



National Limited Medical Plans				
	Silver	Gold	Diamond	Health Max Plus
Doctor's Office Visits: <small>For treatment of injury or sickness per covered person per calendar year. This benefit can also be used as an emergency room benefit.</small>	\$50 Per Visit	\$75 Per Visit	\$75 Per Visit	\$100 Per Visit
Number of Office Visits: <small>Per person Per year</small>	5	5	5	7
Diagnostic Testing or X-ray: <small>Medically necessary diagnostic tests and x-rays performed in a doctor's office or outpatient facility. E.g. MRI, CAT Scan, EKG, Mammography</small>	\$50 Per visit 3 per year	\$100 Per visit 3 per year	\$150 Per visit 3 per year	\$400 Per visit 5 per year
Preventative Care Benefit: <small>Includes 1 Preventative Test per year</small>	\$100 Per Visit 1 per year	\$100 Per Visit 1 per year	\$150 Per Visit 1 per year	\$150 Per Visit 1 per year
Regular Inpatient Stay: <small>A maximum of 100 days per year</small>	\$750 Per Day	\$1,000 Per Day	\$1,000 Per Day	\$1,000 Per Day
ICU/CCU: <small>An Extra Daily Benefit A per day benefit.</small>	None	None	\$1,000 5 days	\$1,000 15 days
Hospital Admission: <small>An Extra BENEFIT for the first day admitted in the hospital</small>	None	None	None	\$2,000 per stay
Critical Illness Included: <small>Primary insured only</small>	None	\$2,500	\$2,500	\$5000 for primary & spouse
Surgery: Inpatient/Outpatient <small>Plan pays as a % of Medicare Reimbursement</small>	50%	80%	100%	100%
Surgery Maximum: <small>Maximum annual benefit for surgery</small>	Unlimited	Unlimited	Unlimited	Unlimited
Anesthesia Benefit: <small>As % of surgery benefit</small>	None	20%	20%	25%
Accident Rider <small>One accident allowed per covered person per year. Costs must be incurred within 90 days of accident or injury.</small>	\$2,500 per year / \$100 Ded. / 80% coinsurance	\$5,000 per year / \$100 Ded. / 80% coinsurance	\$5,000 per year / \$100 Ded. / 80% coinsurance	Optional
RX Card Rider: Walk -In <small>Generic: \$10 Copay / \$1500 Yearly Max</small>	Optional	Optional	Optional	Optional
Prescription, Dental & Vision Discount Plans	Included	Included	Included	Included
Plan Network For Physicians lookup Website	Multiplan PPO Network www.multiplan.com	Multiplan PPO Network www.multiplan.com	Multiplan PPO Network www.multiplan.com	Multiplan PPO Network www.multiplan.com
Single:	\$175.00	\$218.00	\$248.00	Single: \$349.00
Single + 1:	\$264.00	\$347.00	\$403.00	Single + Spouse \$645.00
Single + 2 or more:	\$353.00	\$476.00	\$559.00	Single + Child(ren) \$575.00 Family: \$842.00
Accident Rider	Details	Details	Details	Details
Catalyst RX Insurance Rider	Details	Details	Details	Details
Additional \$500 Hospital Rider	Details	Details	Details	Details
Increase Critical Illness to \$25,000	Details	Details	Details	Details
One Time Enrollment Fee: \$85.00				

Eligibility

Covered ages: 18-64, Dependents covered age:19- 25 (if fulltime student)

Individuals not eligible for Medicare, receiving disability benefits, Worker s compensation or currently pregnant.

Pre-existing conditions: During the first 12 months following your effective date of coverage, no coverage will be provided for treatment of a pre-existing condition.

HIPAA compliance: All plans are HIPAA compliant. Persons who leave the plan will receive a Certificate of Creditable Coverage. Those who enter the plan presenting a Certificate of Creditable Coverage will receive credit toward the AIM plans pre-existing conditions limitation.

All plans are guarantee issue.