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

Not Available in WA, OR, CT, CA, or NH

America's Choice

2023 PRODUCT INFORMATION

	AMERICA'S CHOICE 500
MAXIMUM ANNUAL BENEFIT AMOUNT (Annual/Lifetime)	$500,000/ $2,500,000

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 (NETWORK)	Zero Deductible
PER COVERED PERSON (NON-NETWORK)	Zero Deductible
PER FAMILY UNIT (NETWORK)	Zero Deductible
PER FAMILY UNIT (NON-NETWORK)	Zero Deductible
NETWORK MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR Includes Deductible, Coinsurance & Copayments	Not Applicable
NON-NETWORK MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR Includes Deductible, Coinsurance & Copayments	Not Applicable
COPAYMENTS	
Primary Care Physician Office Visits Family and General Practitioner, and Internist	$50 per visit 10 Visit Max (Includes all visit types)
Specialist office visits	
Physical & Occupational Therapy	
Speech Therapy	
Cardiac Rehabilitation	
Outpatient Mental Health/Substance Abuse	
Prenatal/Postnatal Office Visits	
Spinal Manipulation Chiropractic	
Routine Vision Exam (One per year)	
Urgent Care	
TELEMEDICINE-General Medicine	100% UNLIMITED ZERO COPAY
TELEMEDICINE-Behavioral Health	$25 Copay
TELEMEDICINE-Dermatology	$45 Copay

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	
NETWORK: 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, SUBJECT TO PLAN ALLOWABLE
NON-NETWORK: 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)	PHCS NETWORK RATES APPLY
NETWORK: 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, SUBJECT TO PLAN ALLOWABLE
NON-NETWORK: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis)	PHCS Network Rates Apply

OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN OUTPATIENT FACILITY	
DIAGNOSTIC TESTING LAB, X-RAY	$50 Copay 3 Per Plan Year Inclusive of All Specialties
COMPLEX DIAGNOSTIC SERVICES CT Scan, MRI, Ultrasound, PET & Nuclear Medicine	$250 Copay 3 Per Plan Year
SURGICAL SERVICES Procedures & Anesthesia	$250 Copayment Per Surgery Subject to Plan Allowable
EMERGENCY / URGENT CARE	
URGENT CARE IN AN URGENT CARE FACILITY	100% After Copay Counts Toward 10 Visit /Yr. Subject to Plan Allowable
EMERGENCY ROOM SERVICES	$250 Copay 2 visit limit for ER Accident 2 visit limit for ER sick
EMERGENCY AMBULANCE SERVICES Ground / Air Ambulance	100% Covered Max 2 Per Plan Year
INPATIENT HOSPITAL SERVICES	
ROOM AND BOARD Paid at the facility's semi-private room rate	$1,000 Copay Per Admission Limit to 2 hospitalizations per benefit period. 10 day limit per hospitalization. Subject to Plan Allowable
INTENSIVE CARE UNIT Paid at the facility's semi-private room rate	$1,000 Copay Per Admission Limit to 2 hospitalizations per benefit period. 10 day limit per hospitalization. Subject to Plan Allowable

MATERNITY SERVICES:	
ROOM AND BOARD Limited to semi-private room rate Dependent daughter pregnancy is not covered	Vaginal delivery: $250 copay per admission. C-Section delivery: $500 copay per admission. Subject to Plan Allowable
THERAPIES	
PHYSCIAL & OCCUPATIONAL THERAPIES Limited to 20 visits combined per benefit period	$50 copayment per visit 5 visit limit for each type of therapy.
SPEECH THERAPY Limited to 20 visits per benefit period	$50 copayment per visit 5 visit limit for each type of therapy.
CARDIAC REHABILITATION THERAPY Limited to 36 visits per therapy, per benefit period	$50 copayment per visit 5 visit limit for each type of therapy.
CHIROPRACTIC SERVICES/SPINAL MANIPULATION Limited to 20 visits per benefit period	$50 copayment per visit 5 visit limit per type of therapy. Chiropractic x-rays are covered.
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	$250 Per Admission Subject to Plan Allowable
OUTPATIENT MENTAL HEALTHCARE SERVICES	PHCS Network Rates Apply
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	$250 Per Admission Subject to Plan Allowable
SUBSTANCE ABUSE REHABILITATION-OUTPATIENT	PHCS Network Rates Apply

OTHER SERVICES	
HOME HEALTH CARE 60 visits per benefit period	$50 Copay per visit $500 Maximum Benefit/Yr.
HOSPICE CARE Residential / Facility	$5,000 Per Plan Year Max Subject to Plan Allowable
SKILLED NURSING CARE Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum	$50 Copay per day $5000 Maximum Benefit /Yr. Subject to Plan Allowable
DURABLE MEDICAL EQUIPMENT (DME): Limited to 12 month rental or purchase price, whichever is less	$50 copay per item $500 Per Plan Year Subject to Plan Allowable
PROSTHETICS AND ORTHOTIC DEVICES: Max amount of $6500 per member/per plan year	$50 copay per item $2,500 Per Plan Year Subject to Plan Allowable
ALL OTHER COVERED CHARGES	Subject to Plan Allowable
RX BENEFIT HIGHLIGHTS	
RX COMPANY	**APS RX Formulary**
PHONE#	1-800-974-7036
WEBSITE	americaspharmacysource.com

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	Non-participating pharmacies are not covered. All specialty meds must go through foundational assistance and international sourcing.
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.	