

★ America's Choice

IT ALWAYS SEEMS IMPOSSIBLE UNTIL IT'S DONE.

HEALTHCARE YOUR BUSINESS DESERVES



About Us

America's Choice Health Plan includes your business in the Employer's Business Alliance, Finally, the solution to healthcare, whether you have only a few team members or a large organization your company can enjoy the benefits of big corporations.

Why Choose Us

- ✓ Our approach is unique in that we align our incentives with you to ensure we are all working toward a common objective: to provide the highest quality healthcare at the lowest possible price.
- ✓ We offer an intuitive platform that alleviates the burden of navigating the complexities of the healthcare system without sacrificing quality.
- ✓ Each member has their own secure online personalized web portal called the Personal Health Dashboard™ (PHD). The PHD can be accessed from any device and offers many resources including: Assessments, Medical Library, Road to Wellness online behavior modification modules, Medical Records, Health Tracker, HealtheMall and much more.

Our Free Benefits Include



Personal Wellness

- Identity Theft
- Travel Discounts
- Relationship Services
- Get Paid to Exercise
- EAP Work-Life Benefits
- EAP Counselling
- EAP Legal Benefits
- Behavior Modification Modules



Financial Wellness

- Lower Your Bills
- Cashback Mall
- Student Debt Relief
- 0% Payday Loan
- Get Paid to Exercise
- Shop Now, Pay Later
- EAP Financial Benefits
- Network Discounts



Health and Well-Being

- Telemedicine
- Health Coaching
- Diabetes Care
- Affordable Medical Imaging
- Balanced Bill Services
- Patient Assistance Program
- Pre-Certification
- Utilization Review
- Drug Import Program

America's Choice

2023 PRODUCT INFORMATION

\$2,500/\$5,000 GOLD

MAXIMUM ANNUAL BENEFIT AMOUNT

UNLIMITED

ALL BENEFITS PAYABLE UNDER THIS PLAN ARE SUBJECT TO THE APPLICABLE PLAN. EXCLUSIONS AND PROCEDURE BASED MAXIMUM EXPENSE

Rates effective as of June 1, 2023

| | |
|--|-------------------|
| PER COVERED PERSON (Contracted Physician) | \$2,500 |
| PER COVERED PERSON (Non-Contracted Physician) | \$5,000 |
| PER FAMILY UNIT (Contracted Physician) | \$5,000 |
| PER FAMILY UNIT (Non-Contracted Physician) | \$10,000 |
| CONTRACTED PHYSICIAN MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family) Includes Deductible, Coinsurance & Copayments | \$7,350/\$14,700 |
| NON-CONTRACTED PHYSICIAN MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family) Includes Deductible, Coinsurance & Copayments | \$20,000/\$40,000 |
| COPAYMENTS | |
| Primary Care Physician Office Visits Family and General Practitioner, and Internist | \$25 Copay |
| Specialist office visits | \$40 Copay |
| Physical & Occupational Therapy | \$40 Copay |
| Speech Therapy | \$40 Copay |
| Cardiac Rehabilitation | \$40 Copay |
| Outpatient Mental Health/Substance Abuse | \$25 Copay |
| Prenatal/Postnatal Office Visits | \$25 Copay |
| Spinal Manipulation Chiropractic | \$40 Copay |
| Routine Vision Exam (One per year) | \$40 Copay |
| Urgent Care | \$60 Copay |
| TELEMEDICINE-General Medicine | \$5 Copay |
| TELEMEDICINE-Behavioral Health | \$25 Copay |
| TELEMEDICINE-Dermatology | \$45 Copay |



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| PREVENTIVE SERVICES | |
|---|--|
| ANNUAL ADULT PHYSICAL | 100% OF ALLOWABLE |
| ADULT IMMUNIZATIONS: Flu Vaccine, Pneumonia Vaccine, Tetanus/Diphtheria | 100% OF ALLOWABLE |
| MAMMOGRAM | 100% OF ALLOWABLE |
| GYNECOLOGICAL SERVICES | 100% OF ALLOWABLE |
| ROUTINE COLONOSCOPY | 100% OF ALLOWABLE |
| WELL CHILD CARE/NEWBORN CARE | 100% OF ALLOWABLE |
| PHYSICIAN SERVICES: PERFORMED AND BILLED IN OFFICE | |
| CONTRACTED PHYSICIAN: Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner) | 100%, AFTER COPAY, <i>Subject to Plan Allowable</i> |
| NON-CONTRACTED PHYSICIAN: Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner) | 60%, AFTER Non-Certified Providers DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| CONTRACTED PHYSICIAN: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis) | 100%, AFTER COPAY, <i>Subject to Plan Allowable</i> |
| NON-CONTRACTED PHYSICIAN: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis) | 60%, AFTER Non-Certified Providers DEDUCTIBLE, <i>Subject to Plan Allowable</i> |



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OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN OUTPATIENT FACILITY

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|---|--|
| <p>DIAGNOSTIC TESTING LAB, X-RAY</p> | <p>80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i></p> |
| <p>COMPLEX DIAGNOSTIC SERVICES CT Scan, MRI, Ultra Sound, PET & Nuclear Medicine</p> | <p>80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i></p> |
| <p>SURGICAL SERVICES Procedures & Anesthesia</p> | <p>80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i></p> |

EMERGENCY / URGENT CARE

| | |
|---|---|
| <p>URGENT CARE IN AN URGENT CARE FACILITY</p> | <p>100%, AFTER COPAY, <i>Subject to Plan Allowable</i></p> |
| <p>EMERGENCY ROOM SERVICES</p> | <p>80%, AFTER DEDUCTIBLE <i>Subject to Plan Allowable</i></p> |
| <p>EMERGENCY AMBULANCE SERVICES Ground / Air Ambulance</p> | <p>80%, AFTER DEDUCTIBLE <i>Subject to Plan Allowable</i></p> |

INPATIENT HOSPITAL SERVICES

| | |
|---|---|
| <p>ROOM AND BOARD Paid at the facility's semi-private room rate</p> | <p>80%, AFTER DEDUCTIBLE <i>Subject to Plan Allowable</i></p> |
| <p>INTENSIVE CARE UNIT Paid at the facility's semi-private room rate</p> | <p>80%, AFTER DEDUCTIBLE <i>Subject to Plan Allowable</i></p> |

MATERNITY SERVICES:

| | |
|--|---|
| <p>ROOM AND BOARD Limited to semi-private room rate Dependent daughter pregnancy is not covered</p> | <p>80%, AFTER DEDUCTIBLE <i>Subject to Plan Allowable</i></p> |
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THERAPIES

PHYSICAL & OCCUPATIONAL THERAPIES

Limited to 20 visits combined per benefit period

100%, AFTER COPAYMENT,
Subject to Plan Allowable

SPEECH THERAPY

Limited to 20 visits per benefit period

100%, AFTER COPAYMENT,
Subject to Plan Allowable

CARDIAC REHABILITATION THERAPY

Limited to 36 visits per therapy, per benefit period

100%, AFTER COPAYMENT,
Subject to Plan Allowable

CHIROPRACTIC SERVICES/SPINAL MANIPULATION

Limited to 20 visits per benefit period

100%, AFTER COPAYMENT,
Subject to Plan Allowable

MENTAL HEALTH CARE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT)

INPATIENT/PARTIAL HOSPITALIZATION MENTAL HEALTHCARE SERVICES

Paid at the facility's semi-private room rate

80% AFTER DEDUCTIBLE,
SUBJECT TO PLAN
ALLOWABLE

OUTPATIENT MENTAL HEALTHCARE SERVICES

80% AFTER DEDUCTIBLE,
SUBJECT TO PLAN
ALLOWABLE

SUBSTANCE ABUSE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT FOR DETAILS)

SUBSTANCE ABUSE REHABILITATION-INPATIENT

Paid at the facility's semi-private room rate

80% AFTER DEDUCTIBLE,
Subject to Plan Allowable

SUBSTANCE ABUSE REHABILITATION-OUTPATIENT

80% AFTER DEDUCTIBLE,
Subject to Plan Allowable



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OTHER SERVICES

HOME HEALTH CARE

60 visits per benefit period

80% AFTER DEDUCTIBLE,
Subject to Plan Allowable

HOSPICE CARE

Residential / Facility

80% AFTER DEDUCTIBLE,
Subject to Plan Allowable

SKILLED NURSING CARE

Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum

80% AFTER DEDUCTIBLE,
Subject to Plan Allowable

DURABLE MEDICAL EQUIPMENT (DME):

Limited to 12-month rental or purchase price, whichever is less

80% AFTER DEDUCTIBLE,
Subject to Plan Allowable

PROSTHETICS AND ORTHOTIC DEVICES:

Max amount of \$6,500 per member/per plan year

80% AFTER DEDUCTIBLE,
Subject to Plan Allowable

ALL OTHER COVERED CHARGES

80% AFTER DEDUCTIBLE,
Subject to Plan Allowable

RX BENEFIT HIGHLIGHTS

RX COMPANY

Medalist RX

PHONE#

855-633-2579

WEBSITE

www.medalistrx.com



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RX COPAYMENTS

| | |
|--|--|
| RETAIL PHARMACY COPAYMENTS (30 DAY SUPPLY) | GENERIC-\$10 COPAYMENT |
| | BRAND NAME -\$45 COPAYMENT |
| | NON-PREFERRED BRAND COPAYMENT - \$85 |
| MAIL ORDER OR RETAIL PHARMACY COPAYMENTS (90 DAY SUPPLY) | GENERIC-\$30 COPAYMENT |
| | BRAND NAME -\$90 COPAYMENT |
| | NON-PREFERRED BRAND COPAYMENT - \$150 |

SPECIALTY MEDS **SPECIALITY MEDICATIONS ARE NOT COVERED BY THE PLAN. MEDICATIONS MAY BE SEPARATELY AVAILABLE THROUGH PHARMACY IMPORTATION PROGRAM (PIP) OR A PATIENT ASSISTANCE PROGRAM (PAP). AMERICA'S CHOICE WILL ASSIST MEMBERS WITH THESE APPLICATIONS.

PRECERTIFICATION

Precertification is required for all in-hospital admissions, imaging (CT/PET/MRI/MRA), home health, skilled nursing, hospice, DME (over \$500), chemotherapy/radiation, organ transplants, sleep studies, prosthetics/orthotics, therapies (chiropractic, cardiac, PT/OT/ST), and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. A 50% (up to \$2,500) penalty will apply for not obtaining precertification.

This illustration describes the plan in an easily understood manner and is presented as a matter of general information only.

The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan; and it is not to be considered a policy of insurance.