



# health options 500

A Health Assurance Plan



return of the  
\$500 Deductible

Administered by:  
Insurance Management  
Administrators, Inc.

Mine • Manage • Mitigate

<b>MEDICAL BENEFITS</b>	<b>PREFERRED NETWORK PROVIDERS</b>	<b>NETWORK PROVIDERS</b>	<b>NON-NETWORK PROVIDERS</b>
<b>MAXIMUM LIFETIME BENEFIT AMOUNT</b>	Unlimited		
<b>DEDUCTIBLE, PER CALENDAR YEAR</b>			
Per Covered Person	\$500	\$2,000	\$5,000
Per Family Unit	\$1,000	\$6,000	\$15,000
<p>The Calendar Year Deductible is waived for the following Covered Charges:</p> <ul style="list-style-type: none"> <li>• Supplementary Accident Charges</li> <li>• Telemedicine Services</li> <li>• Services to which a Copayment apply</li> <li>• Preventative Care</li> <li>• Selected Medical Second Opinions</li> </ul>			
Deductibles met during October, November and December will apply to both the current plan year and the following plan year.			
<b>COINSURANCE, PER CALENDAR YEAR</b>			
Per Covered Person	\$500	\$3,000	\$5,000
Per Family Unit	\$1,000	\$9,000	\$15,000
Coinsurance Percentage Paid by Plan	90%	80%	50%
<b>MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR, INCLUDING CALENDAR YEAR DEDUCTIBLE</b>			
Per Covered Person	\$1,000	\$5,000	\$10,000
Per Family Unit	\$2,000	\$15,000	\$30,000
The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.			
The following charges do not apply toward the deductible, Coinsurance or Out of Pocket Maximums:			
<ul style="list-style-type: none"> <li>• Cost Containment Penalties</li> <li>• Copayments</li> <li>• Prescriptions</li> </ul>			
The Deductible, Coinsurance and Out of Pocket Maximums apply separately for Preferred Network, Network and Non-Network providers			
<b>COPAYMENTS</b>			
Physician Office Visits	\$25	\$50	N/A
Specialist Office Visits	\$50	\$75	N/A
Per Inpatient Admission	\$250 Copayment (deductible and coinsurance waived; subject to case management)	\$250 per day (5 day max) plus Deductible and Coinsurance	Copayment N/A; subject to Deductible and Coinsurance
Maternity	\$250 Copayment (deductible and coinsurance waived; subject to case management)	\$250 per day (5 day max) plus Deductible and Coinsurance	Copayment N/A; subject to Deductible and Coinsurance
Physical Therapy	\$40 (10 visit limit)	N/A	N/A
Occupational Therapy	\$40 (10 visit limit)	N/A	N/A
Speech/Hearing Therapy	\$40 (10 visit limit)	N/A	N/A
<p>The Physician and Specialist office visit Copayment is for all services rendered in physician office for each day of service. Services provided in Physician office by General Practitioner, Family Medicine, Internal Medicine, Doctor of Osteopathy, Pediatrician and OB/GYN will fall under the physician Copayment. Services provided in the Physician office by all other Physicians (other than Physicians listed above) will fall under the specialty Copayment.</p> <p>For Physical Therapy, Occupational Therapy and Speech/Hearing Therapy the Plan pays 100% after payment of the Copayment for the first 10 visits thereafter the Plan pays 90% after Deductible.</p>			

<b>MEDICAL BENEFITS</b>	<b>PREFERRED NETWORK PROVIDERS</b>	<b>NETWORK PROVIDERS</b>	<b>NON-NETWORK PROVIDERS</b>
<b>Supplementary Accident Charge Benefit</b>			
Maximum benefit per accident..... First \$500 per person payable at 100%			
<b>Hospital Services</b>			
Room and Board	90% after Deductible The private room rate	80% after Copayment and Deductible The private room rate	50% after Copayment and Deductible The private room rate
Intensive Care Unit	90% after Deductible Hospital's ICU Charge	80% after Copayment and Deductible Hospital's ICU Charge	50% after Copayment and Deductible Hospital's ICU Charge
<b>Physician Services</b>			
Inpatient visits	90% after Deductible	80% after Deductible	50% after Deductible
Office visits	100% after Copayment	100% after Copayment	50% after Deductible
Surgery	90% after Deductible	80% after Deductible	50% after Deductible
Skilled Nursing Facility	90% after Deductible semiprivate room and board rate	80% after Deductible semiprivate room and board rate	50% after Deductible semiprivate room and board rate
Home Health Care	90% after Deductible	80% after Deductible	50% after Deductible
Hospice Care	90% after Deductible	80% after Deductible	50% after Deductible
Skilled nursing facility, Home Health Care and Hospice are each paid for a maximum of 120 days per calendar year.			
Ambulance Service	90% after Deductible	80% after Deductible	50% after Deductible
Emergency Room	90% after Deductible	\$500 Copayment; Deductible and Coinsurance Apply; Copayment waived if admitted	\$500 Copayment; Deductible and Coinsurance Apply; Copayment waived if admitted
Urgent Care	90% after Deductible	80% after Deductible	50% after Deductible
Physical Therapy	\$40 Copayment for visits 1-10 (deductible waived); thereafter Plan pay 90% after Deductible	80% after Deductible	50% after Deductible
Occupational Therapy	\$40 Copayment for visits 1-10 (deductible waived); thereafter Plan pay 90% after Deductible	80% after Deductible	50% after Deductible
Speech/Hearing Therapy	\$40 Copayment for visits 1-10 (deductible waived); thereafter Plan pay 90% after Deductible	80% after Deductible	50% after Deductible
Spinal Manipulation Chiropractic	\$40 Copayment for visits 1-10 (deductible waived); thereafter Plan pay 90% after Deductible	80% after Deductible	50% after Deductible
Durable Medical Equipment	90% after Deductible	80% after Deductible	50% after Deductible
Prosthetics & Orthotics	90% after Deductible	80% after Deductible	50% after Deductible
Jaw Joint/TMJ	90% after Deductible	80% after Deductible	50% after Deductible
Mental Disorders	90% after Deductible	80% after Deductible	50% after Deductible
Substance Abuse	90% after Deductible	80% after Deductible	50% after Deductible
Bariatric Procedures	90% after Deductible	50% after Deductible	50% after Deductible
Organ Transplants	90% after Deductible	50% after Deductible	50% after Deductible
Dialysis	90% after Deductible	50% after Deductible	50% after Deductible

For Bariatric Procedures, Organ Transplants and Dialysis, Preferred Network is subject to case management program.

All other providers, including PPO Network Providers, are considered to be Non-Network.

MEDICAL BENEFITS	PREFERRED NETWORK PROVIDERS	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<b>Preventive Care</b>			
Services and Procedures	100%, Deductible waived	80% after deductible	Not Covered
Include only services/procedures that have a rating of A or B from the U.S. Preventive Services Task Force (USPMTF). Services are covered based upon age and gender and at the intervals as recommended by the USPMTF. Service/procedures include but are not limited to adult and child routine annual physical exam, mammogram, pap smear, cholesterol testing, prostate screening, colonoscopy, immunizations. The routine annual physical exam provided under this benefit does not include the Mayo Clinic Executive Wellness Program which is covered separately below. For more details about included Preventive Care see Appendix "B".			
Mayo Clinic Executive Wellness Program	Deductible & Coinsurance Apply	Not Applicable	Not Applicable
<b>Maternity</b>			
Prenatal, Delivery and Post-partum services	\$250 Copayment (deductible and Coinsurance waived; subject to case management)	80% after deductible	50% after deductible
Dependent daughters not covered.			
Routine Well Newborn Care	90% after deductible	80% after deductible	50% after deductible
Subject to Plan enrollment			


PRESCRIPTION BENEFITS	First Choice Pharmacy Network	Non-Network Providers
Deductible	\$250 per Family	\$250 per Person \$750 Family Maximum
Tier 1 – Generic	\$0 - \$5	\$10
Tier 2 – Formulary	\$15 or 30%	\$35 or 30%
Tier 3 – Non-Formulary	\$30 or 50%	\$55 or 50 %
Tier 4 – Specialty	30% to \$200 maximum per Rx; \$3,000 maximum per member cost	30% to \$200 maximum per Rx; \$3,000 maximum per member cost
Deductible waived for Tier 1 Generic prescriptions.		
Immunizations are covered under the Prescription Benefit		

### Declining Deductible

The Declining Deductible is a feature unique to Health Options Plus plans and is included at no additional charge. Employees and their families earn Declining Deductible credits each month that they have limited medical claims and do something positive for their health such as having a preventive screening or completing an online health risk assessment or work with a health coach. Credits that are not used by the end of the Plan Year will automatically carry over to the next Plan Year.

Each family member can earn a maximum of \$1,400 in Declining Deductible credits and the full \$1,400 of credits can be earned in the first year! The advantage of a Declining Deductible credit is that if a person earns a credit of \$1,400 and then requires a covered medical service, they will only be required to pay the first \$600 of the Network Deductible and the Declining Deductible credit will pay the next \$1,400 of the \$2,000 deductible amount.

By earning Declining Deductible credits employees and their dependents will have access to much larger Network and Out of Network providers with lower out of pocket costs. Best of all, the Declining Deductible credit motivates employees to be proactive in improving their health, and gives all employees the opportunity to have a Platinum level health plan at Silver plan pricing.

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