

Satisfies all 71 benefits required by the PPACA	100% Coverage for Preventative Care Services	100% Coverage for Preventative Care Services
<b>PPO Network Services</b>		
TELADOC 24/7 (Multilingual)	<b>FREE</b> (unlimited)	<b>FREE</b> (unlimited)
Primary Care Physician Visits	<b>\$20 Copay</b> (max 3 visits per plan year)	<b>\$20 Copay</b> (max 3 visits per plan year)
Specialist Office Visits	<b>\$50 Copay</b> (max 3 visits per plan year)	<b>\$50 Copay</b> (max 3 visits per plan year)
Urgent Care	<b>\$50 Copay</b> (max 3 visits per plan year)	<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)	<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>\$200 Copay</b> (max 1 CT Scan, 1 MRI per plan year)
<b>Prescription Benefits</b>		
Tier 1 - Low Cost	<b>\$1 Copay</b>	<b>\$1 Copay</b>
Tier 2 - Generics	<b>10% Coinsurance</b>	<b>10% Coinsurance</b>
Tier 3 - Preferred	<b>20% Coinsurance</b>	<b>20% Coinsurance</b>
Tier 4 - Non-Preferred	<b>40% Coinsurance</b>	<b>40% Coinsurance</b>
Tier 5 - Generic & Preferred Specialty	<b>10% Coinsurance</b> (Plan pays 90% up to max of \$150)	<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>20% Coinsurance</b> (Plan pays 80% up to max of \$250)
<b>Hospitalization Indemnity Benefits</b>		
Underwritten by Beazley	<b>Compass 1</b>	<b>Compass 2</b>
Daily In-Hospital	<b>\$200/ day</b> 31 days per confinement (x1 per year)	<b>\$500/ day</b> 31 days per confinement (x1 per year)
Hospital Admission	<b>\$1000 per admission</b> 1 day per year	<b>\$2000 per admission</b> 1 day per year
Inpatient Surgery Benefit	<b>\$750 benefit per day</b> 1 day per year	<b>\$1500 benefit per day</b> 1 day per year
Anesthesia Benefit	<b>\$300 benefit per day</b> 1 day per year	<b>\$500 benefit per day</b> 1 day per year
<b>Monthly Premiums</b>		
	<b>2 Year Rate Cap*</b>	<b>2 Year Rate Cap*</b>
EE	<b>\$161.29</b>	<b>\$181.75</b>
EE & Spouse	<b>\$264.70</b>	<b>\$306.39</b>
EE & Children	<b>\$244.19</b>	<b>\$279.94</b>
Family	<b>\$356.70</b>	<b>\$417.20</b>



\*Plan design and premium for situs in ID, ME, NH, PA and UT.

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

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This material is not intended to be accessible in Arizona, Missouri, New Hampshire, Oregon, Washington and Wyoming until any required approvals have been obtained.

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