

YOUR BENEFITS AT A GLANCE

ABC Mfg, Inc.

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

Ver. 96

1 Health Insurance - Comparison of Plans from UnitedHealthcare

Office Visits	Current - 0V9 - Gold	ABTL Copay Plan
1 Primary (Annual Checkup 100%)	\$25 Copay	\$30 Copay or \$0 Healthiest You
2 Specialist	\$50 Copay or \$25 Premium Dr	\$60 Copay
3 Lab & X-Ray (Diagnostic)	100% no deductible	100% no deductible
4 Chiropractic	\$25 Copay	\$60 Copay
5 Mental Health (limitations apply)	\$50 Copay	\$60 Copay
Hospital - In & Out-Patient Services		
6 Deductible per Calendar year	\$2,000 - 2 Per Family	\$5,000 - 2 Per Family
7 Per Occurrence Deductible	None	InPatient: \$0, OutPatient: \$0
8 CoInsurance %	10% after deductible	20% after deductible
9 MRI's - CT Scans - PET Scans	\$250 Copay + 10% after ded.	\$250 Copay
10 Emergency Room	Copay \$300	Copay \$300
11 Urgent Care	\$75 Copay	\$75 Copay
12 Out of Pocket:		
Single	\$4,750	\$6,600
Family	\$9,500	\$13,200
13 Prescription Drugs		
	Tier 1: \$10.00 (\$2,600 ded.)	Tier 1: \$15.00
	Tier 2: \$35.00 (\$2,600 ded.)	Tier 2: \$35.00
	Tier 3: \$60.00 (\$2,600 ded.)	Tier 3: \$70.00
		Tier 4: \$250.00

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

VOLUNTARY

A) In-Patient	\$0 Annual In-Patient	\$5,000 Annual In-Patient
1 Claim example of \$12,000 - You owe	3,000.00	6,400.00
2 TransConnect GAP plan pays	0.00	5,000.00
3 Your net cost of the claim	3,000.00	1,400.00

NOT COVERED: Anything related to Mental Health or Drug and Alcohol treatments

B) Out-Patient	\$0 Annual Out-Patient	\$2,500 Annual Out-Patient
<i>Covers MRI's, PET/CT scans, ultrasounds, echocardiograms, and up to \$100 per surgical procedure in a physician's office. Surgery and any radiological diagnostic testing in a facility. Emergency Room or Urgent Care for accident or injuries only.</i>		
4 Claim example of \$3,500 - You owe	2,375.00	3,500.00
5 TransConnect GAP plan pays	0.00	2,500.00
6 Your net cost of the claim	2,375.00	1,000.00

NOT COVERED: Lab, ER for illness, sleep apnea or studies, chemo/radiation - physical therapies, observation or medical equipment

C) **Inpatient - ambulance covered same as any other benefit or \$350 for ambulance due to an outpatient accident.**

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