

# Sample Plan 1

<b>Inpatient/Outpatient:</b>	
Annual maximum benefit	\$2,500
Annual deductible	\$150
<b>Inpatient:</b>	
Deductible	Subject to annual deductible
Co-insurance	70%
<b>Outpatient Diagnostic &amp; Surgical Services:</b>	
Maximum benefit	Subject to annual maximum
Deductible	Subject to annual deductible
Co-insurance	70%
<b>Emergency Room Visits:</b>	
Maximum benefit	Subject to annual maximum True emergency in the ER is paid same as diagnostic and surgical services Non-emergency in the ER is paid at 50% co-insurance after a \$150 separate deductible per visit
<b>Doctor Office Visits:</b>	
Maximum benefit	Subject to annual maximum
Co-pay for primary care and specialty care office visit deductible	\$20
Balance of charges for physician's time only	100%
Balance of charges for all other expenses in office	70% after annual deductible
<b>Prescription Drugs:</b>	
Maximum benefit	Subject to annual maximum
Co-pay per prescription – generic	\$10
Co-pay per prescription – branded drugs	\$50
<b>PPO Discounts:</b>	
Insurance benefits are the same for in-network and out-of-network PPO discounts apply toward eligible expenses that have exceeded the annual maximum benefit	
<b>In-Network:</b>	
Hospitals: Nationwide average savings 23% Physicians: Nationwide average savings 35%	

This summary briefly describes benefit levels. Specific benefits, rates, conditions and limitations will be provided with your proposal.

# Sample Plan 2

<b>Inpatient/Outpatient:</b>	
Annual maximum benefit	\$5,000
<b>Inpatient:</b>	
Annual deductible	\$150
Co-insurance	70%
<b>Outpatient:</b>	
Annual maximum	\$1,250
Annual deductible	\$150
<b>Diagnostic &amp; Surgical Services:</b>	
Maximum benefit	Subject to outpatient maximum
Deductible	Subject to outpatient deductible
Co-insurance	70%
<b>Emergency Room Visits:</b>	
Maximum benefit	Subject to outpatient maximum True emergency in the ER is paid same as diagnostic and surgical services Non-emergency in the ER is paid at 50% co-insurance after a \$150 separate deductible per visit
<b>Doctor Office Visits:</b>	
Maximum benefit	Subject to outpatient maximum
Co-pay for primary care and specialty care office visit deductible	\$20
Balance of charges for physician's time only	100%
Balance of charges for all other expenses in office	70% after annual deductible
<b>Prescription Drugs:</b>	
Maximum benefit	Subject to outpatient maximum
Co-pay per prescription – generic	\$10
Co-pay per prescription – branded drugs	\$50
<b>PPO Discounts:</b>	<b>In-Network:</b>
Insurance benefits are the same for in-network and out-of-network PPO discounts apply toward eligible expenses that have exceeded the annual maximum benefit	Hospitals: Nationwide average savings 23% Physicians: Nationwide average savings 35%

This summary briefly describes benefit levels. Specific benefits, rates, conditions and limitations will be provided with your proposal.

# Sample Plan 3

<b>Inpatient/Outpatient:</b>	
Annual maximum benefit	\$10,000
<b>Inpatient:</b>	
Annual deductible	\$200
Co-insurance	70%
<b>Outpatient:</b>	
Annual maximum	\$2,500
Annual deductible	\$200
<b>Diagnostic &amp; Surgical Services:</b>	
Maximum benefit	Subject to outpatient maximum
Annual deductible	Subject to outpatient deductible
Co-insurance	70%
<b>Emergency Room Visits:</b>	
Maximum benefit	Subject to outpatient maximum True emergency in the ER is paid same as diagnostic and surgical services Non-emergency in the ER is paid at 50% co-insurance after a \$200 separate deductible per visit
<b>Doctor Office Visits:</b>	
Maximum benefit	Subject to outpatient maximum
Co-pay for primary care and specialty care office visit deductible	\$20
Balance of charges for physician's time only	100%
Balance of charges for all other expenses in office	70%
<b>Prescription Drugs:</b>	
Maximum benefit	Subject to outpatient maximum
Co-pay per prescription – generic	\$10
Co-pay per prescription – branded drugs	\$50
<b>PPO Discounts:</b>	<b>In-Network:</b>
Insurance benefits are the same for in-network and out-of-network PPO discounts apply toward eligible expenses that have exceeded the annual maximum benefit	Hospitals: Nationwide average savings 23% Physicians: Nationwide average savings 35%

**This summary briefly describes benefit levels. Specific benefits, rates, conditions and limitations will be provided with your proposal.**

# Sample Ancillary Plans

## DENTAL PLAN

With EssentialCare's dental coverage, your employee picks the dentist.

Maximum benefit	\$750
Deductible	\$50

Dental Benefits	Benefit Amount
<b>Coverage A</b>	
No waiting period	
Exams, intraoral films and bitewings	
Co-insurance percentage paid by plan	80%
<b>Coverage B</b>	
Three-month waiting period	
Fillings, oral Surgery and crowns, bridges and denture repair	
Co-insurance percentage paid by plan	60%
<b>Coverage C</b>	
Twelve-month waiting period	
Periodontics, endodontics, crowns, bridges and dentures	
Co-insurance percentage paid by plan	50%

## VISION PLAN

EssentialCare includes limited benefits for eye exams and contacts or glasses.

Vision Benefits	Frequency	Benefit % Payable and Deductible Amount	Maximum Benefit Amount
Eye Exam for eyeglasses	1 visit per year	80% after a \$5-per-visit deductible	\$25
<b>Choice A: Eyeglasses</b>			
Single-vision lenses	2 lenses per year	75% after a	\$35
Bifocal lenses	"	\$15-per-purchase	\$35
Trifocal lenses	"	deductible	\$50
Lenticular lenses	"	"	\$75
Frames	1 pair per year	"	\$25
<b>Choice B: Contact Lenses</b>			
(As an alternative to glasses)	2 lenses per year	"	\$95
<b>Choice C: Disposable Contact Lenses</b>			
(As an alternative to contact lenses)	up to a 12-month supply per year	"	\$75

Members may choose only one of the available benefits in any 12-month period: A or B or C.

This summary briefly describes benefit levels. Specific benefits, rates, conditions and limitations will be provided with your proposal.

## TERM LIFE PLAN

Term Life Benefits	Benefit Amount
Life Benefit	\$20,000
Employee Accidental Death Benefit (Amounts reduced by 50% at age 70)	\$20,000
Dependent (older than 6 months)	\$ 2,500
Dependent (age 6 months or less) (Spouse coverage ends at age 70)	\$ 500

## SHORT-TERM DISABILITY PLAN (Employee Only)

Short-term Disability Benefits	Benefit Amount
Maximum benefit amount per week	\$150
Percentage of weekly base pay	50%
Waiting period	14 days
Maximum number of weeks	26

Available if Term Life Plan is selected.

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