## AFFORDABLE CHOICE PLAN COMPARISON

Surgical and Hospitalization Benefits

Section   Sect		Surgio	cal and Hospitalizat		01 40010 PLU0	01.40010	
Duilding Benefit Injury Reimbursement Injustion Hospital Autono Benefits   Year 3   \$7,500   \$4,500   \$3,000   \$2,250   \$1,875   Year 3   \$7,500   \$4,500   \$3,000   \$2,250   \$1,000   \$2,600   \$3,000   \$2,250   \$1,000   \$3,000			ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC	
Impatient Hospitalization Benefits   Year 3   \$7,500   \$4,500   \$3,000   \$2,250	Inpatient Hospital Confinement (per Inpatie	nt Day)	\$5,000	\$3,000	\$2,000	\$1,500	
Increase 25% each year, years 2-5, for year 4   \$8,750   \$5,250   \$3,300   \$2,625   \$3,000   \$4,000   \$3,000	Building Benefit Injury Reimbursement	Year 2		. ,			
Injury-related hospital stays. (per day)   Year 5   \$10,000   \$6,000   \$4,000   \$3,000	Inpatient Hospitalization Benefits		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Hospital Admission Benefit	increase 25% each year, years 2-5, for						
tor the first Inpatient Day per calendar year)  Emergency Room (Per day/calendar year maximum)  Urgent Care (Per day/calendar year maximum)  \$250/2 CY \$250/1 CY \$250/1 CY \$250/1 CY \$250/1 CY \$250/1 CY \$250/1 CY \$250/2 CO \$200 \$200 \$200 \$200 \$200 \$200 \$200 \$20		Year 5	\$10,000	\$6,000	\$4,000	\$3,000	
Digent Care   Per day/calendar year maximum    \$250/4 CY   \$250/4 CY   \$250/2 CY   \$250/		·)	\$3,000	\$2,000	\$1,000	\$1,000	
Szgoly Cri Szgoly	Emergency Room (Per day/calendar year maximum)		\$250/2 CY	\$250/2 CY	\$250/1 CY	\$250/1 CY	
Daily surgical benefits for both inpatient and outpatient surgery. The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule or Schedule sch			\$250/4 CY	\$250/4 CY	\$250/2 CY	\$250/2 CY	
If outpatient surgery is performed in an Ambulatory Surgical Center or Outpatient Hospital facility, the benefits payable include the surgical and anesthesia benefits in addition to per of day ambulatory /outpatient facility benefit.  Daily Ansistant Surgeon Benefit  Daily Ansistent Surgeon Benefit  Doctor's Office Visit with Rollover (Per day/per calendar year)  Prescription Benefit (Per Day)  Outpatient Medical Benefits  Preventative Services:  Colonoscopy  PSA  Surgical Pathology  (per day)  Other Laboratory Services:  (per day for physical, occupational, speech)  Radiology Services: (per day: MRI/PET scan/CT scan/mammogram/other radiology tests)  Calendar year limit for all Outpatient Benefits  Standard Air Ambulance  Limit of 2 daily benefits per calendar year of pay shots and Immunization*  Allergy Shots and Immunization  Allergy Shots and Immunization  Standard Air Ambulance  Impatient Hospital Confinement/ Building Benefit (Include the surgical and analysis and surgical pathology (per day)  Allergy Shots and Immunization  Standard Air Ambulance  Impatient Hospital Confinement/ Building Benefit (Inpur Reinbursement)  Allergy Shots and Immunization  Standard Air Ambulance  Standard	Surgery Benefit Daily surgical benefits for both inpatient and outpatient surgery. The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries.		the policy fee	the policy fee	the policy fee	the policy fee	
Daily Anesthesiologist Benefit  Doctor's Office Visit with Rollover (Per day/per calendar year)  Prescription Benefit (Per Day)  Outpatient Medical Benefits Preventative Services: Pap PSA  Laboratory Services: Surgical Pathology (per day) Other Laboratory Services: (per day for physical, occupational, speech)  Radiology Services: (per day: MRI/PET scan/ CT scan/mammogram/other radiology tests)  Calendar year limit for all Outpatient Benefits  Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation (per day')  Allergy Shots and Immunization**  Allergy Shots and Immunization**  Allergy Shots and Immunization  Pap Sa00 (\$100/10 days (\$75/10 days (\$75/10 days (\$75/6 days (\$75/6 days (\$75/10 days (\$75/10 days (\$75/6 days (\$75/10 days (\$75/6 days (	If outpatient surgery is performed in an Ambulatory Surgical Center or Outpatient Hospital facility, the benefits payable include the surgical and anesthesia benefits in addition to per day		\$3,000	\$2,500	\$2,000	\$1,000	
Doctor's Office Visit with Rollover (Per day/per calendar year)   S100/10 days   \$75/10 days   \$75/8 days   \$50/6 days	Daily Assistant Surgeon Benefit	Pays 20% of the eligible surgical benefit					
Rollover provision allows five-visit carryover per policy year.	Daily Anesthesiologist Benefit		Pays 25% of the eligible surgical benefit				
Rollover provision allows five-visit carryover per policy year.   Prescription Benefit (Per Day)   \$75   \$50   \$50   \$25			\$100/10 days	\$75/10 days	\$75/8 days	\$50/6 days	
Outpatient Medical Benefits Preventative Services: Preventative Services: (per service)         Colonoscopy Pap PSA         \$600         \$500         \$500           (per service)         Pap PSA         \$300         \$300         \$250         \$250           Laboratory Services: (per day)         Surgical Pathology Other Laboratory Services: (per day)         \$300         \$300         \$200         \$200           Therapy Services: (per day for physical, occupational, speech)         \$75         \$75         \$50         \$50           Radiology Services: (per day: MRI/PET scan/CT scan/mammogram/other radiology tests)         \$700/\$700/\$ \$700/\$300/\$250         \$600/\$600/\$ \$600/\$600/\$ \$500/\$250/\$250         \$300/\$300/\$250/\$200         \$300/\$300/\$250/\$200           Calendar year limit for all Outpatient Benefits         \$8,000         \$6,000         \$4,000         \$4,000           Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation Air (per day*)         \$150         \$100         \$100         \$500           Allergy Shots and Immunization** (child only) (per day)*         \$10/\$25         \$10/\$25         \$10/\$25         \$10/\$25         \$10/\$25           Cancer Benefit Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)         \$2,000         \$1,000         \$1,000         \$1,000           Inpatient Hospital Confinement/Building Bene			Rollover p	rovision allows five-\	visit carryover per p	olicy year.	
Preventative Services:	Prescription Benefit (Per Day)		\$75	\$50	\$50	\$25	
Pap PSA   \$300   \$300   \$250   \$250   \$250     Laboratory Services:   Surgical Pathology (per day)   Other Laboratory Services   \$50   \$50   \$50   \$50     Therapy Services: (per day: MRI/PET scan/ CT scan/mammogram/other radiology tests)   \$75   \$75   \$50   \$500/\$250/\$250/\$200     Radiology Services: (per day: MRI/PET scan/ CT scan/mammogram/other radiology tests)   \$700/\$700/ \$600/\$600/ \$500/\$500/ \$300/\$250/\$200     Calendar year limit for all Outpatient Benefits   \$8,000   \$6,000   \$4,000   \$4,000     Ground and Air Ambulance Limit of 2 daily benefits per calendar Ground year for all ambulance transportation Air (per day*)   \$100   \$1,000   \$1,000   \$500     Allergy Shots and Immunizations* (child only) (per day allergy shots/immunizations)   \$10/\$25   \$10/\$25   \$10/\$25   \$10/\$25     Cancer Benefit Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)   \$2,000   \$2,000   \$1,000   \$1,000   \$1,000     Inpatient Hospital Confinement   \$1,000,000 calendar year limit     Prescription Benefit   \$750 calendar year maximum     Allergy Shots and Immunization   \$100 calendar year maximum							
Laboratory Services:   Surgical Pathology (per day)   Other Laboratory Services   \$50	Preventative Services: Col			· ·			
Laboratory Services: Surgical Pathology (per day) Other Laboratory Services \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50	(per service)			· ·			
Other Laboratory Services		PSA	\$300	\$300	\$250	\$250	
Therapy Services: (per day: MRI/PET scan/CT scan/mammogram/other radiology tests)  Calendar year limit for all Outpatient Benefits  Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation Air (per day*)  Allergy Shots and Immunization** (child only) (per day/40 days per calendar year)  Inpatient Hospital Confinement/Building Benefit  Therapy Services: (per day: MRI/PET scan/S750 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$		Pathology	\$300	\$300	\$200	\$200	
Therapy Services: (per day for physical, occupational, speech)  Radiology Services: (per day: MRI/PET scan/ CT scan/mammogram/other radiology tests)  Calendar year limit for all Outpatient Benefits  \$8,000 \$6,000 \$4,000 \$4,000  Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation Air (per day*)  Allergy Shots and Immunization** (child only) (per day allergy shots/immunizations)  Cancer Benefit Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)  Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement  Prescription Benefit  Allergy Shots and Immunization  \$150 \$100 \$100 \$100 \$100 \$100 \$500 \$500				· ·	l '		
CT scan/mammogram/other radiology tests) \$700/\$300/\$250 \$600/\$300/\$250 \$500/\$250/\$200 \$300/\$250/\$200 \$Calendar year limit for all Outpatient Benefits \$8,000 \$6,000 \$4,000 \$4,000 \$4,000 \$100 \$100 \$100 \$100 \$100 \$100 \$100	Therapy Services:			·			
Ground and Air Ambulance Limit of 2 daily benefits per calendar Ground year for all ambulance transportation (per day*)  Allergy Shots and Immunization** (child only) (per day allergy shots/immunizations)  Cancer Benefit Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)  Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement  Prescription Benefit  Allergy Shots and Immunization  \$150 \$100 \$100 \$100 \$500 \$500 \$500 \$1,000 \$1,000 \$100 \$100 \$100 \$100 \$10				1			
Limit of 2 daily benefits per calendar ground year for all ambulance transportation (per day*)  Allergy Shots and Immunization** (child only) (per day allergy shots/immunizations)  Cancer Benefit Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)  Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement  Prescription Benefit  Allergy Shots and Immunization  \$150 \$100 \$100 \$100 \$500  \$1,000 \$1,000 \$100  \$10/\$25 \$10/\$25 \$10/\$25  \$10/\$25 \$10/\$25	Calendar year limit for all Outpatient Ben	efits	\$8,000	\$6,000	\$4,000	\$4,000	
(per day allergy shots/immunizations)  Cancer Benefit Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)  Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement  Prescription Benefit  Allergy Shots and Immunization  \$10/\$23  \$10/\$23  \$10/\$23  \$10/\$23  \$10/\$23  \$10/\$25  \$10/\$25  \$1,000  \$1,00	Limit of 2 daily benefits per calendar year for all ambulance transportation (per day*)	Air		· ·	· ·		
Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)  Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement  Prescription Benefit  Allergy Shots and Immunization  \$2,000 \$1,000	Allergy Shots and Immunization** (child (per day allergy shots/immunizations)	d only)	\$10/\$25	\$10/\$25	\$10/\$25	\$10/\$25	
Building Benefit Injury Reimbursement  Prescription Benefit  Allergy Shots and Immunization  \$1,000,000 Calendar year Inflit  \$750 calendar year maximum  \$100 calendar year maximum	Pays for Radiation, Chemotherapy, & Immuno	otherapy	\$2,000	\$2,000	\$1,000	\$1,000	
Allergy Shots and Immunization \$100 calendar year maximum	Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement		\$1,000,000 calendar year limit				
	Prescription Benefit		\$750 calendar year maximum				
	Allergy Shots and Immunization		\$100 calendar year maximum				
	Lifetime Maximum		\$5,000,000				

<sup>\*</sup>In MI, only one per day benefit will be paid per day, regardless of how many trips are made for that day.

The plans shown above are limited benefit fixed-indemnity plans and benefits are per Covered Person. This is not a major medical insurance plan. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in daily amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's statement.

<sup>\*\*</sup> In MI, Immunization does not apply.

## AFFORDABLE CHOICE MONTHLY PREMIUMS

		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Ages 18 - 29	Individual	\$172.43	\$130.06	\$101.92	\$75.67
	Individual and Spouse*	\$340.04	\$255.27	\$198.98	\$146.43
	Individual and Child(ren)	\$373.97	\$271.93	\$208.13	\$151.06
	Individual and Family**	\$569.05	\$416.46	\$319.64	\$232.08
Ages 30 - 39	Individual	\$217.88	\$164.28	\$126.02	\$94.83
	Individual and Spouse*	\$430.97	\$323.76	\$247.23	\$184.78
	Individual and Child(ren)	\$419.42	\$306.15	\$232.23	\$170.22
	Individual and Family**	\$659.85	\$484.84	\$367.80	\$270.38
Ages 40 - 49	Individual	\$259.43	\$195.87	\$148.06	\$112.46
	Individual and Spouse*	\$513.92	\$386.78	\$291.14	\$219.94
	Individual and Child(ren)	\$460.97	\$337.75	\$254.27	\$187.85
	Individual and Family**	\$742.93	\$548.00	\$411.83	\$305.61
Ages 50 - 64	Individual	\$367.21	\$278.76	\$205.02	\$158.46
	Individual and Spouse*	\$729.52	\$552.62	\$405.12	\$311.99
	Individual and Child(ren)	\$568.77	\$420.65	\$311.23	\$233.86
	Individual and Family**	\$958.35	\$713.69	\$525.68	\$397.57
	Child Only**	\$183.38	\$129.09	\$96.68	\$68.62

<sup>\*</sup> In IL, spouse or civil union partner

\*\* Family rates include up to four children. Additional children are charged the Child rate.