

YOUR BENEFITS AT A GLANCE

ABC Co.

For Help or Questions call Doug Gray at 480-814-9797 x3 or email at doug@calldoug.net

Ver. 10.17.2011a

1 Health Insurance from UHC

Office Visits		Plan 1 - AK4
1 Primary (Annual Checkup 100%)		\$30 Copay
2 Specialist		\$30 Premium Dr or \$60 Copay
3 Lab & X-Ray (Diagnostic)		100% no deductible
4 Chiropractic & Physical Therapy		\$60 Copay
5 Mental Health(limitations apply)		\$60 Copay
Hospital - In & Out-Patient Services		
7 Deductible per Calendar year		\$3,000 - 3 Per Family
8 CoInsurance %		100% after deductible
9 MRI's - CT Scans - PET Scans		100% after deductible
10 Emergency Room		Copay \$250
11 Urgent Care		\$75 Copay
12 Out of Pocket:	Single	\$3,000
	Family	\$9,000
	<i>Includes the deductible</i>	
13 Prescription Drugs		Tier 1: \$15.00 (\$0 ded.) Tier 2: \$35.00 (\$0 ded.) Tier 3: \$65.00 (\$0 ded.) Tier 4: \$100.00 (\$0 ded.)

THIS IS A BRIEF DESCRIPTION OF THE COVERAGE. For actual benefits, limitations, exclusions and other provisions, refer to the policy or certificate.

2 GAP Insurance - TransConnect® - Transamerica

EMPLOYER SPONSORED

A) In-Patient		\$3,000 Annual In-Patient
1 Claim example of \$12,000 - You owe		3,000.00
2 TransConnect GAP plan pays		3,000.00
3 Your net cost of the claim		0.00
NOT COVERED: Anything related to Mental Health or Drug and Alcohol treatments		
B) Out-Patient		\$1,500 Annual Out-Patient
Covers Diagnostic X-rays or Surgery in a facility, up to \$100 per surgical procedure in a Dr's office & the ER or Urgent Care for Accident or Injuries only. \$350 for ambulance expenses due to an accident.		
4 Claim example of \$3,500 - You owe		3,000.00
5 TransConnect GAP plan pays		1,500.00
6 Your net cost of the claim		1,500.00
NOT COVERED: Lab, ER for illness, sleep apnea or studies, chemo/radiation - physical therapies, observation or medical equipment		

THIS IS A BRIEF DESCRIPTION OF THE COVERAGE. For actual benefits, limitations, exclusions and other provisions, refer to the policy or certificate.

3 CriticalAssistance Select® - Plan A - Transamerica

Included for employees and dependents on the medical plan

THIS POLICY WILL PAY A COVERED PERSON \$5,000 WHEN INITIALLY DIAGNOSED WITH CANCER, HEART ATTACK, STROKE, END STAGE RENAL FAILURE, AND MAJOR ORGAN TRANSPLANTS.

The Policy will pay a covered person \$50 each calendar year for Cancer & Heart Wellness screenings

CriticalAssistance has a 12 month pre-existing limitation & a benefit reduction of 50% at age 65. Employees aged 65 plus at time of enrollment are issued at 50%.

THIS IS A BRIEF DESCRIPTION OF THE COVERAGE. For actual benefits, limitations, exclusions and other provisions, refer to the policy or certificate.

Ver. 10.17.2011a

Products are underwritten by Transamerica Life Insurance Company, Home Office Cedar Rapids, Iowa. Policy form series CPCAN200 & CCCAN200. BHGAP02 0508