

American Community Mutual Insurance Company

Americans Preferred Employer Plan (APEP) Choices PPO

PLAN	Network		Non Network		Network / Non-Network	Network	Network	Network		Non Network		Estimated Cost*	Estimated Savings From Plan 1	Estimated Savings From Plan 1
	Individual Deductible	Family Deductible	Individual Deductible	Family Deductible	Coinsurance	Office Visit Copay	Urgent Care Copay	Individual Out of Pocket	Family Out of Pocket	Individual Out of Pocket	Family Out of Pocket			
Plan 1:	\$500	\$1,000	\$1,000	\$2,000	90%/70%	\$20	\$40	\$1,750	\$3,500	\$3,500	\$7,000	\$3,645.36	N/A	N/A
Plan 2:	\$750	\$1,500	\$1,500	\$3,000	90%/70%	\$25	\$50	\$2,500	\$5,000	\$5,000	\$10,000	\$3,280.71	-8%	-8%
Plan 3:	\$1,000	\$2,000	\$2,000	\$4,000	90%/70%	\$30	\$60	\$2,250	\$4,500	\$4,500	\$9,000	\$3,062.07	-13%	-13%
Plan 4:	\$1,500	\$3,000	\$3,000	\$6,000	90%/70%	\$35	\$70	\$4,000	\$8,000	\$8,000	\$16,000	\$2,872.50	-17%	-17%
Plan 5:	\$2,500	\$5,000	\$5,000	\$10,000	90%/70%	\$40	\$80	\$5,000	\$10,000	\$10,000	\$20,000	\$2,595.45	-23%	-23%
													Savings From Plan 1	Savings From Plan 6
Plan 6:	\$500	\$1,000	\$1,000	\$2,000	80%/60%	\$20	\$40	\$2,500	\$5,000	\$5,000	\$10,000	\$3,397.35	-5%	N/A
Plan 7:	\$750	\$1,500	\$1,500	\$3,000	80%/60%	\$25	\$50	\$3,750	\$7,500	\$7,500	\$15,000	\$3,091.29	-12%	-7%
Plan 8:	\$1,000	\$2,000	\$2,000	\$4,000	80%/60%	\$30	\$60	\$3,000	\$6,000	\$6,000	\$12,000	\$2,916.21	-16%	-11%
Plan 9:	\$1,500	\$3,000	\$3,000	\$6,000	80%/60%	\$35	\$70	\$5,500	\$11,000	\$11,000	\$22,000	\$2,741.31	-20%	-15%
Plan 10:	\$2,500	\$5,000	\$5,000	\$10,000	80%/60%	\$40	\$80	\$6,500	\$13,000	\$13,000	\$26,000	\$2,478.81	-26%	-22%
													Savings From Plan 1	Savings from Plan 11
Plan 11:	\$1,500	\$3,000	\$3,000	\$6,000	100%/70%	\$25	\$50	\$1,500	\$3,000	\$15,000	\$30,000	\$3,207.93	-10%	N/A
Plan 12:	\$2,500	\$5,000	\$5,000	\$10,000	100%/70%	\$30	\$60	\$2,500	\$5,000	\$14,000	\$28,000	\$2,799.57	-19%	-10%
Plan 13:	\$3,500	\$7,000	\$7,000	\$14,000	100%/70%	\$35	\$70	\$3,500	\$7,000	\$16,000	\$32,000	\$2,537.04	-24%	-17%
Plan 14:	\$5,000	\$10,000	\$10,000	\$20,000	100%/70%	\$40	\$80	\$5,000	\$10,000	\$28,000	\$56,000	\$2,332.95	-29%	-22%

Prescription Drug Options

	Retail	Mail Order	Estimated Cost*	Estimated Percentage of Savings from High Plan	Estimated Percentage of Savings From Medium Plan
Discount Drug Card	Included	Not Included			
High Plan	\$10/\$25/\$40	\$25/\$65/\$100	\$713.79	N/A	
Medium Plan	\$15/\$40/\$60	\$40/\$100/\$150	\$524.88	-21%	
Low Plan	\$500 Deductible then				
	\$15/\$40/\$60	\$40/\$100/\$150	\$434.61	-31%	-14%

APEP Choices Plan Highlights

Available PPO's: SuperMed Plus ~ PHCS

Office Visit Copay ~ Covers Office Visit, Office Surgery, X-rays & Lab Tests not sent to independent lab

Chiropractic Care: Copay covers Office visit, X-Rays and Therapies. Limit 15 visits per benefit period

Radiology, Anesthesiology, Pathology: Paid In Network if facility is In Network

Preventive Care Benefit: \$1,000 benefit per person

Screening Mammograms: 100% In Network for screening; does not offset \$1,000 Preventive Benefit

Accident Benefit: Waive Deductible for 30 days following accident or injury for covered charges

Cumulative Family Deductible: Family moves to coinsurance once family has incurred charges equal to family deductible.

Allergy Injections: Paid at 100%

Skilled Nursing Facility & Home Health Care: 60 days per benefit period.

Physical & Occupational Therapy: 45 days per benefit period

Emergency Room: \$100 Copay, then deductible and coinsurance.

Non Emergency - Emergency Room Admissions: Not Covered

Ambulance: Paid In Network up to \$5,000 per trip

Will use other carriers applications to underwrite, rate and enroll group

Standard Eligibility is 25 hours per week

Dual option available with minimum of 6 employees; 3 on each plan.

May use PPO plan and H S A plan as dual option or two PPO plans.