

Satisfies all 71 benefits required by the PPACA	100% Coverage for Preventative Care Services
PPO Network Services	
TELADOC 24/7 (Multilingual)	FREE (unlimited)
Primary Care Physician Visits	\$20 Copay (max 3 visits per plan year)
Specialist Office Visits	\$50 Copay (max 3 visits per plan year)
Urgent Care	\$50 Copay (max 3 visits per plan year)
Diagnostic X-ray and Lab	\$50 Copay (in offices, max 5 services per plan year)
CT Scan/MRI (outpatient only)	\$200 Copay (max 1 CT Scan, 1 MRI per plan year)
Prescription Benefits	
Tier 1 - Low Cost	\$1 Copay
Tier 2 - Generics	10% Coinsurance
Tier 3 - Preferred	20% Coinsurance
Tier 4 - Non-Preferred	40% Coinsurance
Tier 5 - Generic & Preferred Specialty	10% Coinsurance (Plan pays 90% up to max of \$150)
Tier 6 - Non-Preferred	20% Coinsurance (Plan pays 80% up to max of \$250)
Hospitalization Indemnity Benefits	
Underwritten by Beazley	Compass
Daily In-Hospital	\$200/ day 60 days per confinement (x2 per year)
Monthly Premiums	
	2 Year Rate Cap*
EE	\$153.85
EE & Spouse	\$249.44
EE & Children	\$230.84
Family	\$334.30



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

For questions please contact:

Dave Kylo at 202-898-6312 or Nick Cianci at 202-898-2841 or ahcainsurancesolutions@ahca.org



*Plan design and premium for situs in NJ only.

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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