

AXIS Health Plans - Honking Dog/Kitty Paw

2026 BENEFITS SUMMARY

Minimum Essential Coverage (MEC)/Limited PPO Medical Plans AND a Minimum Value Plan HMO (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.firsthealthlbp.com.** **You can see ANY Doctor with Plans 1-3**, and, if they are a "First Health" provider, you will also receive the 'negotiated PPO discounts' (up to a 60% savings) along with the payment amount shown for each service - you will be responsible for any remaining balance. *****You MUST see a 'First Health' Provider for any Preventive services and all MVP Plan services.*****

The Schedule of Benefits Includes: <i>(you will be responsible for any additional amount owed)</i>	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 <i>(with an In-Network Provider only)</i>	100% Covered <i>(with an In-Network Provider only)</i>	100% Covered <i>(with an In-Network Provider only)</i>	100% Covered <i>(with an In-Network Provider only)</i>
Deductible (what you pay BEFORE insurance pays)/Max Out-of-Pocket (Per person)	NONE/NONE	NONE/NONE	NONE/NONE	\$5,000/\$5,000
General Physician/Specialist Office Visits/Urgent Care <i>(you are responsible for any add'l amount owed)</i> ... Remember, you can save up to 60% by visiting a 'First Health' Provider	The Plan will pay \$75 per day (up to 5 days/year)	The Plan will pay \$75 per day (up to 10 days/year)	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 by phone to diagnose, treat, and prescribe Rx)	NO CHARGE - Unlimited Calls	NO CHARGE - Unlimited Calls	NO CHARGE - Unlimited Calls	NO CHARGE - Unlimited Calls
Accident Benefit (Reimburses for any medical services due to an Accident (not Illness or work-related...ex. Hurt playing ball, trip & fall, etc) - You must file claim form)	\$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	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)
Intensive Care Unit	NOT COVERED	The Plan will pay \$1,000/day (5/year)	The Plan will pay \$1,000/day (10/year)	
Surgery Benefit (incl. Maternity)	NOT COVERED	The Plan will pay \$1,500/day (1/year)	The Plan will pay \$2,500/day (1/year)	
Anesthesia Benefit	NOT COVERED	The Plan will pay \$375/day (1/year)	The Plan will pay \$625/day (1/year)	
OutPatient Benefits: Surgery Benefit	NOT COVERED	The Plan will pay \$500/day (1/year)	The Plan will pay \$1,000/day (1/year)	NOT COVERED
Anesthesia Benefit	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 \$300 Individual/\$600 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 (26/yr):	Employee Only	\$0.00	\$37.63	\$67.47
	EE & Spouse	\$22.17	\$88.02	\$140.25
	EE & Child(ren)	\$23.41	\$85.50	\$134.74
	EE & Family	\$50.45	\$153.93	\$235.99
				9.96% of W-2 Wages
				9.96% of Wages + \$337.21
				9.96% of Wages + \$250.38
				9.96% of Wages + \$519.76

All Medical Plans also provide Health Advocate Services such as: Helping to locate "In-Network" Doctors, etc., TelaDoc, 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 will pay for all services immediately, and must file a Dental claim in order to be reimbursed what the Plan pays per the Schedule.

Dental (You can see ANY Dentist)

(Save up to 50% by using a DenteMax Dentist)

Email itemized bill/receipt for reimbursement to ACI at: aciclaims@acitpa.com

	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 (Includes Adults) - (12-month waiting period 1st yr)	See Schedule for Paid Amt (12-mo waiting period)		
Your Cost Per Pay Period (26/year):			
Employee Only	\$6.12	\$11.31	\$15.25
EE & Spouse	\$13.27	\$25.62	\$37.96
EE & Child(ren)	\$11.42	\$21.81	\$32.25
EE & Family	\$18.23	\$35.42	\$52.89

VISION: No Deductibles! If you see an Outlook Vision Provider (www.outlookvision.com), you will receive the discounted costs 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 (even purchasing glasses/contacts online), you will need to pay full cost and File Claim for Reimbursement of what plan pays.

Vision (You can see ANY Vision Provider)

(Save by using an Outlook Vision Provider)

Email itemized bill/receipt for reimbursement to ACI at: aciclaims@acitpa.com

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 (26/year):			
Employee Only		\$8.22	
EE & Spouse		\$16.97	
EE & Child(ren)		\$16.97	
EE & Family		\$25.72	

SHORT-TERM DISABILITY while unable to work due to pregnancy, injury, illness, etc. (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 for STD payments.

Employee Only \$6.81/pp

AFLAC Benefits - Additional Coverage for you and your family members for Hospital, Life, Critical Illness, Accident, Cancer, and/or Short-Term Disability. Pays in addition to any AXIS Plan benefits. Call our AFLAC rep, Tony Irizarry, at (972) 877-0999 for costs and enrollment. [PT employees also eligible.](#)

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.](#)

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 1/1/2027 unless you incur a "Family Status Change" during the year such as a Birth, Marriage, Gain/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 each of your 26 pay periods per calendar year. If you leave your employment or transfer to a PT/Ineligible status, your coverage will terminate on your last day worked or last day of FT employment, 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 \(Minimum Essential Coverage\) and MVP \(Minimum Value\) Plans](#). As required under the ACA, we report all eligible/enrolled employees to the IRS. Any ineligible subsidy overpayments received by you 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 469-358-6638 (cell) with any questions.