

The right plans for the right time

Choosing a health insurance plan for you and your family is serious stuff — and digging into the details can help you make the right choice about these limited-benefit plans. There are some differences, so take a look at the table below to understand the coverage and limits for each plan.

We're confident you will find the plan that's right for this time of your life.

What's the difference between our three limited-benefit plans?

- **PLAN A** — No hospital benefits, calendar year (vs. lifetime) maximums, no pre-existing condition limitation
- **PLAN B and PLAN C** — Coverage for pre-existing conditions after you have been continuously insured for 12 months, each plan has different calendar year maximums and a \$1 million lifetime maximum

	GOOD	BETTER	BEST	
	HEALTH ACCESS PLAN A Limited benefits for everyday needs <i>No Hospital Benefits</i>	HEALTH ACCESS PLAN B Limited benefits for everyday needs <i>Hospital Benefits: \$100,000 maximum</i>	HEALTH ACCESS PLAN C Limited benefits for everyday needs <i>Hospital Benefits: \$200,000 maximum</i>	
EVERYDAY NEEDS YOU VALUE	Office Visit Copay <i>(Preventive exams*** included)</i> <small>You pay your copay and the plan pays 100% of the remaining cost of an eligible office visit up to \$150 per visit for examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots. An office visit during which you receive only an immunization or allergy shot does not apply to your four-visit annual limit; however, your copay and the \$150 maximum per visit still apply.</small>	<ul style="list-style-type: none"> • You pay a \$25 copay for each office visit to a primary care physician or retail health clinic • You pay a \$35 copay for each office visit to a specialist physician • Copay applies to each of four office visits per person per calendar year • We pay up to \$150 per office visit 	<ul style="list-style-type: none"> • You pay a \$25 copay for each office visit to a primary care physician, retail health clinic, specialist or health care practitioner • Copay applies to each of four office visits per person per calendar year • We pay up to \$150 per office visit 	<ul style="list-style-type: none"> • You pay a \$25 copay for each office visit to a primary care physician, retail health clinic, specialist or health care practitioner • Copay applies to each of four office visits per person per calendar year • We pay up to \$150 per office visit
	Prescription Drugs	<ul style="list-style-type: none"> • You pay a \$10 copay for generic drugs • You pay a \$50 copay for brand-name drugs • We pay up to \$750 in benefits per calendar year 	<ul style="list-style-type: none"> • You pay a \$10 copay for generic drugs • You pay a \$50 copay for preferred brand-name drugs • You pay a \$75 copay for non-preferred brand-name drugs • We pay up to \$250 in benefits per calendar year 	<ul style="list-style-type: none"> • You pay a \$10 copay for generic drugs • You pay a \$50 copay for preferred brand-name drugs • You pay a \$75 copay for non-preferred brand-name drugs • We pay up to \$750 in benefits per calendar year
	Outpatient Medical Services <i>(Preventive services*** included)</i>	<ul style="list-style-type: none"> • We pay up to \$250 in benefits for outpatient x-ray and lab only 	<ul style="list-style-type: none"> • You pay a \$200 deductible* • We pay 80% of covered charges up to \$500 per person per calendar year • You pay remaining 20% of covered charges 	<ul style="list-style-type: none"> • You pay a \$200 deductible* • We pay 80% of covered charges up to \$1,000 per person per calendar year • You pay remaining 20% of covered charges
SURGICAL AND HOSPITALIZATION BENEFITS	Surgical Services			
	<i>Surgeon</i>	<ul style="list-style-type: none"> • We pay up to \$250 in benefits per calendar year • Surgical services must be performed during an office visit 	<ul style="list-style-type: none"> • Includes surgeon benefits for both inpatient and outpatient surgery paid to the scheduled benefit amount. Benefits paid per surgery vary greatly — your agent can provide more details.** 	<ul style="list-style-type: none"> • Includes surgeon benefits for both inpatient and outpatient surgery paid to the scheduled benefit amount. Benefits paid per surgery vary greatly — your agent can provide more details.**
	<i>Assistant Surgeon</i>	Not covered	<ul style="list-style-type: none"> • We pay up to 20% of amount paid for surgery 	<ul style="list-style-type: none"> • We pay up to 20% of amount paid for surgery
	<i>Anesthesiologist</i>	Not covered	<ul style="list-style-type: none"> • We pay up to 20% of amount paid for surgery 	<ul style="list-style-type: none"> • We pay up to 20% of amount paid for surgery
	Ground and Air Ambulance	Not covered	<ul style="list-style-type: none"> • We pay up to \$100 ground/\$1,000 air — per trip, up to two trips per calendar year 	<ul style="list-style-type: none"> • We pay up to \$100 ground/\$1,000 air — per trip, up to two trips per calendar year
	Emergency Room	Not covered	<ul style="list-style-type: none"> • We pay up to \$250 in benefits for each of two visits per calendar year after \$100 emergency room fee • Fee is waived if admitted to the hospital 	<ul style="list-style-type: none"> • We pay up to \$750 in benefits for each of two visits per calendar year after \$100 emergency room fee • Fee is waived if admitted to the hospital
	Inpatient Benefit Facility Charges	Not covered	<ul style="list-style-type: none"> • We pay up to \$750 in benefits per day for sickness • We pay up to \$1,000 in benefits per day for injury • We pay 80% and you pay 20%, up to \$100,000, in benefits per calendar year based on the daily inpatient limits. You pay any balance. 	<ul style="list-style-type: none"> • We pay up to \$2,000 in benefits per day for sickness • We pay up to \$4,000 in benefits per day for injury • We pay 80% and you pay 20%, up to \$200,000, in benefits per calendar year based on the daily inpatient limits. You pay any balance.
Other Non-surgical/Non-facility Inpatient Services	Not covered	<ul style="list-style-type: none"> • Considered under the inpatient per day maximum • Coinsurance applies 	<ul style="list-style-type: none"> • Considered under the inpatient per day maximum • Coinsurance applies 	
OTHER INFO	Life Insurance	Not available	<ul style="list-style-type: none"> • We pay a \$10,000 benefit, for primary only 	<ul style="list-style-type: none"> • We pay a \$10,000 benefit, for primary only
	Lifetime Maximum	<ul style="list-style-type: none"> • Services are subject to calendar year maximums 	<ul style="list-style-type: none"> • \$1 million 	<ul style="list-style-type: none"> • \$1 million
	Medical Questions for Qualification	<ul style="list-style-type: none"> • No medical questions to qualify 	<ul style="list-style-type: none"> • Limited medical questions to qualify 	<ul style="list-style-type: none"> • Limited medical questions to qualify
	Pre-existing Conditions	<ul style="list-style-type: none"> • Covered up to calendar year maximums 	<ul style="list-style-type: none"> • Covered after you have been continuously insured for 12 months 	<ul style="list-style-type: none"> • Covered after you have been continuously insured for 12 months
	Benefits After Reaching Maximums	<ul style="list-style-type: none"> • Access to network at contracted/discounted rates 	<ul style="list-style-type: none"> • Access to network at contracted/discounted rates 	<ul style="list-style-type: none"> • Access to network at contracted/discounted rates

Health Access Plans provide limited benefits and all covered services are subject to calendar-year maximums. These are not major medical health plans and are not replacements for them. The amount of benefits depends upon the plan selected, and the premium will vary with the amount of benefits. Read all coverage documents carefully upon receipt. For a complete listing of benefits, limitations and exclusions, please refer to your coverage documents. In AL and WI, individual medical coverage cannot be marketed through the workplace of an employer with 2-50 full-time employees.

* Family deductible maximum is \$400 and is met collectively by two or more persons.

** Agents can access the surgical schedule at www.assuranthealthsales.com.

*** Preventive services include annual exam, mammograms, Pap smears, routine colonoscopy/sigmoidoscopy, colorectal cancer screening, human papilloma virus vaccination, well-child care and prostate cancer screening.