

AFFORDABLE CHOICE PLAN COMPARISON

Surgical and Hospitalization Benefits

		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Inpatient Hospital Confinement (per Inpatient Day)		\$6,000	\$4,000	\$3,000	\$2,000
Building Benefit Injury Reimbursement Inpatient Hospitalization Benefits increase 25% each year, years 2-5, for injury-related hospital stays (per day)	Year 2	\$7,500	\$5,000	\$3,750	\$2,500
	Year 3	\$9,000	\$6,000	\$4,500	\$3,000
	Year 4	\$10,500	\$7,000	\$5,250	\$3,500
	Year 5	\$12,000	\$8,000	\$6,000	\$4,000
Hospital Admission Benefits (for the first Inpatient Day per calendar year)		\$3,000	\$2,000	\$1,000	\$1,000
Hospital Observation Benefits First 24-47 hours in an Observation Unit 48 hours or more in an Observation Unit Maximum Benefit (\$1,000,000 per CY)		\$3,000 per day \$4,500 per day	\$2,000 per day \$3,000 per day	\$1,500 per day \$2,250 per day	\$1,000 per day \$1,500 per day
Emergency Room (per day/calendar year maximum)		\$300/2 CY	\$300/2 CY	\$250/1 CY	\$250/1 CY
Urgent Care (per day/calendar year maximum)		\$300/4 CY	\$300/4 CY	\$250/2 CY	\$250/2 CY
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. Maximum Benefit (\$50,000 per CY)		3 X the scheduled amount	2.5 X the scheduled amount	2 X the scheduled amount	1 X the scheduled amount
Ambulatory Surgical Benefit 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 ambulatory/outpatient facility benefit.		\$3,000	\$2,500	\$2,000	\$1,000
Daily Assistant Surgeon Benefit		Pays 20% of the eligible surgical benefit			
Daily Anesthesiologist Benefit		Pays 25% of the eligible surgical benefit			
Doctor's Office Visit with Rollover (per day/per calendar year)		\$200/10 days	\$175/10 days	\$125/8 days	\$75/6 days
Prescription Benefit (per day)		Rollover provision allows five-visit carryover per policy year			
Outpatient Medical Benefits		\$75	\$50	\$50	\$25
Colonoscopy Preventative Services: (per service)	Pap	\$600	\$600	\$500	\$500
	PSA	\$300	\$300	\$250	\$250
		\$300	\$300	\$250	\$250
Laboratory Services: (per day)	Surgical Pathology	\$300	\$300	\$200	\$200
	Other Laboratory Services	\$50	\$50	\$50	\$50
Therapy Services: (per day for physical, occupational, speech)		\$75	\$75	\$50	\$50
Radiology Services: MRI/PET scan/CT scan/ mammogram/other radiology tests (per day)		\$700/\$700/ \$700/\$300/\$250	\$600/\$600/ \$600/\$300/\$250	\$500/\$500/ \$500/\$250/\$200	\$300/\$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 (per day*)		\$150 Ground Ambulance \$1,500 Air Ambulance			
Allergy Shots and Immunization** (child only) (per day allergy shots/immunizations)		\$10/\$25			
Cancer Benefit Pays for Radiation, Chemotherapy & Immunotherapy (per day/40 days per calendar year)		\$2,000	\$2,000	\$1,000	\$1,000
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			

* In MI, only one per day benefit will be paid per day, regardless of how many trips are made for that day. ** In MI, Immunization does not apply.

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.