

## **1. Introduction**

This document outlines the terms, conditions, and coverage details of the Accessa Health Insurance Plan.

## **2. Eligibility**

To qualify for coverage under this plan, the applicant must be a legal resident of the state and earn below 200% of the federal poverty line.

## **3. Coverage Details**

### **3.1 In-Network Services**

Covers primary care visits, specialist consultations, diagnostic tests, and emergency services within the provider network.

### **3.2 Out-of-Network Services**

Limited coverage for out-of-network services with higher co-pay and deductible requirements.

### **3.3 Prescription Drugs**

Generic and brand-name prescriptions are covered with tiered co-payment structure.

## **4. Claims and Reimbursement**

All claims must be submitted within 60 days of service. Reimbursement is subject to eligibility and plan limits.

## **5. Contact Information**

For questions, contact Accessa Support at 1-800-555-1234 or email [support@accessa.org](mailto:support@accessa.org).