

APEP Choices™

For Groups with 2-50 Employees



AMERICAN COMMUNITY
MUTUAL INSURANCE COMPANY®





American Community

With beginnings dating back to 1938 and headquartered in Livonia, Michigan, American Community Mutual Insurance Company offers the experience of a solid history as well as a strategic focus on the future health insurance needs of our customers. For nearly seven decades, we've been insuring people in America's communities with an entire range of quality, affordable health insurance products. As a mutual company, American Community is owned by our policyholders who guide our products and processes, ensuring a collective understanding and focus.

In addition to quality products, American Community offers:

Dedicated Customer Service

- ☒ Our policyholders and agents have access to a well-trained and knowledgeable customer service staff, whose first priority is to provide exceptional service.
- ☒ American Community agents are independent and dedicated to their clients.

Prompt Payment of Claims

- ☒ On average, we process claims within 10 business days of receipt.

Flexible Products

- ☒ Our coverage is adaptable to your needs.
- ☒ We offer multiple benefit options.

APEP Choices Highlights

- ☒ Fourteen plan design choices
- ☒ Provider networks that include leading hospitals and doctors in your area
- ☒ National travel network for coast-to-coast coverage
- ☒ Preventive care benefits
- ☒ Accident benefit that waives the deductible
- ☒ Family security benefit
- ☒ Prescription drug discounts and options
- ☒ \$5 million medical lifetime maximum
- ☒ Optional dental, vision, weekly income, and dependent life coverage
- ☒ Options for deductible carry-over and 24-hour occupational coverage
- ☒ Option for a Health Reimbursement Arrangement (HRA)

Intelligent, Flexible Solutions

Calendar Year or Plan Year Deductible

Employers can choose a calendar year or plan year deductible. With the plan year deductible, the group's benefit period runs 12 months beginning with the group's actual policy effective date. For example, if the policy effective date is July 1, the plan year benefit period is July 1 – June 30.

Dual Product Offering

APEP Choices can be offered alongside Next Generation HSA™ or Triple Tier™ (Triple Tier not available in Indiana). Please speak to your American Community agent for more details.

APEP Choices™ – Flexible Solutions for Employers

These days, most businesses face a common challenge — satisfying employee healthcare needs while balancing the company budget. Our APEP Choices™ product offers flexible solutions to that challenge. With fourteen plan designs, a rich array of covered services, several benefit options, and an option for a Health Reimbursement Arrangement (HRA), you can design a health plan best suited for your company and employees.

Freedom of Choice

What makes our PPO plans so desirable is their flexibility. Employees are free to choose their own physician or hospital. An employee's share of their healthcare costs can be minimized by selecting a physician who has contracted with the PPO network. In addition, they have access to a specialist without having to obtain a referral.

Nationwide Coverage

In addition to our comprehensive regional PPO networks, American Community has contracted with a national travel network to provide access to providers when employees and covered dependents travel out of their local area. This includes long-term travel situations, such as part-time residents of another state or children at college.

Accident Benefit

Accidents are upsetting enough without adding the stress of the associated medical bills. American Community provides coverage for when the unexpected happens. For covered employees and family members, the deductible is waived and a benefit percentage is applied for covered services incurred within 30 days of an injury. The deductible for the injured family member will not apply until the 31st day after the accident. This unique feature protects employees from high medical bills in the event of an accident.

Plan Design Choices

Plan Design Choices

The following plan design deductibles and out-of-pocket maximums are for network coverage. Non-network deductibles and out-of-pocket maximums are 2 times the network levels for individuals and families. Copays apply for network coverage only; office and urgent care visits to non-network providers are subject to the non-network deductible and benefit percentage within each plan design.

PLAN 1

Annual Deductible: \$500 single/\$1,000 family

Out-of-Pocket Maximum (including deductible): \$1,750 single/\$3,500 family

Benefit Percentage: 90% network/70% non-network

Copay: \$20 office visit, \$40 urgent care visit

PLAN 2

Annual Deductible: \$750 single/\$1,500 family

Out-of-Pocket Maximum (including deductible): \$2,500 single/\$5,000 family

Benefit Percentage: 90% network/70% non-network

Copay: \$25 office visit, \$50 urgent care visit

PLAN 3

Annual Deductible: \$1,000 single/\$2,000 family

Out-of-Pocket Maximum (including deductible): \$2,250 single/\$4,500 family

Benefit Percentage: 90% network/70% non-network

Copay: \$30 office visit, \$60 urgent care visit

PLAN 4

Annual Deductible: \$1,500 single/\$3,000 family

Out-of-Pocket Maximum (including deductible): \$4,000 single/\$8,000 family

Benefit Percentage: 90% network/70% non-network

Copay: \$35 office visit, \$70 urgent care visit

PLAN 5

Annual Deductible: \$2,500 single/\$5,000 family

Out-of-Pocket Maximum (including deductible): \$5,000 single/\$10,000 family

Benefit Percentage: 90% network/70% non-network

Copay: \$40 office visit, \$80 urgent care visit

PLAN 6

Annual Deductible: \$500 single/\$1,000 family

Out-of-Pocket (including deductible): \$2,500 single/\$5,000 family

Benefit Percentage: 80% network/60% non-network

Copay: \$20 office visit, \$40 urgent care visit

Covered Expenses

- Allergy testing
- Ambulance
- Chemotherapy
- Durable medical equipment
- Emergency room
- Home healthcare
- Hospice care
- Hospital charges
- Intensive care
- Mammograms
- Miscellaneous tests, services, and medical supplies
- Nursing care
- Organ transplants
- Oxygen, blood, and plasma
- Physician visits
- Prescription drugs
- Preventive care
- Radiation treatment
- Second surgical opinions
- Semi-private room
- Skilled nursing facilities
- Speech, physical and occupational therapy
- Surgery and anesthesia
- X-rays and lab tests

* Please refer to your state-specific benefit chart for more details.

Plan Design Choices

PLAN 7

Annual Deductible: \$750 single/\$1,500 family

Out-of-Pocket Maximum (including deductible): \$3,750 single/\$7,500 family

Benefit Percentage: 80% network/60% non-network

Copay: \$25 office visit, \$50 urgent care visit

PLAN 8

Annual Deductible: \$1,000 single/\$2,000 family

Out-of-Pocket Maximum (including deductible): \$3,000 single/\$6,000 family

Benefit Percentage: 80% network/60% non-network

Copay: \$30 office visit, \$60 urgent care visit

PLAN 9

Annual Deductible: \$1,500 single/\$3,000 family

Out-of-Pocket Maximum (including deductible): \$5,500 single/\$11,000 family

Benefit Percentage: 80% network/60% non-network

Copay: \$35 office visit, \$70 urgent care visit

PLAN 10

Annual Deductible: \$2,500 single/\$5,000 family

Out-of-Pocket Maximum (including deductible): \$6,500 single/\$13,000 family

Benefit Percentage: 80% network/60% non-network

Copay: \$40 office visit, \$80 urgent care visit

PLAN 11

Annual Deductible: \$1,500 single/\$3,000 family

Out-of-Pocket Maximum (including deductible): \$1,500 single/\$3,000 family

Benefit Percentage: 100% network/70% non-network

Copay: \$25 office visit, \$50 urgent care visit

PLAN 12

Annual Deductible: \$2,500 single/\$5,000 family

Out-of-Pocket Maximum (including deductible): \$2,500 single/\$5,000 family

Benefit Percentage: 100% network/70% non-network

Copay: \$30 office visit, \$60 urgent care visit

PLAN 13

Annual Deductible: \$3,500 single/\$7,000 family

Out-of-Pocket Maximum (including deductible): \$3,500 single/\$7,000 family

Benefit Percentage: 100% network/70% non-network

Copay: \$35 office visit, \$70 urgent care visit

PLAN 14

Annual Deductible: \$5,000 single/\$10,000 family

Out-of-Pocket Maximum (including deductible): \$5,000 single/\$10,000 family

Benefit Percentage: 100% network/70% non-network

Copay: \$40 office visit, \$80 urgent care visit

Medical Benefits

APEP CHOICES

Mental Health

Included for all groups. Coverage is subject to deductible and benefit percentage. Please see the state-specific benefit chart for details.

Substance Abuse

Included for all groups. Covers treatment for both alcohol and substance abuse. Coverage is subject to deductible and benefit percentage. Please see the state-specific benefit chart for details.

Preventive Care

Preventive Care is an included benefit that provides coverage for physical exams, immunizations, lab tests, PAP smears, pelvic exams, prostate exams, bone density tests, colonoscopy and inoculations or prophylactic drugs for travel. The benefit period maximum per person is \$1,000. Coverage may vary according to state-mandated benefits. Please see the state-specific benefit chart for details.

Maternity

Included for all groups and paid as any other covered condition. Coverage is subject to deductible and benefit percentage.

Transplant Benefit

The maximum lifetime transplant benefit is \$1 million when performed in a designated transplant facility. The maximum lifetime transplant benefit is \$150,000 when performed in a non-designated transplant facility. A designated transplant facility is a medical facility with a proven, exceptional success rate for organ transplants that has agreed to provide approved transplant services to our insureds. Anti-rejection prescription drugs are a covered benefit included in the lifetime maximum. When a designated transplant facility is used, the benefit includes \$10,000 for travel and lodging expenses for the insured and one companion (meals and lodging are limited to \$150 per day). The combined maximum lifetime transplant benefit for services received in a designated or non-designated transplant facility is \$1 million. **All transplant procedures require prior approval from American Community.**

Family Security Benefit

If an insured employee's insurance ends because he or she dies, the medical insurance benefits of any insured dependents will be continued for six (6) months without payment of premium. This benefit only applies if you are not required to provide continuation of coverage under COBRA or under a state-mandated continuation of insurance provision.



Prescription Drugs

Prescription Drugs at Retail Pharmacies

When a prescription drug benefit is selected, prescription medications may be purchased at any pharmacy. Prescriptions filled at a participating pharmacy are subject to the copays of the selected plan.

If a prescription is filled at a non-participating pharmacy, coverage is limited to the plan cost; the insured is responsible for the cost of each prescription or refill above the plan cost. In such cases, the insured must pay the entire cost of the prescription each time it is filled, and then submit a claim to our prescription drug administrator for reimbursement (subject to a processing fee).

Prescription Drugs by Mail

When a prescription drug plan is selected, insureds also have the option to order the medications they will be taking long-term through the mail. The prescription drug mail service program is available for all groups who choose a prescription drug coverage option. A 90-day supply of a prescription is dispensed subject to a copayment and will arrive within two weeks from the date of the order.

If the insured would like to use this program and the medication is needed immediately, but will also be used on an ongoing basis, two prescriptions are required. One prescription to be filled at a retail pharmacy, and a second prescription for the balance of the 90-day supply to be filled by the mail-service pharmacist.

Please refer to your state-specific benefit chart for more details.

Discount Card Included

APEP Choices offers 4 different designs to help manage the rising costs of prescription drugs. Included with all medical plans is a discount card that employees can use at retail pharmacies to purchase their medications at discounted prices. Three drug coverage options are outlined below.

Prescription Drug Coverage Options

Your group also has the option to purchase (buy up to) one of three prescription drug plans. If you select this benefit, all employees enrolled for medical coverage must participate. An employee who waives medical coverage cannot choose the prescription drug benefit.

The three optional drug plans are High, Medium, and \$500 Deductible. The High and Medium plans include copays only; there is no front-end deductible on these plans. With the \$500 Deductible plan, employees pay the indicated copays after satisfying a \$500 prescription drug deductible.

If a Select Brand Name Drug or an Additional Brand Name Drug is chosen when a Generic Drug is available, then insureds are responsible for the Generic Drug copayment plus the difference between the cost of the Select Brand Name Drug or the Additional Brand Name Drug and the Generic Drug.

	HIGH	MEDIUM	\$500 DEDUCTIBLE
Retail Drug Card Copay:			
Generic	\$10	\$15	\$15
Select Brand Name	\$25	\$40	\$40
Additional Brand Name	\$40	\$60	\$60
Supply	31-day supply per prescription		
Mail Order Copay:*			
Generic	\$25	\$40	\$40
Select Brand Name	\$65	\$100	\$100
Additional Brand Name	\$100	\$150	\$150
Supply/Refill	90-day supply per prescription/3 refills		

Please refer to your state-specific benefit chart for more details.

* Coverage for Prescription Maintenance Drugs only.

Ancillary Benefits

Life and Accidental Death and Dismemberment

Life insurance protects everyone, however, most employees are not sufficiently covered. With American Community, you not only offer your employees convenient medical coverage; you also make it possible for employees to protect and provide for family members when they are no longer able to.

Plan Options:

Flat Plan

Life and AD&D minimum amount is \$15,000. Amounts can be selected in \$5,000 increments.

GROUP SIZE	PLAN LIMIT
2-24	\$15,000 – \$50,000
25-50	\$15,000 – \$75,000

Classed Plan

Up to 5 classes can be established — not to exceed 2½ times the next lower bracket. Plan maximums are the same as the flat plan.

Earnings Plan

1, 2, or 3 times earnings (rounded to the next highest \$1,000) with the same maximums as the flat plan.

Accidental Death and Dismemberment benefit is equal to the life benefit with an additional 24-hour coverage included. Life and Accidental Death and Dismemberment benefits are available for employees age 65 and older at reduced amounts:

- ☒ For groups with 2-19 employees, Life and Accidental Death and Dismemberment will reduce by 33⅓% at 65 and terminates at age 70 or retirement — whichever comes first.
- ☒ For groups with 20 or more employees, coverage reduces 33⅓% of the original amount at age 65. At age 70, the reduced coverage is reduced again by 33⅓%. At age 75, the reduced coverage is reduced again by 33⅓%. Coverage terminates at retirement. All amounts are rounded to the next \$1,000.



Ancillary Benefits

Dependent Life (optional)

Provides life coverage to dependents as follows:

SPOUSE BENEFIT

Under age 40	\$7,500
Age 40 to 50	\$5,000
Age 51 to 55	\$3,500
Age 56 and over	\$2,500

CHILD BENEFIT:

Birth to 6 months	\$1,000
6 months to 19 years	\$5,000

If Dependent Life is selected for your group, all employees with dependents must enroll, regardless of dependent status for medical benefits.

Weekly Income (optional)

Employees need a way to protect their income and to help provide for their families while recovering from an accident or illness. The weekly income option provides the income protection employees need. If selected for the group, all eligible employees must enroll.

Plan Options:

Flat Plan

\$100 to \$700 per week up to a maximum of 65% of income (in \$10 increments)

Classed Plan

Same classes as the Life and AD&D.

Classes selected by the employer (\$700 per week maximum)

Percent of Earnings Plan

65% (\$700 per week maximum)

Waiting Period Options:

1st day accident; 8th day sickness

8th day accident; 8th day sickness

15th day accident; 15th day sickness

Benefit Duration Options:

13 weeks or 26 weeks

Dental and Vision

Dental Coverage (optional)

American Community offers affordable, comprehensive dental coverage for employees and their families. Whether it's a simple checkup or complicated oral surgery, our plans provide superior coverage.

A one-year waiting period applies to major procedures. This waiting period will be waived for initial enrollees if this plan is replacing a group dental plan which included major benefits. The insured individual is responsible for the deductible amounts, his/her portion of the co-insurance, and charges in excess of usual, customary and reasonable.

A one-year waiting period also applies to orthodontic procedures. This waiting period will be waived for initial enrollees if this plan is replacing a group dental plan which included orthodontic benefits. The insured individual is responsible for the deductible amounts, his/her portion of the co-insurance, and charges in excess of usual, customary and reasonable.

Diagnostic and Preventive — office visits, cleanings, x-rays, fluoride treatments, sealants, space maintainers, oral exams, and lab tests.

Basic — fillings, root canals (endodontics), extractions, including surgical extractions of teeth.

Major — restorative and prosthodontics including crowns, full or partial dentures, bridges, inlays, onlays and maintenance of bridges and crowns.

Orthodontics (optional) — for dependent children to age 19. Treatment and procedures for the correction of malposed teeth including diagnostic procedures, fixed or removable appliances and full-banded treatment.

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Preventive Services				
Deductible Coverage	\$0 100%	\$0 80%	\$0 80%	\$0 50%
Basic Procedures				
Deductible Coverage	\$50 80%	\$50 80%	\$50 50%	\$50 50%
Major Procedures				
Deductible Coverage	\$0 50%	\$0 50%	\$0 50%	\$0 50%
Plan Maximum	\$1,500 benefit period maximum		\$1,000 benefit period maximum	
Orthodontics (optional)				
Deductible Coverage	\$50 50%	\$50 50%	\$50 50%	\$50 50%
Plan Maximum	\$1,000 or \$2,000 lifetime maximum			

Vision Coverage (optional)

Eye Exam Plus* is a basic plan automatically included with PPO medical coverage unless one of the full-service vision benefits is purchased.

Eye Exam Plus pays for services at a VSP member doctor only. Two optional Enhanced Plans are also available. Copayments apply when using member doctors. A reimbursement schedule applies when using a non-member doctor.

Eye Exam Plus Benefit*

- ☒ \$10 copay per exam. One exam every 12 months.
- ☒ 20% discount on eyeglasses and 15% discount on the physician services when contact lenses are purchased.

Enhanced Plan A

- ☒ \$10 copay per exam. One exam every 12 months.
- ☒ \$25 copay for material.
- ☒ One set of lenses every 24 months. One pair of frames every 24 months.

Enhanced Plan B

- ☒ \$10 copay per exam. One exam every 12 months.
- ☒ \$15 copay for material.
- ☒ One set of lenses every 12 months. One pair of frames every 24 months.

*Not available in Missouri



Health Reimbursement Arrangement Option

Optional Benefits

Deductible Carry-Over

With the Deductible Carry-Over option, covered charges incurred on your APEP Choices policy during the last three months (October – December) of a calendar year which are applied to that year's deductible will also be applied to the next year's deductible. This option may be selected only at the time your new group policy is written and if you select a calendar year deductible. Deductible Carry-Over remains in effect every year the policy is in effect.

24-Hour Occupational Coverage

This option covers an employee's medical expenses that result from a work-related injury. This benefit is available to owners, sole proprietors, partners, or corporate officers who are eligible for workers' compensation coverage but have legally chosen to opt out. It is also available to individuals who are not eligible for workers' compensation coverage. This benefit is not intended to replace or duplicate benefits which would have been provided by workers' compensation.

You can choose to set up a health reimbursement arrangement (HRA) with your APEP Choices insurance plan. With this type of arrangement, you fund reimbursement accounts for your employees to use on qualified medical expenses before they meet their annual deductible. The HRA option offers many advantages for both you and your employees.

- ✓ You can reduce premium costs by combining an HRA with a higher deductible plan.
- ✓ Contributions to employee accounts are tax-deductible for you; distributions for qualified medical expenses are tax-free for your employees.
- ✓ Funds can roll over from one plan year to the next.
- ✓ HRAs help employees plan for their healthcare while controlling their own costs—if they stay within their account limit, they may have no copays or deductible costs out of their own pocket.
- ✓ Qualified medical expenses are paid directly from the HRA to the employee by HealthEquity, our HRA fund administrator.

Hassle-Free Administration With No Monthly Fees

You are free to choose your own HRA fund administrator. American Community offers fund administration through HealthEquity, a leader in health reimbursement and health savings account administration. Using HealthEquity's administration is easy, hassle-free, and available at no extra premium cost. With HealthEquity, your employees have no monthly fees and their HRA transactions are seamless, paperless, and all online in one spot.

General Exclusions & Limitations

The policy will provide a complete list of benefits, limitations and exclusions. APEP Choices does not provide benefits for:

- ☒ Any medical or dental illness or injury covered by workers' compensation or employer's liability laws unless a corporate officer, owner, or sole proprietor.
- ☒ Charges in excess of the Usual, Customary, and Reasonable Charges for services and supplies.
- ☒ Charges which are not necessary to the care or treatment of an illness or which are illegal, experimental, investigational, or unproven.
- ☒ Charges for the purchase of hearing aids or devices.
- ☒ Charges which the insured is not legally obligated to pay, would not have been made if no insurance existed, or which are provided by a family member, or a person who usually lives in the same household as the policyholder.
- ☒ Fertility drugs and procedures.
- ☒ Charges for treatment of obesity or weight loss, including surgical procedures.
- ☒ Charges for services or supplies furnished by an agency of the United States Government or a foreign government agency, unless excluding them is prohibited by law.
- ☒ Charges for which benefits are not provided in the policy.
- ☒ Charges arising from war, attempt or commission of a felony, or participation in a riot or insurrection.
- ☒ Charges due to a pre-existing illness, except as shown in the policy. Weekly Income is not subject to this provision.
- ☒ Charges for treatments for cosmetic purposes, except as provided on the policy.
- ☒ Charges for the treatment of Temporomandibular Joint Dysfunction (TMJ), malocclusion, or misalignment of the jaw.
- ☒ Charges for outpatient prescription drugs unless covered under the organ transplant benefit or the prescription drug card benefit.
- ☒ Charges for vitamins and food supplements.
- ☒ Charges for contraceptives, contraceptive materials, and contraceptive devices of any kind, except as provided in the policy.
- ☒ Drugs used for cosmetic purposes, treatment of onychomycosis (nail fungus) and to deter smoking are not eligible under any of the prescription drug programs.



Agent Information

This brochure provides a summary of benefits and guidelines for APEP Choices. Please refer to the Benefit Chart for specific information on the following topics: Pre-existing Condition, Creditable Coverage toward Pre-existing Condition Limitation, Employer Waiting Period, Rating Guidelines, Rate Changes and Characteristics, Simplified Underwriting, Renewability, Group Participation Guidelines, Employee, Dependent, and Group Eligibility.

This brochure provides a summary of benefits and guidelines for APEP Choices. Please refer to the state-specific benefit chart for more detailed information.

This brochure is not intended to be a full description of coverage. APEP Choices Policy Form Number APEPII-CONT-OH is the master policy issued to a trust in the state of Ohio. The master policy is the governing document in all situations. Should an employee apply for coverage and be accepted, a Certificate of Insurance will be issued with a complete description of benefits and exclusions. The policy includes complete details of all plan provisions.



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