

# ★ 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



**2023 PRODUCT INFORMATION**

**\$7,350/\$14,700 COPPER**

**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**

<b>PER COVERED PERSON</b> (Contracted Physician)	\$7,350
<b>PER COVERED PERSON</b> (Non-Contracted Physician)	\$14,700
<b>PER FAMILY UNIT</b> (Contracted Physician)	\$14,700
<b>PER FAMILY UNIT</b> (Non-Contracted Physician)	\$29,400
<b>CONTRACTED PHYSICIAN MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family)</b> Includes Deductible, Coinsurance & Copayments	\$7,350/\$14,700
<b>NON-CONTRACTED PHYSICIAN MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family)</b> Includes Deductible, Coinsurance & Copayments	\$20,000/\$40,000
<b>COPAYMENTS</b>	
<b>Primary Care Physician Office Visits</b> Family and General Practitioner, and Internist	\$25 Copay
<b>Specialist office visits</b>	\$45 Copay
<b>Physical &amp; Occupational Therapy</b>	\$45 Copay
<b>Speech Therapy</b>	\$45 Copay
<b>Cardiac Rehabilitation</b>	\$45 Copay
<b>Outpatient Mental Health/Substance Abuse</b>	\$25 Copay
<b>Prenatal/Postnatal Office Visits</b>	\$25 Copay
<b>Spinal Manipulation Chiropractic</b>	\$45 Copay
<b>Routine Vision Exam (One per year)</b>	\$45 Copay
<b>Urgent Care</b>	\$60 Copay
<b>TELEMEDICINE-General Medicine</b>	\$5 Copay
<b>TELEMEDICINE-Behavioral Health</b>	\$25 Copay
<b>TELEMEDICINE-Dermatology</b>	\$45 Copay

<b>PREVENTIVE SERVICES</b>	
<b>ANNUAL ADULT PHYSICAL</b>	100% OF ALLOWABLE
<b>ADULT IMMUNIZATIONS:</b> Flu Vaccine, Pneumonia Vaccine, Tetanus/Diphtheria	100% OF ALLOWABLE
<b>MAMMOGRAM</b>	100% OF ALLOWABLE
<b>GYNECOLOGICAL SERVICES</b>	100% OF ALLOWABLE
<b>ROUTINE COLONOSCOPY</b>	100% OF ALLOWABLE
<b>WELL CHILD CARE/NEWBORN CARE</b>	100% OF ALLOWABLE
<b>PHYSICIAN SERVICES: PERFORMED AND BILLED IN OFFICE</b>	
<b>CONTRACTED PHYSICIAN:</b> 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>
<b>NON-CONTRACTED PHYSICIAN:</b> 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 Non-Certified Providers DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>CONTRACTED PHYSICIAN:</b> 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>
<b>NON-CONTRACTED PHYSICIAN:</b> 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 Non-Certified Providers DEDUCTIBLE, <i>Subject to Plan Allowable</i>

**OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN OUTPATIENT FACILITY****DIAGNOSTIC TESTING**

LAB, X-RAY

100%, AFTER DEDUCTIBLE,  
*Subject to Plan Allowable***COMPLEX DIAGNOSTIC SERVICES**

CT Scan, MRI, Ultra Sound, PET &amp; Nuclear Medicine

100%, AFTER DEDUCTIBLE,  
*Subject to Plan Allowable***SURGICAL SERVICES**

Procedures &amp; Anesthesia

100%, AFTER DEDUCTIBLE,  
*Subject to Plan Allowable***EMERGENCY / URGENT CARE****URGENT CARE IN AN URGENT CARE FACILITY**100%, AFTER COPAY,  
*Subject to Plan Allowable***EMERGENCY ROOM SERVICES**100%, AFTER DEDUCTIBLE  
*Subject to Plan Allowable***EMERGENCY AMBULANCE SERVICES**

Ground / Air Ambulance

100%, AFTER DEDUCTIBLE,  
*Subject to Plan Allowable***INPATIENT HOSPITAL SERVICES****ROOM AND BOARD**

Paid at the facility's semi-private room rate

100%, AFTER DEDUCTIBLE,  
*Subject to Plan Allowable***INTENSIVE CARE UNIT**

Paid at the facility's semi-private room rate

100%, AFTER DEDUCTIBLE  
*Subject to Plan Allowable***MATERNITY SERVICES:****ROOM AND BOARD**Limited to semi-private room rate  
Dependent daughter pregnancy is not covered100%, AFTER DEDUCTIBLE,  
*Subject to Plan Allowable*

<b>THERAPIES</b>	
<b>PHYSICAL &amp; OCCUPATIONAL THERAPIES</b> Limited to 20 visits combined per benefit period	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>
<b>SPEECH THERAPY</b> Limited to 20 visits per benefit period	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>
<b>CARDIAC REHABILITATION THERAPY</b> Limited to 36 visits per therapy, per benefit period	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>
<b>CHIROPRACTIC SERVICES/SPINAL MANIPULATION</b> Limited to 20 visits per benefit period	100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i>
<b>MENTAL HEALTH CARE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT)</b>	
<b>INPATIENT/PARTIAL HOSPITALIZATION MENTAL HEALTHCARE SERVICES</b> Paid at the facility's semi-private room rate	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>OUTPATIENT MENTAL HEALTHCARE SERVICES</b>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>SUBSTANCE ABUSE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT FOR DETAILS)</b>	
<b>SUBSTANCE ABUSE REHABILITATION-INPATIENT</b> Paid at the facility's semi-private room rate	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>SUBSTANCE ABUSE REHABILITATION-OUTPATIENT</b>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>

<b>OTHER SERVICES</b>	
<b>HOME HEALTH CARE</b> 60 visits per benefit period	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>HOSPICE CARE</b> Residential / Facility	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>SKILLED NURSING CARE</b> Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>DURABLE MEDICAL EQUIPMENT (DME):</b> Limited to 12-month rental or purchase price, whichever is less	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>PROSTHETICS AND ORTHOTIC DEVICES:</b> Max amount of \$6,500 per member/per plan year	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>ALL OTHER COVERED CHARGES</b>	100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i>
<b>RX BENEFIT HIGHLIGHTS</b>	
<b>RX COMPANY</b>	<b>APS Formulary</b>
<b>PHONE#</b>	1-800-974-7036
<b>WEBSITE</b>	<a href="http://americaspharmacysource.com">americaspharmacysource.com</a>

## RX COPAYMENTS

### RETAIL PHARMACY COPAYMENTS

(30 DAY SUPPLY)

APS RX Formulary

### MAIL ORDER OR RETAIL PHARMACY COPAYMENTS

(90 DAY SUPPLY)

APS RX Formulary

### 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.