

AXIS Health Plans - Honking Dog/Kitty Paw

2024 BENEFITS SUMMARY

Minimum Essential Coverage (MEC)/Limited PPO Medical Plans AND a Minimum Value Plan (MVP) with AXIS (Group #8298061)

Plans 1-3 offer 100% MEC Preventive Care and Limited Medical benefits that pay a certain dollar amount towards the covered services listed below (up to the annual plan year max - there is NO deductible). With the MVP Plan, you must pay a \$5,000 Deductible before the Plan pays anything (other than Preventive). **The Plan Network is 'First Health' - you can find a Provider near you at: www.firsthealthlb.com.** You can see ANY Doctor with Plans 1-3, however, if you see a "First Health" provider, you will also receive the 'negotiated PPO discounts' (up to a 50% savings) along with the payment amount shown for each service - you will be responsible for any remaining balance. **** *You MUST see an In-Network Physician for any Preventive services and all MVP Plan services.* ****

The Schedule of Benefits Includes (you will be responsible for any additional amount owed):	MEC Choice PPO (Plan 1)	MEC Max PPO (Plan 2)	MEC Premium PPO (Plan 3)	MVP HMO (Plan 4) (Coverage In-Network Only)
Preventive Care (Well-woman exams/well-child exams/ immunizations/ routine physicals includes related lab/x-ray) - See Listing for All Preventive Coverages	100% Covered (with an In-Network Provider)	100% Covered (with an In-Network Provider)	100% Covered (with an In-Network Provider)	100% Covered (with an In-Network Provider)
Deductible/Max Out-of-Pocket (Per person)	NONE/NONE	NONE/NONE	NONE/NONE	\$5,000/\$5,000
General Physician/Specialist Office Visits/Urgent Care (you are responsible for any add'l amount owed)	After your \$10 prepay, the Plan will pay \$65 per day (up to 3 days/year)	After your \$10 prepay, the Plan will pay \$65 per day (up to 10 days/year)	After your \$10 prepay, the Plan will pay \$100 per day (up to 10 days/year)	100% <u>after Deductible</u>
TeleDoc (24/7/365 unlimited on-demand service to diagnose, treat, and prescribe Rx by phone)	NO CHARGE - Unlimited Calls	NO CHARGE - Unlimited Calls	NO CHARGE - Unlimited Calls	NO CHARGE - Unlimited Calls
Accident Benefit (Reimburses for any services due to an Accident (not Illness)) - <i>Must file claim form</i>	\$2,500/year	\$3,500/year	\$10,000/year	\$2,500/year
Outpatient Diagnostic X-Ray and Lab (See Brochure for limits per Procedure)	The Plan will pay \$30-\$50 per service/day (CT/PET Scans/MRIs NOT Covered)	The Plan will pay \$50-\$100 per service/day	The Plan will pay \$50-\$500 per service/day	General Lab/X-ray 100% <u>after Deductible</u> (CT/PET Scans/MRIs NOT covered)
Emergency Room (sickness) Benefit	The Plan will pay \$50 per day (1/year)	The Plan will pay \$200 per day (1/year)	The Plan will pay \$500 per day (1/year)	100% <u>after Deductible</u>
InPatient Benefits: Hospital Confinement Intensive Care Unit Surgery Benefit (incl. Maternity) Anesthesia Benefit	NOT COVERED	The Plan will pay \$1,000 day 1 and \$500 days 2-30	The Plan will pay \$2,000 day 1 and \$1,000 days 2-30	100% <u>after Deductible</u> (up to 5 days/year)
	NOT COVERED	The Plan will pay \$1,000/day (5/year)	The Plan will pay \$1,000/day (10/year)	
	NOT COVERED	The Plan will pay \$1,500/day (1/year)	The Plan will pay \$2,500/day (1/year)	100% <u>after Deductible</u>
	NOT COVERED	The Plan will pay \$375/day (1/year)	The Plan will pay \$625/day (1/year)	100% <u>after Deductible</u>
OutPatient Benefits: Surgery Benefit Anesthesia Benefit	NOT COVERED	The Plan will pay \$500/day (1/year)	The Plan will pay \$1,000/day (1/year)	NOT COVERED
	NOT COVERED	The Plan will pay \$125/day (1/year)	The Plan will pay \$250/day (1/year)	NOT COVERED
Prescription Drug Benefit	You will receive 'discounts' on all Generic/Preferred Brand prescriptions.	Generic: \$10; Pref Brand: \$30 (Plan will pay a Max of \$200 Individual/\$400 Family per Mo)	Generic: \$10; Pref Brand: \$30 (Plan will pay a Max of \$200 Individual/\$400 Family per Mo)	\$5 Generic Drugs <u>after \$5,000 Deductible</u> (Brand/Specialty Drugs NOT Covered)
Term Life Benefit (Employee/Spouse/Child)	\$5,000/\$2,000/\$1,000	\$10,000/\$5,000/\$2,000	\$10,000/\$5,000/\$2,000	\$5,000/\$2,000/\$1,000
Accidental Death & Dismemberment Benefit (Employee/Spouse/Child)	\$25,000/\$5,000/\$1,000	\$25,000/\$5,000/\$1,000	\$25,000/\$5,000/\$1,000	\$25,000/\$5,000/\$1,000
Critical Illness Benefit (Cash pmt for Cancer, Renal Failure, Heart Attack, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, Terminal Illness)	\$5,000	\$10,000	\$10,000	\$5,000
Your Cost Per Pay Period (24/yr):	Employee Only	\$0.00	\$41.81	8.39% of W-2 Wages
	EE & Spouse	\$21.54	\$94.70	8.39% of Wages + \$316.74
	EE & Child(ren)	\$23.19	\$92.17	8.39% of Wages + \$232.98
	EE & Family	\$48.91	\$163.88	8.39% of Wages + \$484.28

All Medical Plans also provide Health Advocate Services such as: Helping to locate "In-Network" Doctors, etc., TeleDoc, and SupportLinc Employee Assistance Program (EAP). NOTE: This is a Summary Only-Please see brochure for full coverage details. **The quickest way to file a claim with ACI for Medical, Dental, or Vision reimbursements is to email a copy of your Itemized bill/receipt to: aciclaims@acitpa.com.**

Additional (Optional) Plans with AXIS

You may purchase any of these plans in addition to the Medical Plans (even if you have Medical coverage elsewhere). These are 100% Employee Paid.

DENTAL: No Deductibles! See Schedule for Amount Paid per Service If using a DenteMax Dentist (www.dentemax.com), you will receive all In-network discounts and only owe what's due after the Plan pays per the Schedule - your In-Network Dentist will file the claim for you. If not using a DenteMax Network Dentist, you may be required to pay for all services immediately, and must file a Dental claim in order to be reimbursed what the Plan pays per the Schedule.	<p style="text-align: center;">Dental (See Any Provider) (Save up to 50% by using a DenteMax Dentist) Email itemized bill/receipt for reimbursement to ACI at: aciclaims@acitpa.com</p>		
	Plan 1	Plan 2	Plan 3
Annual Benefit Maximum	\$500	\$1,000	\$1,500
Periodontics Lifetime Max	\$250	\$500	\$750
Orthodontics Lifetime Max (Includes Adults)	\$250	\$500	\$750
Preventive & Basic Services/Endodontics	See Schedule for Paid Amount		
Major Services/Periodontics/Oral Surgery/Orthodontics (12-month waiting period)	See Schedule for Paid Amt (12-mo waiting period)		
Your Cost Per Pay Period (24/year): <div style="display: flex; justify-content: space-between;"> Employee Only EE & Spouse EE & Child(ren) EE & Family </div>	\$6.63	\$12.25	\$16.53
	\$14.38	\$27.75	\$41.13
	\$12.38	\$23.63	\$34.94
	\$19.75	\$38.38	\$57.30
VISION: No Deductibles! If you see an Outlook Vision Provider (www.outlookvision.com), you will receive the lowest cost for all exams/eyewear and they will file the claim for you (i.e. Certain Wal-Mart, Lenscrafters, Target, Visionworks, JC Penney, etc). If you go elsewhere, you will need to File Claim for Reimbursement of what plan pays.	<p style="text-align: center;">Vision (See Any Provider) (Save by using an Outlook Vision Provider) Email itemized bill/receipt for reimbursement to ACI at: aciclaims@acitpa.com</p>		
Examination Benefit	Plan pays up to \$100 (annual)		
Materials Benefit (Glasses and/or Contacts)	Plan pays up to \$500 (annual)		
Your Cost Per Pay Period (24/year): <div style="display: flex; justify-content: space-between;"> Employee Only EE & Spouse EE & Child(ren) EE & Family </div>	\$8.90		
	\$18.38		
	\$18.38		
	\$27.86		
SHORT-TERM DISABILITY (12-month waiting period for pre-ex)	STD		
Weekly benefits for up to 26 weeks of disability, 50% of base pay up to max of \$125/wk; Elimination Period: 7 days sickness, 0 days if accident or hospitalized. Must file claim.	Employee Only \$7.38/pp		
AFLAC Benefits - Additional coverage for you or your family members for Hospital, Life, Critical Illness, Accident, Cancer, and/or Short-Term Disability	If you need MORE coverage than your Health Plan provides, or you want to cover family members, you may purchase additional coverages for Hospital, Life Insurance, Critical Illness, Accident, Cancer and/or STD. Costs are based on Amount Requested and Age at time of enrollment. Please contact our AFLAC rep, Tony Irizarry, directly at (972) 877-0999 for costs and enrollment.		

Employees working at least 30+ hours/week (130 hours/month) are eligible for these plans the 1st of the month following 60 days of employment plus a 30-day administrative period. Upon eligibility, you will receive enrollment information and our Benefits Consultant is available to go through the details of your coverage and to answer any questions you may have. Once enrolled, you will not be able to make any changes until the next Open Enrollment on 1/1/2025 unless you incur a "Family Status Change" during the year such as a Birth, Marriage, Loss of Other Coverage, etc. (you will be allowed to make any necessary changes within 30 days of the event).

These Deductions will occur in the 1st 2 pay periods of each calendar month (therefore, 2 pay periods with NO deductions each year). If you leave your employment or transfer to a PT/Ineligible status, your coverage will terminate on the earliest of the 15th or end of that month, and you will receive information from AXIS/AFLAC to continue that same coverage thru COBRA (paying full cost) if you wish.

PLEASE NOTE that if you are currently enrolled in a Marketplace/Exchange/ObamaCare plan, you may no longer qualify for the 'subsidy' that lowers those premium payments once becoming 'eligible' for your group plans as we offer BOTH MEC and MVP Plans. As required under the ACA, we report all eligible employees to the IRS. Any subsidy overpayments may need to be paid back to the IRS. Please contact Healthcare.gov with any questions on this.

PLEASE REFER TO YOUR POLICY, ID CARD, OR ENROLLMENT GUIDE FOR ANY ADDITIONAL INFORMATION, PHONE NUMBERS FOR QUESTIONS, OR ADDRESSES FOR CLAIMS FILING.

You may also contact our Benefits Consultant, Deb Lowrey, at 972-826-1400, x701 (work) or 469-358-6638 (cell) with any questions.