

ABANA TransChoice Plan Outline

| Coverage | Description | Plan 1 | Plan 2 | Plan 3 |
|--|--|---|---|---|
| Outpatient Physician Office Visit Indemnity Benefit | Maximum 6 visits per calendar year per covered insured | \$80 | \$80 | \$80 |
| Daily In-Hospital Benefit | Benefits per overnight stay of hospital confinement maximum 30 day confinement | \$150 | \$750 | \$1,000 |
| Outpatient Diagnostic X-Ray & Lab | Per testing day for test performed 3 day maximum test days per calendar year per insured | \$50 | \$100 | \$150 |
| In-Hospital & Surgical Addition Benefit | Benefit per confinement per insured | N/A | \$1000 <i>Maximum 1 confinement per calendar year per insured</i> | \$3000 <i>Maximum 2 confinement per calendar year per insured</i> |
| Surgical & Anesthesia Benefit | Benefit amount based on surgery schedule; based on the benefit level chosen for the type of surgery preformed. Benefit Level Percentage | \$1000 <i>20%</i> | \$2500 <i>20%</i> | \$3500 <i>20%</i> |
| Wellness Indemnity Benefit | Benefit per visit for physical exam or certain diagnostic test Maximum 1 visit per calendar year per insured Well Child visits 4 per year: 0-12 months & 2 per year 12-24 months | \$50 | \$150 | \$150 |
| Off the Job Accident | Benefit per insured per calendar year maximum 5 covered accidents | N/A | \$200 | \$200 |
| Emergency Room Benefit | Benefit per visit to the emergency room maximum visit per calendar year per insured 4 visit DUE TO SICKNESS ONLY | \$100 | \$150 | \$150 |
| Critical Illness & Subsequent Critical Illness Benefit | Benefit per initial diagnosis of covered critical illness, also same amount on a subsequent and separate covered illness | N/A | \$5,000 <i>Lump sum amount</i> | \$10,000 <i>Lump sum amount</i> |
| Ambulatory | Benefit per ambulance trip 3 trips per covered insured per calendar year | \$100 | \$100 | \$200 |
| Term Life Insurance | Included | N/A | \$25,000 individual Spouse @ \$10,000 Ch. \$2,500 | \$35,000 individual Spouse @ %50 of member benefit Ch. \$2,500 |
| PPO Network www.multiplan.com | Member and covered dependents will receive contracted savings from the normal fees charged by network physicians, hospitals and outpatient X-rays and laboratory providers. | INCLUDED | INCLUDED | INCLUDED |
| Select Short Term Disability | Elimination Period 14 days for sickness and accident benefit period 6 months. Benefit up to \$600.00 Monthly | INCLUDED | INCLUDED | INCLUDED |
| Prescription Drug Benefit | | \$15 Copay Formulary Drug member Maximum annual benefit per covered insured per calendar year \$750 | \$10 Copay Formulary Drug member \$15 Copay Contraceptive formulary drug member Maximum annual benefit per covered insured per calendar year \$1000 | \$10 Copay Formulary Drug member \$15 Copay Contraceptive formulary drug member \$50 Brand Name Maximum annual benefit per covered insured per calendar year \$750 |
| Monthly Rates | | | | |
| Member Only | | \$88.52 | \$187.95 | \$275.86 |
| Member & Spouse | | \$135.72 | \$311.37 | \$466.04 |
| Member & Children | | \$131.80 | \$293.49 | \$440.53 |
| Family | | \$179.51 | \$418.17 | \$632.68 |

Weekly, Bi-Weekly and Monthly deductions available.

A \$2.00 transaction fee will be added to each premium stated for each transaction Weekly, Bi-Weekly & Monthly