

Advanced Wellness Plus Review

Understanding the details and benefits of the **Advanced Wellness Plus Insurance Plan**

Plan Overview



- **Limited Benefit Health** through **American Financial Security Life Insurance Co.**
- **Essential health** and wellness benefits
- **Support for small** and medium-sized businesses
- **Supplements major** medical plans
- **Capped benefits** for healthcare services

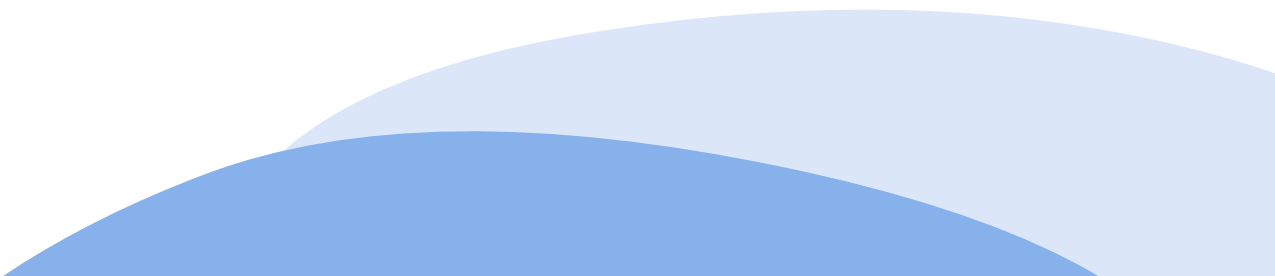
Key Features and Benefits

Coverage for Hospital Confinement

Office Visits and Emergency Room

Additional Benefits like accidental death

Critical Illness through various tiers



Eligibility Requirements

- **Adult Members** aged 18-65
 - **Dependent Children** aged 1-25
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Common Service Features

- Cost Savings through **GapAfford Plus Program**
- Access to **Aetna Dental Access**
- Prescription Discount programs available
- **OUTLOOK Vision Network** for optical savings

Claims Process through easy submission
Support Services with 24/7 health line

Advanced Wellness Plus

GapAfford Plus - NCE Membership Benefits

GapAfford Plus

The GapAfford Plus Program is a great way for individuals and families to save money on out-of-pocket medical expenses. Your savings start from the first dollar, with no limits. Our cost savings program gives members access to pre-negotiated, lowered rates.

- There are no:
- Deductibles
 - Pre-existing condition limitations
 - Medical exams
 - Claim forms
 - Limitation on usage
 - Age restrictions

Prescription Discount Benefits

Use our discount Rx card and save an average of 15% on brand-name and 55% on generic medications at participating pharmacies.

All FDA approved drugs are discounted with the card. Even lifestyle drugs can be obtained at greatly reduced rates.

- The pharmacy network is national in scope.
- Cards can be used for all family members. There is no limit on the number of prescriptions filled.
- No forms to fill out. You do not have to activate the card. The card can be used over and over. Simply present your member ID card to the pharmacist, along with your prescription to receive the discounts.

The Aetna Dental Access Network

As a member of the GapAfford Plus program, you and your family have access to a national network of over 132,000 available dental practice locations through one of the largest dental discount networks in America, the Aetna Dental Access Network. Participating dental locations provide savings that range from 15-50% per visit, on average, on dental services including cleanings, x-rays, fillings, root canals, crowns, bridges and orthodontia.

Advantages of this discount program:

- No pre-existing condition exclusions
- No benefit maximum
- Cosmetic dentistry included
- Orthodontia always included
- Can be used in addition to dental insurance or enhance existing dental insurance

The OUTLOOK Vision Network

We have contracted with over 10,000 eye care locations nationwide. The OUTLOOK Vision provider panel includes ophthalmologists, optometrists, independent optical centers and national chain locations.

The vision program provides:

- Savings of 10% to 50% on most prescription eyeglasses, frames, and lenses, through a national network of over 10,000 independent and chain vision optical centers.
- 10% to 30% discounts on medical eye exams and surgical procedures, such as PRK and LASIK (where available and approved).

Pet Rx

About 50% of the medications prescribed by your vet are actually the same medications prescribed to people, only in different dosages. You can fill these prescriptions at your neighborhood pharmacy. We have even made arrangements with a US FDA-approved specialty, mail-order pharmacy to fill those special medications and compounds not available at your local pharmacy.

Alternative Medicine

Save an average of 25% at over 8,000 trained, qualified, and fully credentialed providers nationwide including acupuncture, massage and other integrated wellness therapies.

Chiropractic Care

Program offers a free initial consultation and up to 50% savings on diagnostic services and x-rays (if necessary), and unlimited treatments at 30% savings from a national network of over 12,000 chiropractors.

Hearing Savings Program

Receive customized care and, if needed, purchase brand name hearing aids at substantial savings. Save 20% to 50% off Manufacturer's Suggested Retail Pricing.

Imaging Savings Program

Our network providers can save members an average of 60% off of the usual cost for advanced radiology testing, such as Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) scans.

Medical Bill Negotiations

Members can save on their existing medical bills. Patient advocates work on your behalf to protect your interests and save you money. No minimum bill requirement.

Medical Supplies and Equipment

Save from 20% to 50% off your medical supply needs. Items include a broad selection of ambulatory aids and bathroom safety items such as wheelchairs, scooters, hospital beds, and much more.

Laboratory Savings Program

The Laboratory Savings Program offers services offer an efficient, affordable, and confidential solution to medical laboratory testing. Members are able to browse a wide array of medical laboratory tests, become informed on both the tests and diseases, and have the ability to purchase the medical lab test directly on the website. MyMedLab's online solution is centralized around the PHR (Personal Health Record) system and allows the member to see specific test results and monitor their overall health. Not available in NY, NJ or RI.

Physical Therapy

Save an average of 20% at over 1,200 offices with 4,000 rehabilitation and physical therapy providers in 23 states.

Vitamins and Supplements

Members can save up to 75% off retail pricing on a huge selection of natural products including vitamins, supplements, and more.

24/7 Health Information Line

The Health Information Line provides you with access to a comprehensive library of health information that is available to you over the phone or online.

24/7 Nurse Help Line

Have 24/7 access to a registered nurse (RN) to answer questions on family health issues. Services in over 100 languages are included with medical information assistance.

*The benefits described on this page, GapAfford Plus, are not insurance and are not affiliated with American Financial Security Life Insurance Co. The GapAfford Plus program does not meet the requirements of the PPACA. You must pay for services at the time they are rendered. If you use a participating dentist, you will receive a discount. Neither GapAfford Plus, Aetna, NBB, nor the DMPG will pay for any services received. The GapAfford Plus program is not available in Alaska, Connecticut, Delaware, Montana, Rhode Island, Utah, Vermont and Washington.

Plan 100A

Hospital Confinement Benefit

- Per Day: \$100, Max: 30 Days

Primary Care Doctors Office Visit

- Per Day: \$50, Max: 3 Days

Specialty Care Doctors' Office Visit

- Per Day: \$50, Max: 3 Days

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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.

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Limited Medical Benefit Policy v1

Plan 100

Hospital Confinement Benefit

- Per Day: \$100, Max: 30 Days

Primary Care Doctors Office Visit

- Per Day: \$50, Max: 3 Days

Specialty Care Doctors' Office Visit

- Per Day: \$50, Max: 3 Days

Emergency Room Benefit

- Per Day: \$50, Max: 1

Accidental Death Benefit

- Max Benefit: \$10,000

Advanced Wellness Plus

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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Limited Medical Benefit Policy v1

Plan 200 (1/2)

Hospital Confinement Benefit

- Per Day: \$200, Max: 30 Days

Primary Care Doctors Office Visit

- Per Day: \$50, Max: 5 Days

Specialty Care Doctors' Office Visit

- Per Day: \$50, Max: 5 Days

Emergency Room Benefit

- Per Day: \$50, Max: 1 Day

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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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Limited Medical Benefit Policy v1

Plan 200 (2/2)

Basic Pathology & Radiology Benefit

- Per Day: \$50, Max: 1 Day

Advance Studies Benefit

- Per Day: \$50, Max: 1 Day

Accidental Death Benefit

- Max Benefit: \$10,000

Advanced Wellness Plus

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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Limited Medical Benefit Policy v1

Plan 200+ (1/2)

Hospital Confinement Benefit

- Per Day: \$200, Max: 30 Days

Primary Care Doctors Office Visit

- Per Day: \$50, Max: 5 Days

Specialty Care Doctors' Office Visit

- Per Day: \$50, Max: 5 Days

Emergency Room Benefit

- Per Day: \$50, Max: 3 Days

Advanced Wellness Plus

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
	Max Day	-	-	-	-	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	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

Plan 200+ (2/2)

Basic Pathology & Radiology Benefit

- Per Day: \$50, Max: 3 Days

Advance Studies Benefit

- Per Day: \$50, Max: 3 Days

Surgery Benefit

- Per Day: \$400, Max: 3 Days

Anesthesia Benefit

- Coverage: 20%, Max: 3 Days


Accidental Death Benefit

- Max Benefit: \$10,000

Critical Illness Benefit

- Max Benefit: \$1,000

Advanced Wellness Plus



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
	Max Day	-	-	-	-	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	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

Plan 300 (1/3)

Hospital Confinement Benefit

- Per Day: \$300, Max: 30 Days

Primary Care Doctors Office Visit

- Per Day: \$50, Max: 5 Days

Specialty Care Doctors' Office Visit

- Per Day: \$50, Max: 5 Days

Emergency Room Benefit

- Per Day: \$50, Max: 1 Day

Advanced Wellness Plus

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.

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2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 300 (2/3)

Surgery Benefit

- Per Day: \$400, Max: 3 Days

Anesthesia Benefit

- Coverage: 20%, Max: 3 Days

Mental Health Inpatient Benefit

- Per Day: \$150, Max: 60 Days

Mental Health Outpatient Benefit

- Per Day: \$50, Max: 20 Days

Advanced Wellness Plus

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
	Max Day	-	-	-	-	60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-	-	\$50	\$50	\$50	\$50
	Max Day	-	-	-	-	20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-	-	\$500	\$500	\$500	\$500
	Max Day	-	-	-	-	1	1	2	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-	-	\$250	\$250	\$250	\$250
	Max Day	-	-	-	-	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 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 300 (3/3)

Supplemental Accident Inpatient Admission

- Per Day: \$500, Max: 1 Day

Supplemental Accident Emergency Room

- Per Day: \$250, Max: 1 Day

Accidental Death Benefit

- Max Benefit: \$10,000

Critical Illness Benefit

- Max Benefit: \$1,000

Advanced Wellness Plus

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
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2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 500 (1/3)

Hospital Confinement Benefit

- Per Day: \$500, Max: 30 Days

Primary Care Doctors Office Visit

- Per Day: \$50, Max: 5 Days

Specialty Care Doctors' Office Visit

- Per Day: \$50, Max: 5 Days

Emergency Room Benefit

- Per Day: \$50, Max: 1 Day

Basic Pathology & Radiology Benefit

- Per Day: \$50, Max: 2 Days

Advance Studies Benefit

- Per Day: \$50, Max: 2 Days

Advanced Wellness Plus

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 - Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 500 (2/3)

Surgery Benefit

- Per Day: \$750, Max: 3 Days

Anesthesia Benefit

- Coverage: 20%, Max: 3 Days

Mental Health Inpatient Benefit

- Per Day: \$250, Max: 60 Days

Mental Health Outpatient Benefit

- Per Day: \$50, Max: 20 Days

Advanced Wellness Plus

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 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 500 (3/3)

Supplemental Accident Inpatient Admission

- Per Day: \$500, Max: 1 Day

Supplemental Accident Emergency Room

- Per Day: \$250, Max: 1 Day

Accidental Death Benefit

- Max Benefit: \$10,000

Critical Illness Benefit

- Max Benefit: \$1,000

Advanced Wellness Plus

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 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 750 (1/3)

Hospital Confinement Benefit

- Per Day: \$750, Max: 30 Days

Primary Care Doctors Office Visit

- Per Day: \$50, Max: 5 Days

Specialty Care Doctors' Office Visit

- Per Day: \$50, Max: 5 Days

Emergency Room Benefit

- Per Day: \$75, Max: 1 Day

Advanced Wellness Plus

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 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 750 (2/3)

Basic Pathology & Radiology Benefit

- Per Day: \$50, Max: 2 Days

Advance Studies Benefit

- Per Day: \$50, Max: 2 Days

Surgery Benefit

- Per Day: \$1000, Max: 3 Days

Anesthesia Benefit

- Coverage: 20%, Max: 3 Days

Advanced Wellness Plus

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
	Max Day	-	-	-		60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-		\$50	\$50	\$50	\$50
	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient Admission Benefit	Per Day	-	-	-		\$500	\$500	\$500	\$500
	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency Room Benefit	Per Day	-	-	-		\$250	\$250	\$250	\$250
	Max Day	-	-	-		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 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 750 (3/3)

Mental Health Inpatient Benefit

- Per Day: \$375, Max: 60 Days

Mental Health Outpatient Benefit

- Per Day: \$50, Max: 20 Days

Supplemental Accident Inpatient Admission

- Per Day: \$500, Max: 2 Days

Supplemental Accident Emergency Room

- Per Day: \$250, Max: 1 Day

Accidental Death Benefit

- Max Benefit: \$10,000

Critical Illness Benefit

- Max Benefit: \$1,000

Advanced Wellness Plus

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 - Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 1000 (1/3)

Hospital Confinement Benefit

- Per Day: \$1000, Max: 30 Days

Primary Care Doctors Office Visit

- Per Day: \$75, Max: 5 Days

Specialty Care Doctors' Office Visit

- Per Day: \$75, Max: 5 Days

Emergency Room Benefit

- Per Day: \$100, Max: 3 Days

Advanced Wellness Plus

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 Day	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	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 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 1000 (2/3)

Basic Pathology & Radiology Benefit

- Per Day: \$75, Max: 3 Days

Advance Studies Benefit

- Per Day: \$75, Max: 3 Days

Surgery Benefit

- Per Day: \$1500, Max: 3 Days

Anesthesia Benefit

- Coverage: 20%, Max: 3 Days

Mental Health Inpatient Benefit

- Per Day: \$500, Max: 60 Days

Advanced Wellness Plus

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 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Plan 1000 (3/3)

Mental Health Outpatient Benefit

- Per Day: \$50, Max: 20 Days

Supplemental Accident Inpatient Admission

- Per Day: \$500, Max: 3 Days

Supplemental Accident Emergency Room

- Per Day: \$250, Max: 1 Day

Accidental Death Benefit

- Max Benefit: \$10,000

Critical Illness Benefit

- Max Benefit: \$1,000

Advanced Wellness Plus

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 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

Limitations and Definitions

Important Exclusions

- No coverage for non-medically necessary treatments
- Excludes dental procedures not due to injury
- Excludes cosmetic surgeries, experimental treatments

Exclusion Details

- Injuries from war, self-harm, illegal activities
- 30-day wait for sickness
- 12-month pre-existing exclusion

Make sure to cover all limitations

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://ibatpa.com/providers>

Key Takeaways

- **Plan Highlights:** Broad healthcare benefits
 - **Value Propositions:** Affordable, supplemental coverage
 - **Next Steps:** Review benefits with yourmembers
- 

Thank You!

Continue to be great!

