per insured from effective date.

2 - Health Choice Premium

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1

# 500 Plan (Two of Two)

## Anesthesia

- 20% per day (max 3 days)

## Mental Health Inpatient

- \$250/day (max 60 days)

## Mental Health Outpatient

- \$50/day (max 20 visits)

## Accident Inpatient Admission

- \$500/day (max 1 day)

## Accident ER Benefit

- \$250/day (max 1 visit)

## Accidental Death Benefit

- \$10,000

## Critical Illness Benefit

- \$1,000

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy

\*Benefits are based on an annual period per insured from effective date.

2 - Health Choice Premium

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1



# 750 Plan (One of Two)

## Hospital Confinement Benefit

- \$750/day (max 30 days)

## Primary Care Visit Benefit

- \$50/day (max 5 visits)

## Specialty Care Visit Benefit

- \$50/day (max 5 visits)

## Emergency Room Benefit

- \$75/day (max 1 visit)

## Basic Pathology & Radiology

- \$50/day (max 2 days)

## Advance Studies

- \$50/day (max 2 days)

## Surgery

- \$1000/day (max 3 days)

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy

\*Benefits are based on an annual period per insured from effective date.

2 - Health Choice Premium

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1

# 750 Plan (Two of Two)

## Anesthesia

- 20% per day (max 3 days)

## Mental Health Inpatient

- \$375/day (max 60 days)

## Mental Health Outpatient

- \$50/day (max 20 visits)

## Accident Inpatient Admission

- \$500/day (max 2 days)

## Accident ER Benefit

- \$250/day (max 1 visit)

## Accidental Death Benefit

- \$10,000

## Critical Illness Benefit

- \$1,000

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy

\*Benefits are based on an annual period per insured from effective date.

2 - Health Choice Premium

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1

# 1000 Plan (One of Two)

## Hospital Confinement Benefit

- \$1000/day (max 30 days)

## Primary Care Visit Benefit

- \$75/day (max 5 visits)

## Specialty Care Visit Benefit

- \$75/day (max 5 visits)

## Emergency Room Benefit

- \$100/day (max 1 visit)

## Basic Pathology & Radiology

- \$75/day (max 3 days)

## Advance Studies

- \$75/day (max 3 days)

## Surgery

- \$1500/day (max 3 days)

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	60	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	20	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy

\*Benefits are based on an annual period per insured from effective date.

2 - Health Choice Premium

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1

# 1000 Plan (Two of Two)

## Anesthesia

- 20% per day (max 3 days)

## Mental Health Inpatient

- \$500/day (max 60 days)

## Mental Health Outpatient

- \$50/day (max 20 visits)

## Accident Inpatient Admission

- \$500/day (max 3 days)

## Accident ER Benefit

- \$250/day (max 1 visit)

## Accidental Death Benefit

- \$10,000

## Critical Illness Benefit

- \$1,000

## Health Choice Premium

Benefit Description		100A	100	200	200+	300	500	750	1000
Hospital Confinement Benefit	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
	Max Day	30	30	30	30	30	30	30	30
Primary Care Doctors Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-	\$150	\$250	\$375	\$500	\$500
	Max Day	-	-	-	-	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	\$50	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	\$500	\$500	\$500	\$500	\$500
	Max Day	-	-	-	1	1	1	1	1
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	\$250	\$250	\$250	\$250	\$250
	Max Day	-	-	-	1	1	1	1	1
Hospital Intensive Care Unit Benefit	Per Day	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-	-	-	-	-	-	-	-
	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum Benefit	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy

\*Benefits are based on an annual period per insured from effective date.

2 - Health Choice Premium

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1

# Comparing the Plans

Feature	100A	100	200	200+	300	500	750	1000
Hospital Confinement Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Primary Care Visit Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Visit Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Emergency Room Per Day	-	\$50	\$50	\$50	\$50	\$75	\$75	\$100
Basic Pathology & Radiology Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Per Day	-	-	\$50	\$50	\$50	\$50	\$50	\$75
Surgery Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Anesthesia Per Day	-	-	-	20%	20%	20%	20%	20%
Mental Health Inpatient Per Day	-	-	-	-	\$150	\$250	\$375	\$500
Mental Health Outpatient Per Day	-	-	-	-	\$50	\$50	\$50	\$50
Accident Inpatient Admission Per Day	-	-	-	-	\$500	\$500	\$500	\$500
Accident ER Benefit Per Day	-	-	-	-	\$250	\$250	\$250	\$250
Accidental Death	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	-	-	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

# Definitions and Limitations

## Exclusions

- Pre-existing conditions for 12 months
- Elective and cosmetic procedures
- Injuries from illegal activities

## Limitations

- 30-day waiting period for sickness benefits
- Specific exclusions for dental and musculoskeletal treatments

## Hospital Indemnity Insurance Limitations & Exclusions

We will not provide a Benefit for any of the items listed in this section regardless of Medical Necessity or recommendation of a health care provider.

We will not pay benefits for treatment, services, or supplies which:

- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat Sickness or injury;
- Are experimental/investigational in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Is provided by an immediate family member.

### Additional Limitations and Exclusions

Except as specifically provided for in this Policy or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:

#### Dental Procedures

Dental care or treatment except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly. Sound Natural Teeth means teeth that are free of active or chronic clinical decay, have at least 50% bone support and are functional in the arch.

#### Elective Procedures and Cosmetic Surgery

Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect.

#### Felony or Illegal Occupation

Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

#### Manipulations of the Musculoskeletal System

Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation or of or in the vertebral column.

#### Suicide or Injuries Which Any Covered Person Intentionally Does to Himself

Suicide, attempted suicide or intentionally self-inflicted injury, self-inflicted injury; whether sane or insane.

#### War or Act of War, Riot, Insurrection, Service in the Armed Forces

War or act of war whether declared or undeclared; participation in a riot or insurrection; service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.

#### Work-related Injury or Sickness

Work-related injury or Sickness, whether or not benefits are payable under any state or federal Workers' Compensation, employer's liability or occupational disease law or similar law.

#### Pre-existing Condition Limitation

There is no coverage for a pre-existing condition for a continuous period of 12 months following the effective date of a Covered Person's coverage under the Policy.

This limitation does not apply to:

- the 60 Day period beginning on the date of adoption or filing of a petition for adoption; or
- "newborn or newly adopted child or child under petition for adoption under the age of 18 if the child is enrolled for coverage within 90 Days from the date of birth

#### Pregnancy

##### Sickness Benefit Waiting Period

There is a 30 day waiting period immediately following the Coverage Effective Date. Effective Date for Sickness. Sickness means an illness, infection, disease, Complication of Pregnancy or any other abnormal physical condition not caused by an Accident.

##### Voluntary Abortion

There is no coverage for Voluntary Abortion except where the Covered Person has a life-threatening condition.

##### Coverage Provisions

This is a brief description of coverage provided under the Group Insurance Policy and is subject to the terms, conditions, limitations and exclusions of the Policy under which the Certificate of Insurance is issued. Please see the Certificate of Insurance for complete details. Coverage may vary or may not be available in all states.

## Claims

### Mail claims to:

International Benefits Administrators  
Attn: Claims Dept.  
P.O. Box 576,  
Arnold, MD 21012

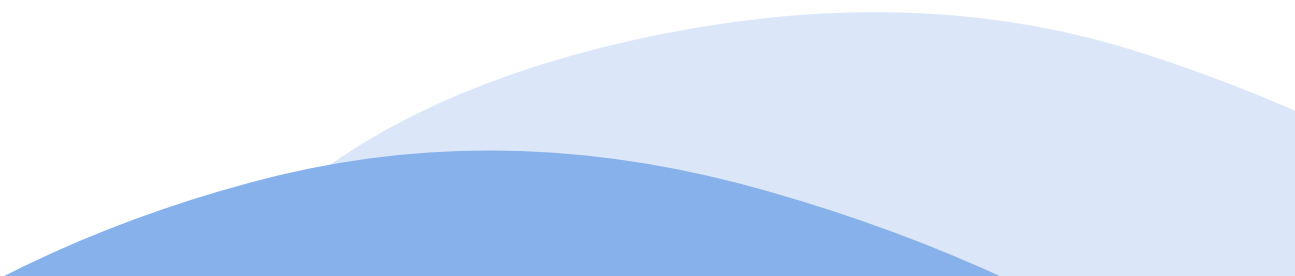
### Electronic Submissions:

Payor ID: 11329  
<http://changehealthcare.com>

### Claims Status & Questions:

878-512-0177  
<https://ibatap.com/providers>

# Key Takeaways and Reminders

- **Flexibility** benefits
  - **Balance** included
  - **Essential Coverage** benefits
  - **Enrollment Details** required
- 

# Thank You!

Continue to be great!



**DISCLAIMER**

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

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