



Triple Tier™

For Individuals and Families

Introducing Triple Tier



A Revolutionary Approach to Health Insurance Coverage

The health insurance revolution is here. It's called Consumer Choice, and it empowers you to make healthcare decisions that are right for you and your family. The idea is simple—you choose and pay for only what you need, keeping your costs at the lowest possible levels.

Triple Tier: A Revolutionary Approach to Preferred Provider Organizations

Triple Tier is part of a suite of consumer-choice products from American Community. It's a health plan that combines the advantages of PPO care with unique ways to save. A revolutionary combination.

Triple Tier: Rich in Benefits, Rich in Value

When it comes to health insurance, most companies give you limited choices—pay dearly for comprehensive coverage or settle for less. Sound familiar? That's why we created Triple Tier—an affordable alternative to regular PPO plans. It offers PPO-style (network and non-network) benefits without the PPO price tag. In fact, Triple Tier costs up to 15% less than many available PPO plans. What's more, you don't have to belong to a group to participate.

Triple Tier is ideal for:

- ✓ Budget-conscious individuals and families
- ✓ Self-employed people
- ✓ Early retirees
- ✓ Those responsible for their own health insurance



What are the Triple Tiers?

Triple Tier's unique, three-tiered design offers a flexible approach to how benefits are paid, depending on the type of services received and where they are performed. In the hospital or in your doctor's office, this plan balances out-of-pocket costs and benefits to protect against an unexpected illness or emergency for you and your family. It even covers preventive care services, like routine exams and childhood immunizations, to help you and your family stay healthy. With Triple Tier, you get a high level of security that won't break the bank.

Triple Tier categorizes medical services into 3 tiers, and pays for covered services based on what the service is and where it is received:

Tier 1: Office Visits and Preventive Care—100% after copay. No deductible.

Tier 2: Inpatient and Emergency Room—90% after deductible

Tier 3: Outpatient Services—70% after deductible

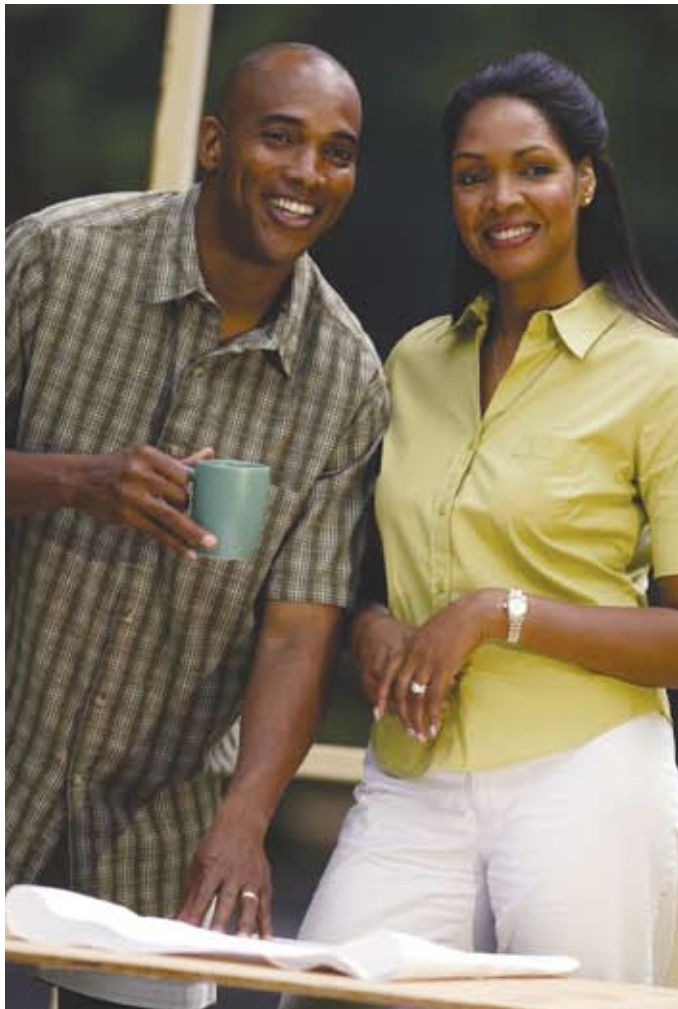
This plan offers you many opportunities to save on costs when it's within your control, and richer benefits when you need expensive care that's beyond your control.

With Triple Tier, you have the opportunity to shop around for the best value. Along with that flexibility, you have the comfort of knowing that you're protected at the highest level when you need it most—for an expensive hospital stay or medical emergency.

Key Features of the Triple Tiers

- ✓ Broad inpatient and outpatient coverage including doctor office visits
- ✓ Rich preventive care benefits like annual mammograms and pap tests for women, prostate screenings for men and immunizations for children
- ✓ No deductible for doctor office visits and preventive care
- ✓ \$5 million lifetime maximum benefit
- ✓ Prescription drug coverage
- ✓ Optional maternity benefits (*not available in Texas*)
- ✓ Affordable dental option available
- ✓ A choice of deductibles
- ✓ Individual and family coverage available

About the Health Plan



Your Provider Network

With Triple Tier, you have the freedom to choose your own doctor or hospital. You can minimize your share of the healthcare costs by using doctors and hospitals that are part of your preferred provider organization (PPO) network. American Community has contracted with the leading PPO networks across the country, offering access to high-quality hospitals, primary care physicians, specialists and other providers. If your doctor or hospital is not a member of the PPO, you share in more of the costs of your medical expenses. What makes our PPO plan so desirable is that it allows you access to a specialist when you feel it is

necessary. A referral is not required to access a specialist. Your PPO network is shown on the front of your medical identification (ID) card.

In addition, you can receive the PPO network level of benefits when traveling outside your PPO network service area through a coordinated program with a nationwide PPO network. It's the perfect solution for road warriors, snowbirds and students who attend out-of-state colleges. There is no additional fee for this value-added benefit and a toll-free number is provided on the back of your medical ID card to help you locate available network providers.

Contact your American Community agent for the PPO networks available to you. For a list of available providers, visit our website at www.american-community.com and click on "Provider Locator."

Deductible

The deductible is the amount of covered charges an individual or family must incur in a calendar year before the plan begins to pay benefits.

Copayment

The copayment, or copay, is the set amount you pay when you receive medical services. For example, you might make a \$40 copayment when you visit the doctor.

Coinsurance

This is the set percentage of costs you pay for healthcare after your deductible is met. For example, after your deductible is met, you might pay 30% of your healthcare expenses while your plan pays the remaining 70%.

Here's How Triple Tier Works:

- ✓ Choose either Plan 1 or Plan 2.
- ✓ Select plan options: maternity or dental. (*Maternity not available in Texas*)
- ✓ Benefits are paid as listed below

| Plan 1 | Network | Non-network |
|----------------------------------------------------|---------------------------------------|----------------------------------------|
| Deductible | \$1,000 (Single) \$2,000 (Family) | \$2,000 (Single) \$4,000 (Family) |
| Out-of-Pocket Maximum (includes deductible) | \$5,000 (Single) \$10,000 (Family) | \$10,000 (Single) \$20,000 (Family) |
| Lifetime Policy Maximum | \$5 million | |

| | Tier I Office Visits & Preventive Care | Tier II Inpatient & Emergency Room ¹ | Tier III Outpatient Services |
|--------------------|------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| Network | \$40 Copay per visit, then 100% | Deductible, then 90% | Deductible, then 70% |
| Non-network | \$80 Copay per visit, then Non-network benefit percentage ² | Deductible, then Non-network benefit percentage ² | Deductible, then Non-network benefit percentage ² |

| Plan 2 | Network | Non-network |
|----------------------------------------------------|---------------------------------------|----------------------------------------|
| Deductible | \$3,000 (Single) \$6,000 (Family) | \$6,000 (Single) \$12,000 (Family) |
| Out-of-Pocket Maximum (includes deductible) | \$7,000 (Single) \$14,000 (Family) | \$14,000 (Single) \$28,000 (Family) |
| Lifetime Policy Maximum | \$5 million | |

| | Tier I Office Visits & Preventive Care | Tier II Inpatient & Emergency Room ¹ | Tier III Outpatient Services |
|--------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| Network | \$50 Copay per visit, then 100% | Deductible, then 90% | Deductible, then 70% |
| Non-network | \$100 Copay per visit, then Non-network benefit percentage ² | Deductible, then Non-network benefit percentage ² | Deductible, then Non-network benefit percentage ² |

¹ ER: \$50 Copay (waived if admitted)

² Varies by state: refer to your state-specific benefit chart for more details

Covered Expenses

- Allergy testing
- Ambulance
- Chemotherapy
- Durable medical equipment
- Emergency room
- Home healthcare
- Hospice care
- 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.

Key Plan Features & Options



\$5 Million Lifetime Maximum

Your policy provides total plan benefits up to a lifetime maximum of \$5 million per covered person. That's total peace of mind.

Prescription Drug Program

The Prescription Drug program provides:

- ✓ Use of a prescription drug card at participating pharmacies
- ✓ Mail order program available for up to a 90-day prescription supply
- ✓ Your choice of generic, select brand name or additional brand name drugs
- ✓ Benefits are subject to applicable copayments*

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

Optional Dental Coverage

Dental coverage is also available for individuals and families. Dental deductibles and benefit percentages, however, are separate from medical deductibles and benefit percentages. The maximum benefit per benefit period, per person, is \$1,000 for Type 1 and Type 2 expenses combined.

Type 1 Expenses:

- ✓ No deductible is required. Charges for covered services are covered at 80% after a six-month waiting period.
- ✓ Benefits include office visits and examinations, cleanings, x-rays, diagnostics, space maintainers and pathology.

Type 2 Expenses:

- ✓ Charges for Type 2 covered services are subject to a \$100 benefit period deductible; then covered at 50% after a 12-month waiting period.
- ✓ Benefits include fillings, oral surgery, extractions, endodontics, periodontics, crowns, inlays, bridges and dentures.

Optional Maternity Coverage

Maternity coverage is available for you or your spouse (if covered under the policy) after a waiting period from the effective date of maternity coverage. Based upon policy provisions, covered expenses include:

- ✓ Prenatal care.
- ✓ Routine delivery charges.
- ✓ In-hospital care of well newborn.
- ✓ Inpatient care and associated charges.

Please refer to your state-specific benefit chart for details. Optional Maternity coverage is not available in Texas.

Qualifications of Coverage



Premium Rates

Your premium rate is guaranteed for the first 12 months of coverage. After 12 months, American Community may modify, at any time, the applicable premium rates for all Triple Tier policies in your state. Modification of premium rates is determined by ALL Triple Tier policies within the same state, not just your claims experience.

Renewability

Renewability is guaranteed in accordance with state and federal law, as shown in the policy. Renewability is NOT based on your claims experience.

American Community

Unprecedented Service is Part of the Plan

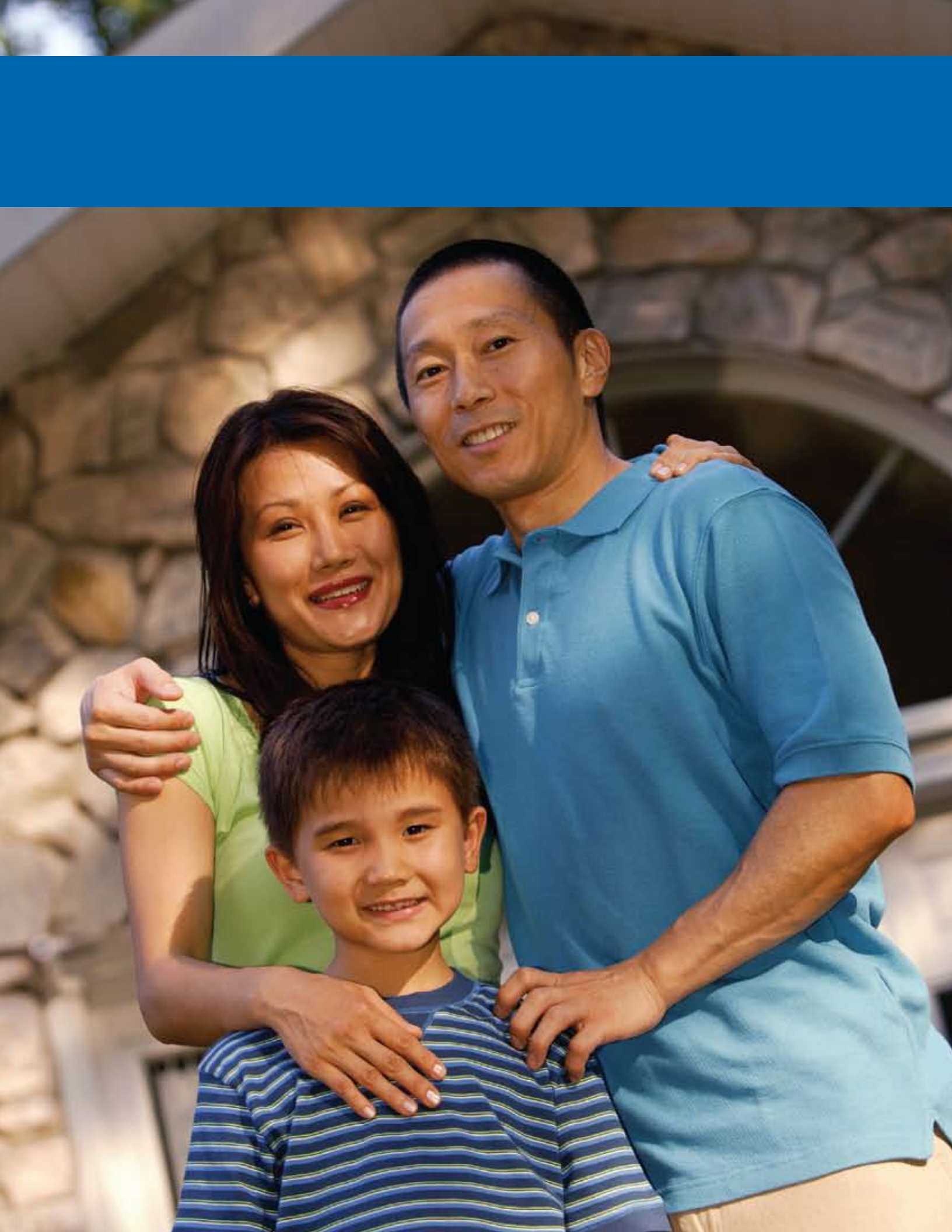
With beginnings dating back to 1938 and headquartered in Livonia, Michigan, American Community is one of the nation's oldest and most respected health insurance providers. Health insurance is what we do. Health insurance is all we do. We are known for innovation in health coverage, and for the creation of affordable products, like our new consumer-choice plans. We are also known for prompt claims payment and outstanding customer service.

Our knowledgeable and experienced staff of customer service representatives is on call to answer any question you may have regarding coverage, billing or payment of claims. Contact information will be provided with your new American Community policy.

Your American Community Agent

Your American Community agent is an independent health insurance specialist. Health insurance is your agent's business. Dedication to the full, best interest of you, the client, is his or her specialty. You can count on this.

This booklet is intended to highlight certain provisions of the plan described. It is not a contract, an insurance policy or a summary plan description booklet. Please see the policy for complete details, terms, conditions and full provisions of coverage.





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