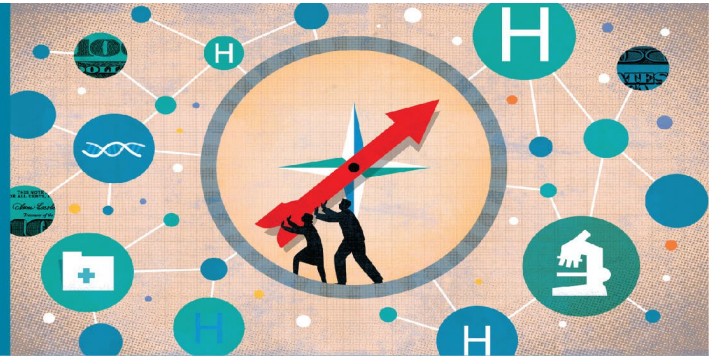


Group Affordable Choice

Providing coverage for everyday medical expenses for you and your family



Cash benefits paid to you

Group Affordable Choice will pay cash benefits directly to your Members in addition to other insurance coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

Here's how it works

Insureds will be reimbursed a specified amount for covered services due to Sickness or Injury. Benefits are paid directly to the insured, and they may use the cash however they want. It's that simple.

PLAN PROVISIONS

Eligibility

- Full-time, benefit eligible Members, actively at work and working at least 20 hours per week
- Member issue ages 18 - 70
- Spouse issue ages 18-60; ineligible if Member is denied
- Child issue ages under 26; ineligible if Member is denied

Termination Age

- Member: Coverage terminates at age 71.
- Spouse: Coverage terminates when Member terminates.
- Child: Coverage terminates at age 26 or when Member terminates, whichever is earlier.

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Benefits and Features

	GI Plan 1	GI Plan 2
Inpatient Hospital Confinement:	\$500	\$1,000
Health Care Practitioner Visit During Confinement	\$50, max 1 day	\$50, max 2 days
Observation Unit:	12-23 Hours: 25% of Inpatient Confinement 24-47: 50% of Inpatient Confinement 48 Hours: 75% of Inpatient Confinement	
ICU Confinement:	\$1,000	\$2,250
Inpatient Hospital Confinement Max:	\$1,000,000 Calendar Year Limit	
First Hospital Admission:	\$500	\$1,000
Ground/Air Ambulance	\$500/\$1,500	\$500/\$1,500
Emergency Room:	\$200	\$300
Urgent Care Facility:	\$200	\$300
Surgical Benefit:	1x Surgical Schedule	2x Surgical Schedule
Ambulatory Outpatient Facility:	\$1,000	\$2,000
Assistant Surgeon:	20% (1 unit) of the eligible surgical schedule	20% (2 units) of the eligible surgical schedule
Anesthesia:	25% (1 unit) of the eligible surgical schedule	25% (2 units) of the eligible surgical schedule

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	GI Plan 1	GI Plan 2
Doctor's Office Visits:	\$75	\$125
Prescription Drug –		
Prescription Benefit:	\$25	\$50
Prescription Calendar Year Max:	\$250	\$500
Allergy Shots and Immunizations:		
Allergy Shots/Immunizations:	\$10	\$25
Calendar Year Maximum:	\$100	\$100
Wellness Benefit:	\$100	
Lab Services -		
Surgical Pathology:	\$200	\$300
Preventative PAP/PSA:	\$250	
Other:	\$50	
Therapy Benefits -		
Physical/Occupational/Speech:	\$50	\$75
Radiology -		
MRI/PET/CT:	\$300	\$600
Mammogram:	\$250	\$300
Other:	\$200	\$250
Calendar Year Maximum Outpatient:	\$4,000	
Lifetime Maximum:	\$5,000,000	
Pre-existing Condition:	12/12	
Portability:	Included	

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Definitions

INPATIENT HOSPITAL CONFINEMENT BENEFIT: Pays a daily benefit for each day, to a max of 31 days, there is a charge for Inpatient room and board during a Confinement Period under the orders of a Health Care Practitioner for care of Sickness or Injury. Benefits under this provision are not payable when the confinement is in a Rehabilitation Unit due to Sickness or Injury. This benefit is not paid in addition to the Hospital Observation Benefit or Intensive Care Unit Hospital Confinement Benefit. This Benefit is subject to the Hospital Benefits Calendar Year Maximum.

HEALTH CARE PRACTITIONER VISIT DURING CONFINEMENT: Pays a daily benefit for each day a Covered Person receives care by a Health Care Practitioner during a Confinement Period to evaluate and manage the Covered Person's Injury or Sickness. This benefit is subject to a Calendar Year Maximum.

HOSPITAL OBSERVATION: Pays a daily benefit for each day a Covered Person receives care in a Hospital Observation Unit for at least 12 continuous hours. Only one benefit is payable if services are rendered in an Observation Unit and/or Emergency Room. This benefit is not paid in addition to the Inpatient Hospital Confinement Benefit, or Intensive Care Unit Confinement Benefit. This benefit is subject to the Hospital Benefits Calendar Year Maximum.

INTENSIVE CARE UNIT CONFINEMENT: Pays a daily benefit for each day a Covered Person is confined, to a max of 31 days, and there is a charge for room and board for one of the following, an Intensive Care Unit (ICU); a Cardiac Care Unit; or a Burn Unit. This benefit is not paid in addition to the Hospital Observation Benefit or Inpatient Hospital Confinement Benefit. This Benefit is subject to a per day and the Hospital Benefits Calendar Year Maximum.

FIRST DAY HOSPITAL ADMISSION: Pays a benefit for the first day a Covered Person is admitted as Inpatient during a Calendar Year. If one Period of Confinement spans parts of two Calendar Years, only one benefit is payable. This benefit is subject to a Calendar Year Maximum.

AMBULANCE BENEFIT: Pays a per trip benefit when ground or air transportation in an ambulance is used by a Covered Person who needs Emergency Treatment for Sickness or Injury. This benefit is subject to a Calendar Year Maximum of 2 trips per year.

EMERGENCY ROOM BENEFIT: Pays a daily benefit for each day a Covered Person receives care in an Emergency Room. This benefit is subject to a Calendar Year Maximum. Maximum of 1 day per calendar year.

URGENT CARE FACILITY BENEFIT: Pays a daily benefit for each day a Covered Person receives care in an Urgent Care Facility. This benefit is subject to a Calendar Year Maximum. Maximum of 2 days per calendar year.

SURGERY BENEFIT: Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable surgery column of the Surgical Schedule for a covered surgery, each day a covered surgery is performed on a Covered Person. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

AMBULATORY/OUTPATIENT FACILITY BENEFIT: Pays a daily benefit for each day a Covered Person has a covered surgical procedure in an Ambulatory Surgical Center or Outpatient Hospital Facility. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

ANESTHESIA BENEFIT: Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable anesthesia column of the Surgical Schedule for a covered surgery, each day a Covered Person receives anesthesia for a covered surgical procedure. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

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ASSISTANT SURGEON BENEFIT: Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable assistant surgeon column of the Surgical Schedule for a covered surgery, each day a Covered Person receives assistance from an assistant surgeon during a covered surgical procedure. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

OFFICE VISIT BENEFIT: Pays a daily benefit when a Covered Person receives covered health care in a Health Care Practitioner's office for Sickness or Injury. Office Visits are subject to Calendar Year Maximum. Maximum of 4 days per calendar year. This benefit is not payable in addition to the Wellness Visit Benefit.

PRESCRIPTION DRUG: Pays a daily benefit for each day a Covered Person fills a covered Prescription Order through a Pharmacy. This benefit is not payable when Prescription Drugs are administered in a Hospital, Ambulatory Surgical Center, or Outpatient Hospital Facility.

This provides benefits only for Prescription Orders received on an Outpatient basis.

No benefits are payable for any Prescription Order filled for a Covered Person on or after the date his or her coverage terminates. This benefit is subject to the Prescription Order Calendar Year Maximum.

ALLERGY SHOTS AND IMMUNIZATIONS: Pays a daily benefit for each day an allergy shot is received by a Covered Dependent child. We will also pay the per day benefit for each day an immunization is received by a Covered Dependent child as recommended by The United States Preventive Service Task Force; or the Advisory Committee on Immunization Practices on the date the immunization is rendered. If a charge for an Office Visit occurs in addition to the shot or immunization charge, the per day Office Visit Benefit is payable, subject to the Office Visit Calendar Year Maximum Benefit, and this benefit is subject to the Allergy Shots and Immunization Benefits Calendar Year Maximum.

WELLNESS BENEFIT: Pays a daily benefit when a Covered Person undergoes a Wellness Visit with a Health Care Practitioner. This benefit is subject to a Calendar Year Maximum of 1 (one) time. This benefit is not payable in addition to the Office Visit Benefit.

LABORATORY: Pays daily benefits for each of the covered laboratory tests shown on the Schedule of Benefits which a Covered Person receives for Sickness or Injury. These benefits are subject to the Outpatient Benefits Calendar Year Maximum.

RADIOLOGY TESTS: Pays daily benefits for each of the covered radiology tests shown on the Schedule of Benefits which a Covered Person receives for Sickness or Injury. These benefits are subject to the Outpatient Benefits Calendar Year Maximum.

THERAPY BENEFITS: Pays daily benefits for each of the covered therapies shown on the Schedule of Benefits which a Covered Person receives for Sickness or Injury. These benefits are subject to the Outpatient Benefits Calendar Year Maximum.

PRE-EXISTING CONDITION: Benefits are not payable for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under their Certificate for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided the Covered Event occurs while the Policy and a Covered Person's Certificate is in force.

PORTABILITY: Portability allows an eligible Member to keep this Policy's Benefits at certain times when His coverage would otherwise end. Subject to the Portability Benefit Conditions and Limitations provision, a covered Member may port benefits when He or She has been continuously covered by this Policy for at least 6 months; is less than Age 70; is not Totally Disabled; and is no longer Actively at Work as a Member. This Policy must be in force on the date that the covered Member ports their coverage. This coverage ends when the Master Policy terminates.

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