

IT ALWAYS SEEMS IMPOSSIBLE UNTIL IT'S DONE.

HEALTHCARE YOUR BUSINESS DESERVES



About Us

America's Choice Health Plan includes your business in the Employer's Business Alliance, Finally, the solution to healthcare, whether you have only a few team members or a large organization your company can enjoy the benefits of big corporations.

Why Choose Us

- ✓ Our approach is unique in that we align our incentives with you to ensure we are all working toward a common objective: to provide the highest quality healthcare at the lowest possible price.
- ✓ We offer an intuitive platform that alleviates the burden of navigating the complexities of the healthcare system without sacrificing quality.
- ✓ Each member has their own secure online personalized web portal called the Personal Health Dashboard™ (PHD). The PHD can be accessed from any device and offers many resources including: Assessments, Medical Library, Road to Wellness online behavior modification modules, Medical Records, Health Tracker, HealtheMall and much more.

Our Free Benefits Include



Personal Wellness

- Identity Theft
- Travel Discounts
- Relationship Services
- Get Paid to Exercise
- EAP Work-Life Benefits
- EAP Counselling
- EAP Legal Benefits
- Behavior Modification Modules



Financial Wellness

- Lower Your Bills
- Cashback Mall
- Student Debt Relief
- 0% Payday Loan
- Get Paid to Exercise
- Shop Now, Pay Later
- EAP Financial Benefits
- Network Discounts



Health and Well-Being

- Telemedicine
- Health Coaching
- Diabetes Care
- Affordable Medical Imaging
- Balanced Bill Services
- Patient Assistance Program
- Pre-Certification
- Utilization Review
- Drug Import Program

Contact our Compass Health Consultants



941-328-8991



info@chcquotes.com



2024 PRODUCT INFORMATION

\$5000/\$10,000 BRONZE

MAXIMUM ANNUAL BENEFIT AMOUNT

UNLIMITED

ALL BENEFITS PAYABLE UNDER THIS PLAN ARE SUBJECT TO THE PLAN ALLOWABLE.

Rates effective as of June 1, 2023

PER COVERED PERSON (Contracted Physician)	\$5,000
PER COVERED PERSON (Non-Contracted Physician)	\$10,000
PER FAMILY UNIT (Contracted Physician)	\$10,000
PER FAMILY UNIT (Non-Contracted Physician)	\$20,000
CONTRACTED PHYSICIAN MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family) Includes Deductible, Coinsurance & Copayments	\$7,350/\$14,700
NON-CONTRACTED PHYSICIAN MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family) Includes Deductible, Coinsurance & Copayments	\$20,000/\$40,000
COPAYMENTS	
Primary Care Physician Office Visits Family and General Practitioner, and Internist	\$25 Copay
Specialist office visits	\$45 Copay
Physical & Occupational Therapy	\$45 Copay
Speech Therapy	\$45 Copay
Cardiac Rehabilitation	\$45 Copay
Outpatient Mental Health/Substance Abuse	\$25 Copay
Prenatal/Postnatal Office Visits	\$25 Copay
Spinal Manipulation Chiropractic	\$45 Copay
Routine Vision Exam (One per year)	\$45 Copay
Urgent Care	\$60 Copay
TELEMEDICINE-Primary Care	\$0 Copay
TELEMEDICINE-Urgent Care	\$0 Copay
TELEMEDICINE-Mental Health Therapy	\$0 Copay

PREVENTIVE SERVICES - Click Here for a complete list.	
ANNUAL ADULT PHYSICAL	100% OF ALLOWABLE
ADULT IMMUNIZATIONS: Flu Vaccine, Pneumonia Vaccine, Tetanus/Diphtheria	100% OF ALLOWABLE
MAMMOGRAM	100% OF ALLOWABLE
GYNECOLOGICAL SERVICES	100% OF ALLOWABLE
ROUTINE COLONOSCOPY	100% OF ALLOWABLE
WELL CHILD CARE/NEWBORN CARE	100% OF ALLOWABLE
PHYSICIAN SERVICES: PERFORMED AND BILLED IN OFFICE	
CONTRACTED PHYSICIAN: Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner)	100%, AFTER COPAY, Subject to Plan Allowable
NON-CONTRACTED PHYSICIAN: Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner)	60%, AFTER Non-Certified Providers Deductible, Subject to Plan Allowable
CONTRACTED PHYSICIAN: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis)	100%, AFTER COPAY, Subject to Plan Allowable
NON-CONTRACTED PHYSICIAN: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis)	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable

OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN OUTPATIENT FACILITY**DIAGNOSTIC TESTING**

LAB, X-RAY

80%, AFTER DEDUCTIBLE,
Subject to Plan Allowable**COMPLEX DIAGNOSTIC SERVICES**

CT Scan, MRI, Ultra Sound, PET & Nuclear Medicine

80%, AFTER DEDUCTIBLE,
Subject to Plan Allowable**SURGICAL SERVICES**

Procedures & Anesthesia

80%, AFTER DEDUCTIBLE,
Subject to Plan Allowable**EMERGENCY / URGENT CARE****URGENT CARE IN AN URGENT CARE FACILITY**100%, AFTER COPAY,
Subject to Plan Allowable**EMERGENCY ROOM SERVICES**80%, AFTER DEDUCTIBLE
Subject to Plan Allowable**EMERGENCY AMBULANCE SERVICES**

Ground / Air Ambulance

80%, AFTER DEDUCTIBLE
Subject to Plan Allowable**INPATIENT HOSPITAL SERVICES****ROOM AND BOARD**

Paid at the facility's semi-private room rate

80%, AFTER DEDUCTIBLE
Subject to Plan Allowable**INTENSIVE CARE UNIT**

Paid at the facility's semi-private room rate

80%, AFTER DEDUCTIBLE
Subject to Plan Allowable**MATERNITY SERVICES:****ROOM AND BOARD**Limited to semi-private room rate
Dependent daughter pregnancy is not covered80%, AFTER DEDUCTIBLE
Subject to Plan Allowable

THERAPIES	
PHYSICAL & OCCUPATIONAL THERAPIES Limited to 20 visits combined per benefit period	100% AFTER COPAY, Subject to Plan Allowable
SPEECH THERAPY Limited to 20 visits per benefit period	100% AFTER COPAY, Subject to Plan Allowable
CARDIAC REHABILITATION THERAPY Limited to 36 visits per therapy, per benefit period	100% AFTER COPAY, Subject to Plan Allowable
CHIROPRACTIC SERVICES/SPINAL MANIPULATION Limited to 20 visits per benefit period	100% AFTER COPAY, Subject to Plan Allowable
MENTAL HEALTH CARE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT)	
INPATIENT/PARTIAL HOSPITALIZATION MENTAL HEALTHCARE SERVICES Paid at the facility's semi-private room rate	80% AFTER DEDUCTIBLE, Subject to Plan Allowable
OUTPATIENT MENTAL HEALTHCARE SERVICES	80% AFTER DEDUCTIBLE, Subject to Plan Allowable
SUBSTANCE ABUSE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT FOR DETAILS)	
SUBSTANCE ABUSE REHABILITATION-INPATIENT Paid at the facility's semi-private room rate	80% AFTER DEDUCTIBLE, Subject to Plan Allowable
SUBSTANCE ABUSE REHABILITATION-OUTPATIENT	80% AFTER DEDUCTIBLE, Subject to Plan Allowable

OTHER SERVICES

<p>HOME HEALTH CARE 60 visits per benefit period</p>	<p>80% AFTER DEDUCTIBLE, Subject to Plan Allowable</p>
<p>HOSPICE CARE Residential / Facility</p>	<p>80% AFTER DEDUCTIBLE, Subject to Plan Allowable</p>
<p>SKILLED NURSING CARE Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum</p>	<p>80% AFTER DEDUCTIBLE, Subject to Plan Allowable</p>
<p>DURABLE MEDICAL EQUIPMENT (DME): Limited to 12-month rental or purchase price, whichever is less</p>	<p>80% AFTER DEDUCTIBLE, Subject to Plan Allowable</p>
<p>PROSTHETICS AND ORTHOTIC DEVICES: Max amount of \$6,500 per member/per plan year</p>	<p>80% AFTER DEDUCTIBLE, Subject to Plan Allowable</p>
<p>ALL OTHER COVERED CHARGES</p>	<p>80% AFTER DEDUCTIBLE, Subject to Plan Allowable</p>

RX BENEFIT HIGHLIGHTS

<p>Rx Company</p>	<p>Medalist Rx</p>
<p>Phone</p>	<p>855-633-2579</p>
<p>Website</p>	<p>MedalistRx.com</p>
<p>Formulary</p>	<p>Medalist Formulary</p>

RX COPAYMENTS

RETAIL PHARMACY COPAYMENTS (30 DAY SUPPLY)	GENERIC- \$10 COPAY
	BRAND NAME - \$45 COPAY
	NON-PREFERRED BRAND - \$100 COPAY
MAIL ORDER OR RETAIL PHARMACY COPAYMENTS (90 DAY SUPPLY)	GENERIC-\$30 COPAY
	BRAND NAME -\$90 COPAY
	NON-PREFERRED BRAND-\$150 COPAY
SPECIALTY MEDS	**SPECIALITY MEDICATIONS ARE NOT COVERED BY THE PLAN. MEDICATIONS MAY BE SEPARATELY AVAILABLE THROUGH PHARMACY IMPORTATION PROGRAM (PIP) OR A PATIENT ASSISTANCE PROGRAM (PAP). AMERICA'S CHOICE WILL ASSIST MEMBERS WITH THESE APPLICATIONS.

PRECERTIFICATION

Precertification is required for all in-hospital admissions, imaging (CT/PET/MRI/MRA), home health, skilled nursing, hospice, DME (over \$500), chemotherapy/radiation, organ transplants, sleep studies, prosthetics/orthotics, therapies (chiropractic, cardiac, PT/OT/ST), and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. A 50% (up to \$2,500) penalty will apply for not obtaining precertification.

This illustration describes the plan in an easily understood manner and is presented as a matter of general information only.

The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan; and it is not to be considered a policy of insurance.

\$5,000/\$10,000 BRONZE	Age Band		
	18-44	45-54	55-62
Employee	\$556.48	\$576.12	\$616.62
Employee + Spouse	\$1,002.96	\$1,042.24	\$1,123.24
Employee + Child(ren)	\$915.66	\$951.02	\$1,023.91
Family	\$1,454.44	\$1,513.37	\$1,634.86