

# ACA COMPLIANT HEALTH PLANS

## Benefits of ACA Compliant Health Plans

- ✓ No Health Questionnaires
- ✓ No Underwriting
- ✓ Guaranteed Issue
- ✓ Composite Rates
- ✓ No Pre-Existing Conditions Clause
- ✓ ACA Compliant
- ✓ \$0 Deductible Plans
- ✓ Multiple Plan Options
- ✓ National PPO Network
- ✓ Available in all 50 States

# ACA COMPLIANT HEALTH PLANS

	PREMIUM HEALTH	BRONZE	SILVER	PLUS
Deductible/Coinsurance	\$0 Individual / \$0 Family	\$0	\$0	\$250 Individual / \$500 Family
Out-of-Pocket Max	N/A	\$8,550 Individual / \$17,100 Family	\$5,000 Individual / \$10,000 Family	\$5,000 Individual / \$13,200 Family
Preventative & Wellness Office Visits	✓ \$0 Copay	✓ \$0 Copay	✓ \$0 Copay	✓ \$0 Copay
Telemedicine	✓ \$0 Consult Fee	✓ \$0 Consult Fee	✓ \$0 Consult Fee	✓ \$0 Consult Fee
Primary Care Office Visit	✓ \$35 Copay	✓ \$25 Copay (Limit 8/year)	✓ \$15 Copay (Limit 10/year)	✓ \$15 Copay (Limit 12/year)*
Specialist Office Visit	✓ \$75 Copay	✓ \$50 Copay (Limit 8/year)	✓ \$25 Copay (Limit 10/year)	✓ \$25 Copay (Limit 12/year)*
Laboratory Services	✓ \$150 Copay	✓ \$50 Copay (Limit 3/year)	✓ \$50 Copay (Limit 3/year)	✓ \$50 Copay (Limit 4/year)*
Radiology	✓ \$65 Copay	✓ \$50 Copay (Limit 3/year)	✓ \$50 Copay (Limit 3/year)	✓ \$50 Copay (Limit 4/year)*
Imaging (CT/MRI/MRA/PET Scans)	✓ \$600 Copay/image (limit 3)	✓ \$350 Copay (Limit 1/year)	✓ \$350 Copay (Limit 2/year)	✓ \$350 Copay (Limit 2/year)*
Urgent Care	✓ \$85 Copay	✓ \$50 Copay (Limit 2/ year)	✓ \$35 Copay (Limit 3/year)	✓ \$85 Copay*
Emergency Room Services		✓ \$350 Copay. (Limit 1/year)	✓ \$350 Copay. (Limit 1/year)	✓ \$350 Copay + 50% Coins. (Limit 1/year)*
Inpatient Hospitalization		✓ \$350 Copay (Limit 5 days/year)	✓ \$350 Copay (Limit 7 days/year)	✓ \$350 Copay (Limit 10 days/year)*
Preventative Prescriptions (Generic)	✓ \$0 Copay	✓ \$0 Copay	✓ \$0 Copay	✓ \$0 Copay
Preferred Prescription Drugs (amount shown or less)	✓ Tier 1 = \$0; Tier 2 = \$10; Tier 3 = \$25; Tier 4 = \$50	✓ Tier 1 = \$0; Tier 2 = \$10; Tier 3 = \$25; Tier 4 = \$50	✓ Tier 1 = \$0; Tier 2 = \$10; Tier 3 = \$25; Tier 4 = \$50	✓ Tier 1 = \$0; Tier 2 = \$10; Tier 3 = \$25; Tier 4 = \$50
Home Health Care		✓ \$25 Copay (Limit 10/year)	✓ \$20 Copay (Limit 10/year)	✓ \$25 Copay (Limit 20/year)*
Inpatient Surgery		✓ \$350 Copay (limit 2 surgeries/year)	✓ \$350 Copay (limit 3 surgeries/year)	✓ \$350 Copay + 50% Coins. (limit 3 surgeries/ year)*
Outpatient or Free-Standing Facility		✓ \$350 Copay (Limit 1/year)	✓ \$350 Copay (Limit 2/year)	✓ \$350 Copay + 50% Coins. (Limit 2/year)*
Treatment: Chemical Abuse/Dependency		✓ Outpatient: \$350 copay (Limit 8 days) Inpatient: \$350 copay (Limit 5 days)	✓ Outpatient: \$350 copay (Limit 10 days) Inpatient: \$350 copay (Limit 7 days)	✓ Outpatient: \$20 copay (Limit 12 days) Inpatient: \$350 copay (Limit 10 days)*
Pregnancy Benefits			✓ \$350 Copay (Professional Services/Childbirth/Delivery)	
Ambulance				✓ \$350 Copay + 50% Coins. (Limit 1/year)*
Chemo/Radiation Treatment				✓ \$400 Copay + 50% Coins. (Max allowable \$15,000)*

✓ Included in Plan

\*After deductible

PLEASE NOTE: If plan comparison differs from the Schedule of Benefits, the Schedule of Benefits will govern. Refer to the Schedule of Benefits for a list of Benefits Coverage, Limitations, and Exclusions.