

WE CAN CUSTOMIZE OUR BENEFITS TO WORK WITH ANY GROUP PLAN

Supplemental Plans	Plan 1	Plan 2	Plan 3
Doctor's Office Visit	\$30 per 10 visit	\$30 per 10 visits	\$30 per 10 visits
Urgent Care & Outpatient Hospital	\$300 pp/pcy max.	\$300 pp/pcy max.	\$300 pp/pcy max.
All Benefits Paid Regardless of network			
Hospital Inpatient Admission Benefits	\$2,000 1 pp/pcy max.	\$1,000 1 pp/pcy max.	*\$500 15 days pp/pcy max
Intensive Care			\$1000 15 days pp/pcy max
Substance Abuse Facility			\$500 15 days pp/pcy max
Mental Health Facility			\$250 15 days pp/pcy max
Nursing Facility			\$250 60 days pp/pcy max
Benefits based on type of procedure			
Benefits based on type of procedure	\$3,000 pp/pcy max	\$3,000 pp/pcy max	
Surgical Anesthesia Ben. 40% of above	\$1,200 pp/pcy max.	\$1,200 pp/pcy max.	
Outpatient Surgical Facility Benefit	\$500 per surgery 1 surg. Pp/pcy max.	\$500 per surgery 1 surg. Pp/pcy max.	
Outpatient Diagnostic X-Ray and Lab Benefit			
Outpatient Major Diagnostic Benefit			\$200 per test 1 pp/pcy
Patient Advocacy Services	Included	Included	Included
Domestic Partner Benefit	Included	Included	Included
Vision Benefit	Included	Included	Included
Survivor Benefit	Included	Included	Included
Use this benefit on all generic drugs and base program to cover brand name			
Monthly Premium regardless of age			
Employee	\$65.55	\$56.04	\$34.41
Employee + Spouse	\$139.70	\$119.43	\$73.33
Employee + Children	\$107.46	\$91.87	\$56.41
Family	\$194.49	\$166.28	\$102.99
pp/pcy=per person, per calendar year			
* Compound Benefits Ex. You can collect 15 days of hospital intensive care then up to 15 days of general inpatient care followed by 60 days at a nursing facility.			

[Surgical Schedule Click Here](#)

[SAVINGS EXAMPLES](#)

Definitions go to the Supplemental Tab

For employees with children you may want to consider an optional accident only plan. This plan will give you from \$2,500 to \$10,000 of additional coverage that may offset physical therapy, chiropractic visits and durable medical equipment that may not be covered under your group plan. The supplemental plan does not cover Chiropractic visits under the program.

[CLICK HERE FOR ACCIDENT PLAN](#)