

## Affordable Rates Bring It All Together

Get quick pricing information for Health Access Plans from the monthly rates below, so you know right away what these plans mean to your pocketbook.

Locate the primary applicant's age and decide who you want to cover.

HEALTH ACCESS PLAN B — <i>Monthly Rates</i>					
AGE	0-17	18-30	31-40	41-50	51-63
Primary	\$51.00	\$83.00	\$97.00	\$128.00	\$196.00
Primary and Spouse	\$102.00	\$166.00	\$194.00	\$256.00	\$392.00
Primary with 1 Child	\$102.00	\$134.00	\$148.00	\$179.00	\$247.00
Primary with 2 or more Children	\$173.40	\$205.40	\$219.40	\$250.40	\$318.40
Primary and Spouse with 1 Child	\$153.00	\$217.00	\$245.00	\$307.00	\$443.00
Primary and Spouse with 2 or more Children	\$232.05	\$296.05	\$324.05	\$386.05	\$522.05

HEALTH ACCESS PLAN C — <i>Monthly Rates</i>					
AGE	0-17	18-30	31-40	41-50	51-63
Primary	\$65.00	\$104.00	\$118.00	\$154.00	\$234.00
Primary and Spouse	\$130.00	\$208.00	\$236.00	\$308.00	\$468.00
Primary with 1 Child	\$130.00	\$169.00	\$183.00	\$219.00	\$299.00
Primary with 2 or more Children	\$221.00	\$260.00	\$274.00	\$310.00	\$390.00
Primary and Spouse with 1 Child	\$195.00	\$273.00	\$301.00	\$373.00	\$533.00
Primary and Spouse with 2 or more Children	\$295.75	\$373.75	\$401.75	\$473.75	\$633.75

# Health Access Plan A

<b>Doctor Office Visits</b> <i>Client pays copay and the plan pays 100% of the remaining cost of an eligible office visit including wellness, examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots.</i>	<ul style="list-style-type: none"><li>• \$25 (Primary Care and Retail Health Clinic)</li><li>• \$35 (Specialist)</li><li>• Limit 4 office visits</li><li>• Plan pays \$150 max per office visit</li><li>• No deductible or coinsurance</li></ul>
<b>Prescription Drug</b> <i>Client pays copay and plan pays 100% up to a maximum of \$750 per calendar year</i>	<ul style="list-style-type: none"><li>• \$10/\$50 (Generic/Brand)</li><li>• Plan pays up to \$750 max per calendar year</li><li>• No deductible or coinsurance</li></ul>
<b>Outpatient Diagnostic Imaging and Laboratory Services</b>	<ul style="list-style-type: none"><li>• Plan pays up to \$250 benefit for x-ray and lab only</li><li>• No deductible or coinsurance</li></ul>
<b>Surgical Services</b>	<ul style="list-style-type: none"><li>• Must be performed during an office visit</li><li>• Plan pays \$250 max per calendar year</li><li>• No deductible or coinsurance</li></ul>

# Health Access Plans B and C

	PLAN B	PLAN C
<b>Doctor Office Visits</b> <i>Client pays copay and the plan pays 100% of the remaining cost of an eligible office visit including wellness, examination, consultation, evaluation, development of a treatment plan, immunizations and allergy shots.</i>	<ul style="list-style-type: none"> <li>• \$25 (Primary Care, Specialist &amp; Retail Health Clinic)</li> <li>• Limit 4 office visits</li> <li>• Plan pays \$150 max per office visit</li> <li>• No deductible or coinsurance</li> </ul>	
<b>Prescription Drugs</b> <i>Client pays copay and plan pays 100% up to a maximum of \$250 or \$750 per calendar year</i>	<ul style="list-style-type: none"> <li>• \$10/\$50/\$75 (Generic/Preferred Brand/ Non-Preferred Brand)</li> <li>• Plan pays up to \$250 in benefits per calendar year</li> <li>• No deductible or coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• \$10/\$50/\$75 (Generic/Preferred Brand/ Non-Preferred Brand)</li> <li>• Plan pays up to \$750 in benefits per calendar year</li> <li>• No deductible or coinsurance</li> </ul>
<b>Outpatient Medical Services</b> <i>Includes outpatient hospital, surgical center or urgent care facility and diagnostic imaging and laboratory services, chemotherapy, and radiation performed during an office visit or as outpatient.</i>	<ul style="list-style-type: none"> <li>• \$200 deductible</li> <li>• 80%/20% coinsurance up to \$500 in benefits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 deductible</li> <li>• 80%/20% coinsurance up to \$1,000 in benefits per calendar year</li> </ul>
<b>Surgical Services</b>	<ul style="list-style-type: none"> <li>• Inpatient and Outpatient</li> <li>• Up to scheduled benefit amount</li> <li>• Up to \$100,000 in benefits per calendar year (based on schedule)</li> <li>• No deductible or coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient and Outpatient</li> <li>• Up to scheduled benefit amount</li> <li>• Up to \$200,000 in benefits per calendar year (based on schedule)</li> <li>• No deductible or coinsurance</li> </ul>
<b>Assistant Surgeon</b>	<ul style="list-style-type: none"> <li>• Up to 20% of amount paid for surgery</li> </ul>	
<b>Anesthesiologist</b>	<ul style="list-style-type: none"> <li>• Up to 20% of amount paid for surgery</li> </ul>	