



## Compass

Satisfies all 71 benefits required by the PPACA	<b>100% Coverage for Preventative Care Services</b>
<b>PPO Network Services</b>	
TELADOC 24/7 (Multilingual)	<b>FREE</b> (unlimited)
Primary Care Physician Visits	<b>\$20 Copay</b> (max 3 visits per plan year)
Specialist Office Visits	<b>\$50 Copay</b> (max 3 visits per plan year)
Urgent Care	<b>\$50 Copay</b> (max 3 visits per plan year)
Diagnostic X-ray and Lab	<b>\$50 Copay</b> (in offices, max 5 services per plan year)
CT Scan/MRI (outpatient only)	<b>\$200 Copay</b> (max 1 CT Scan, 1 MRI per plan year)
<b>Prescription Benefits</b>	
Tier 1 - Low Cost	<b>\$1 Copay</b>
Tier 2 - Generics	<b>10% Coinsurance</b>
Tier 3 - Preferred	<b>20% Coinsurance</b>
Tier 4 - Non-Preferred	<b>40% Coinsurance</b>
Tier 5 - Generic & Preferred Specialty	<b>10% Coinsurance</b> (Plan pays 90% up to max of \$150)
Tier 6 - Non-Preferred	<b>20% Coinsurance</b> (Plan pays 80% up to max of \$250)
<b>Monthly Premiums</b>	
	<b>2 Year Rate Cap*</b>
EE	<b>\$143.25</b>
EE & Spouse	<b>\$227.74</b>
EE & Children	<b>\$211.74</b>
Family	<b>\$302.80</b>



\*2 Year Rate Cap not to exceed 3% per year. Must maintain a minimum of 5 enrolled employees.

\*Plan design and premium for situs in HI, NY and VT only.

For questions or plan options and pricing in any state, please contact:

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