

Access Health Plan Overview


Understanding the details and benefits of the **Access Health Limited Duration Group Short Term Medical Insurance**

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.

FOR AGENT TRAINING USE ONLY - This document cannot be distributed to the public or used in any consumer solicitation.

The Access Health Plan

- Short-term coverage lasting up to 36 months through **American Financial Security Life Insurance Company**
 - **Flexible Deductible Options** for various situations
 - **Coinsurance Structure** and support tools
 - **Network Access** through PHCS
 - **Pre-existing Condition Waiver** support
- 

Key Features and Benefits

Duration: Short-term coverage lasting up to 36 months

Deductible Options: Flexible range from \$500 to \$10,000

Coinsurance Structure: 80/20 with maximum out-of-pocket limits of \$2,000 or \$4,000

Network Access: PHCS network with negotiated provider rates




Cost Management Tools

Pre-existing Condition Waiver (PCW)

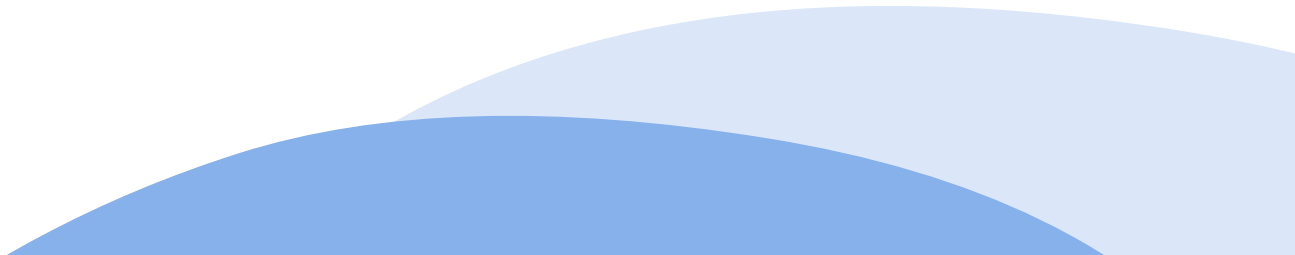
Flexible Deductible System

Coinsurance Support Options

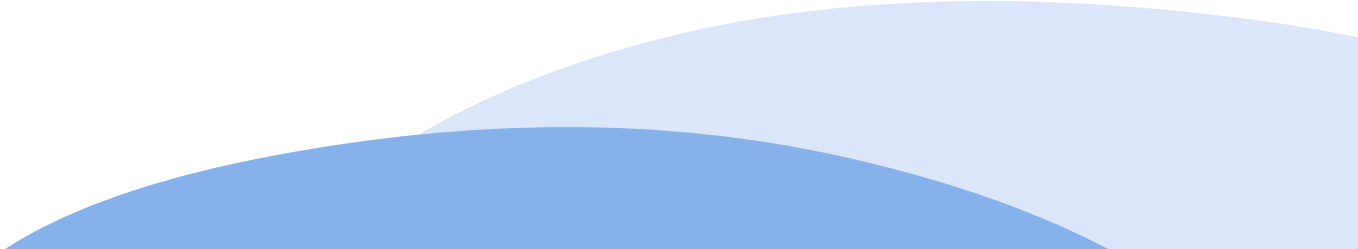
How Pre-existing Condition Waiver Works

1. Enroll through **American Financial Security Life Insurance Company**
 2. Choose deductible and coinsurance options
 3. Apply for waiver rider if eligible
 4. Receive Certificate of Insurance (**COI**)
 5. Enjoy coverage with selected benefits
- 

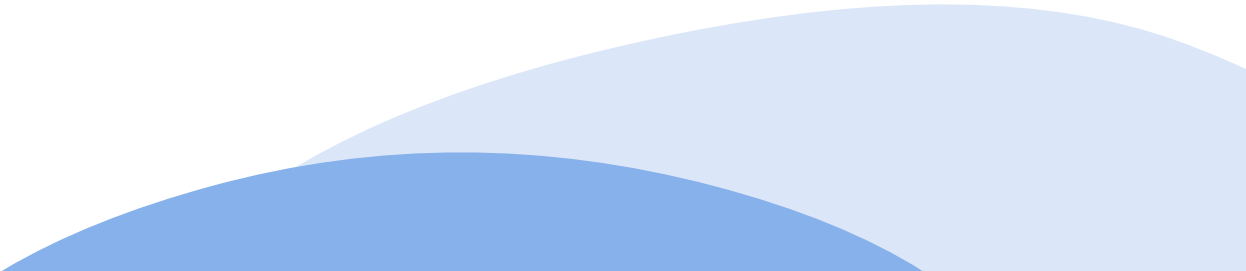
Preventive Care and Wellness

- **Wellness Services** Services
 - **Preventive Programs** Programs
 - **PHCS Network** provides extensive coverage
- 

Telehealth Services

- **24/7 Access** to care
 - **Licensed Physicians** available
 - **Non-emergency Medical Services** available
 - **Convenient Access** to care
- 

Advocacy and Support Services

- **Comprehensive** healthcare advocacy
 - **Assistance** with claims
 - **Options** for care
 - **Support** for members
- 

Plan 1 (1/3)

Deductible Options

- \$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000

Coinsurance Options

- 80/20

Coinsurance Limit

- \$2,000, \$4,000

Coverage Period Maximum Options

- \$250,000, \$500,000, \$1,000,000

Physician Office Visits

- Copay - Physician Office / Urgent Care: \$25, maximum 2
- Copay - Specialist \$40, maximum 2
- Copay - Wellness \$50, maximum 1
- After copayment, additional services subject to Deductible and Coinsurance
- Combined maximum benefit of \$2,000 per coverage period

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Plan 1 (2/3)

Urgent Care

- No Additional Deductible

Doctor Office Consultation

- Copay - Physician Office / Urgent Care: \$25, maximum 2
- Copay - Specialist: \$40, maximum 2
- Copay - Wellness: \$50, maximum 1

Hospital Services

- Inpatient Room: Limited to \$1,500 per day
- Intensive Care or Critical Care: Limited to \$2,000 per day
- Doctor Visits: \$50 per day, limited to \$500 per Coverage Period
- Outpatient Surgery: Limited to \$1,500 per day

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Plan 1 (3/3)

Surgical Services

- Surgeon: \$5,000 per surgery, max \$10,000 per Coverage Period
- Assistant Surgeon: \$1,000 per surgery, max \$2,000 per Coverage Period
- Anesthetics: \$1,000 per surgery, max \$2,000 per Coverage Period

Emergency Services

- Emergency Room: Not to exceed \$250 per visit
- No Additional Deductible

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital Expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Plan 2 (1/2)

Deductible Options

- \$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000

Coinsurance Options

- 80/20

Coinsurance Limit

- \$2,000, \$4,000

Physician Office Visits

- Copay - Physician Office / Urgent Care: \$15, unlimited
- After copayment, other covered services subject to Plan Deductible and Coinsurance

Urgent Care

- \$100 Additional Deductible, maximum 1

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Plan 2 (2/2)

Coverage Period Maximum Options

- \$250,000, \$500,000, \$1,000,000

Doctor Office Consultation

- Copay - Physician Office / Urgent Care: \$15, unlimited
- Copay - Specialist: \$25, unlimited
- Copay - Wellness: \$50, maximum 1

Hospital & Surgical Benefits

- **Hospital Services:** All subject to Deductible and Coinsurance
- **Surgical Services:** All subject to Deductible and Coinsurance

Emergency Services

- Emergency Room: Subject to \$250 Additional Deductible, then Deductible and Coinsurance
- Additional Deductible waived if admitted within 24 hours

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Plan 3 (1/2)

Deductible Options

- \$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000

Coinsurance Options

- 80/20

Coinsurance Limit

- \$2,000, \$4,000

Physician Office Visits

- Copay - Physician Office / Urgent Care: \$25, maximum 2
- After copayment, other covered services subject to Plan

Deductible and Coinsurance

Urgent Care

- No Additional Deductible

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Plan 3 (2/2)

Coverage Period Maximum Options

- \$250,000, \$500,000, \$1,000,000

Doctor Office Consultation

- Copay - Physician Office / Urgent Care: \$25, maximum 2
- Copay - Specialist: \$40, maximum 2
- Copay - Wellness: \$50, maximum 1

Hospital & Surgical Benefits

- **Hospital Services:** All subject to Deductible and Coinsurance
- **Surgical Services:** All subject to Deductible and Coinsurance

Emergency Services

- Emergency Room: Subject to Deductible and Coinsurance
- No Additional Deductible

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Comparing the Plans

Feature	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Surgeon	\$5,000 per surgery, Up to \$10K	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Assistant Surgeon	\$1,000 per surgery, Up to \$2K	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Admin. Of Anesthetics	\$1,000 per surgery, Up to \$2K	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible

Other Covered Expenses

Transplants, Extended Care & Hospice

- Organ, Tissue, Bone Marrow Transplants: Up to \$50,000 per Coverage Period
- Extended Care Facility: Up to \$100 per day, 30 days per Coverage Period
- Hospice Care: Up to \$5,000 per Coverage Period

Specific Conditions

- AIDS: Up to \$10,000 per Coverage Period
- Joint/Tendon Surgery: Up to \$3,000 per Coverage Period
- Knee Injury or Disorder: Up to \$3,000 per Coverage Period
- Gallbladder Surgery: Up to \$3,000 per Coverage Period

Additional Services

- Home Health Care: Up to \$30 per day, maximum 30 days per Coverage Period
- Therapy Services: Up to \$30 per day, maximum 15 days per Coverage Period
- Ambulance: Up to \$500 per trip (Ground), up to \$1,000 per trip (Air)

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Limitations and Exclusions

Pre-existing Conditions

- Defined as any medical advice, diagnosis, care, or treatment received within 36 months prior to the effective date
- Excludes pre-employment or premarital examinations
- Excludes experimental procedures

Excluded Services

- Cosmetic surgery
- Infertility treatments
- Experimental procedures

Coverage Caps

- Joint Surgery: \$3,000 maximum benefit
- Gallbladder Surgery: \$2,500 maximum benefit
- Back Surgery: \$5,000 maximum benefit

Waiting Periods

- General Illness: 5-day waiting period
- Cancer Coverage: 30-day waiting period

Agents must review all exclusions and limitations with the consumer to ensure full understanding

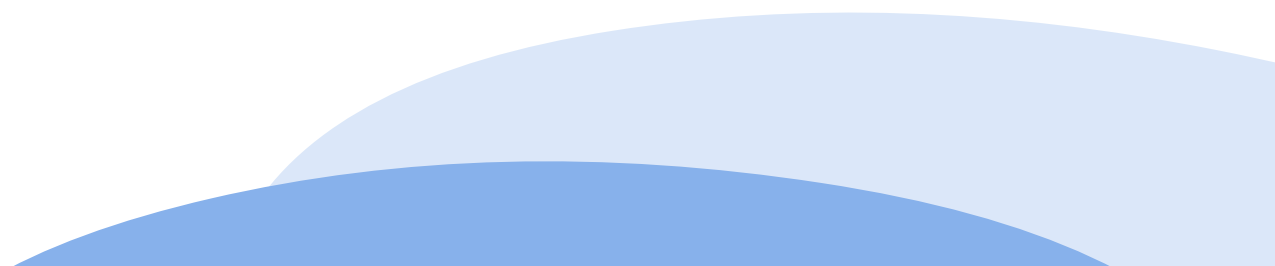
Limitations & Exclusions

Pre-existing condition:

1. For which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, Consultations, diagnostic tests or prescription medicines) was recommended or received from a Physician within the 36 months immediately preceding the Covered Person's Effective Date; or 2. That had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, Consultations, diagnostic tests or prescription medicines) within the 36 months immediately preceding such person's Effective Date.

1. Treatment, services and supplies which are not related to a specific diagnosis, acute symptoms or course of treatment; medical care or surgery which is not Medically Necessary; and any maintenance type therapy not reasonably expected to improve a Covered Person's condition.
2. Pre-employment or pre-marital examinations; or routine physical examinations.
3. Treatment, services and supplies for Experimental or Investigational procedures, including Experimental or Investigational organ transplant procedures, drugs or treatment methods.
4. Treatment, services and supplies for which the Covered Person is not legally required to pay.
5. Telephone consultations, failure to keep scheduled appointments, completion of claim forms, or providing medical information necessary to determine coverage.
6. Treatment, services and supplies provided by a Close Relative.
7. Treatment, services and supplies provided outside the scope of the license for the institution or practitioner rendering services.
8. Education, training, or bed and board while confined to an institution which is primarily a school or other institution for training, a place of rest or a place for the aged, or a personal residence.
9. Treatment, services or supplies received prior to the Covered Person's Effective Date, or after the end of the Coverage Period.
10. Inpatient Hospital admission occurring on a Friday or Saturday in conjunction with a surgical procedure scheduled to be performed during the following week. A Sunday admission will be eligible only for the procedure scheduled to be performed early Monday morning. (This limitation will not apply to necessary medical admissions requiring immediate attention or to Emergency surgical admissions).
11. Amounts in excess of the Usual, Reasonable and Custom- ary charges made for Covered Expenses.
12. Surgery for a Covered Person for a total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma (subject to all other coverage provisions, including but not limited to the Pre-Existing Condition exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy, tympanotomy, or herniorrhaphy.
13. Outpatient Prescription Drugs, contraceptive drugs and devices, non-prescription drugs, vitamins, minerals and nutritional supplements.
14. Cosmetic Surgery.
15. Infertility and impregnation procedures, such as but not limited to, artificial insemination, in-vitro fertilization, embryo and fetal implantation and G.I.F.T. (gamete intrafallopian transfer).
16. Pregnancy and related services; except for Complications of Pregnancy.
17. Voluntary termination of pregnancy.
18. Voluntary sterilization or reversal thereof.
19. Custodial Care.
20. Dental services.
21. Routine foot care.
22. Speech Therapy.
23. Mental or Nervous Disorders.
24. Substance Use Disorders.
25. Treatment, services, or supplies for obesity, extreme obesity, morbid obesity or weight reduction, including, but not limited to, wiring of the teeth and all forms of surgery including, but not limited to, bariatric surgery, intestinal bypass surgery and complications resulting from any such surgery.
26. Programs, treatment or procedures for tobacco use cessation.
27. Treatment of acne or varicose veins.
28. Diagnosis or treatment of a sleeping disorder.
29. Allergy testing and allergy injections.
30. Diabetic Equipment, Supplies and Self-Management training.
31. Autism Spectrum Disorder.

Key Takeaways and Reminders

- **Flexible Deductible Options** benefits
 - **Coinsurance Structure** included
 - **Network Access** benefits
 - **Pre-existing Condition Waiver** 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.

FOR AGENT TRAINING USE ONLY - This document cannot be distributed to the public or used in any consumer solicitation.