



AMERICA'S CHOICE

**ANNUAL MAX 500**

 **America's Choice**

## Rates effective as of June 1, 2023

PER COVERED PERSON (Contracted Physician)	Zero Deductible
PER COVERED PERSON (Non-Contracted Physician)	Zero Deductible
PER FAMILY UNIT (Contracted Physician)	Zero Deductible
PER FAMILY UNIT (Non- Contracted Physician)	Zero Deductible
CONTRACTED PHYSICIAN NETWORK MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family) <i>Includes Deductible, Coinsurance &amp; Copayments</i>	Not Applicable
NON-CONTRACTED PHYSICIAN MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family) <i>Includes Deductible, Coinsurance &amp; Copayments</i>	Not Applicable
<b>COPAYMENTS</b>	
Primary Care Physician Office Visits (Family, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner)	\$50 per visit 10 Visits per Member per Plan Year (Includes all visit types)
Specialist Office Visits	
Physical & Occupational Therapy	
Speech Therapy	
Cardiac Rehabilitation	
Outpatient Mental Health/Substance Abuse Office Visits	
Prenatal/Postnatal Office Visits	
Spinal Manipulation Chiropractic	
Routine Vision Exam (One per year)	
Urgent Care	
TELEMEDICINE-Primary Care	ZERO COPAY
TELEMEDICINE-Urgent Care	ZERO COPAY
TELEMEDICINE-Mental Health Therapy	ZERO COPAY
<b>PREVENTIVE SERVICES - <a href="#">Click Here</a> for a complete list.</b>	
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



## HIGHLIGHTS ANNUAL MAX 500

- NO DEDUCTIBLE - All Copays!
- \$500,000 Annual Max - \$2,500,000 Lifetime Max
- NO PRE-EXISTING EXCLUSIONS - No Waiting Periods
- ALL ACA Preventive services covered
- \$0 Copay for Telemedicine - Primary, Urgent, Mental
- Cancer covered - \$150 copay/treatment - \$25k Max
- APS Rx - Designed for Acute Care
- Very Affordable Rates!

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)	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)	Subject to Plan Allowable

#### OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN OUTPATIENT FACILITY

<b>DIAGNOSTIC TESTING</b> LAB, X-RAY	\$50 Copay per Visit 3 Visits per Member per Plan Year
<b>COMPLEX DIAGNOSTIC SERVICES</b> CT, MRI, US, PET & Nuclear Medicine	\$250 Copay per Visit 3 Visits per Member per Plan Year
<b>SURGICAL SERVICES</b> Includes Facility, Surgeon Fees/Physician Fees and Anesthesia	\$250 Copay per Surgery 3 Surgeries per Plan Year
<b>EMERGENCY</b>	
<b>EMERGENCY ROOM/OBSERVATION</b> Less than 24 hours	\$250 Copay per Visit 2 Visit Limit for ER Accident per Plan Year. 2 Visit Limit for ER Sick per Plan Year.
<b>EMERGENCY AMBULANCE SERVICES</b> Ground / Air Ambulance	100% Covered 2 Transports per Plan Year, combined



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INPATIENT HOSPITAL SERVICES	
<b>ROOM AND BOARD</b> Includes Facility and Physician Fees	\$1,000 Copay per Admission Limit to 2 hospitalizations per plan year. 10-day limit per hospitalization. Subject to Plan Allowable
<b>INTENSIVE CARE UNIT</b> Includes Facility and Physician Fees	\$1,000 Copay per Admission Limit to 3 hospitalizations per plan year. 10-day limit per hospitalization. Subject to Plan Allowable
<b>SURGICAL SERVICES (ALL FEES)</b> Includes Facility, Surgeon Fees/Physician Fees and Anesthesia	\$1,000 Copay per Surgery Limit to 2 surgeries per Plan Year. 10-day limit per hospitalization. Subject to Plan Allowable
MATERNITY SERVICES	
<b>ROOM AND BOARD -</b> Limited to semi-private room rate. *Dependent daughter pregnancy is not covered.	\$250 Copay per Vaginal Delivery / \$500 per C-Section Delivery,  100% Coverage for other Maternity Services
MENTAL HEALTH CARE SERVICES: REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT)	
<b>INPATIENT/PARTIAL HOSPITALIZATION MENTAL HEALTHCARE SERVICES</b> Paid at the Facility's Semi-Private room rate	\$250 per Admission 10-day limit per hospitalization, 2 stays per year Subject to Plan Allowable
CANCER TREATMENT SERVICES	
<b>INFUSION/INJECTION DRUGS</b>	\$100 Copay per Visit \$25,000 Maximum Benefit per Plan Year (Maximum combined with Chemotherapy benefit)
<b>CHEMOTHERAPY/RADIATION</b>	\$100 Copay per Visit \$25,000 Maximum Benefit per Plan Year (Maximum combined with Infusion/Injection benefit)
SUBSTANCE ABUSE SERVICES: REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT FOR DETAILS)	
<b>SUBSTANCE ABUSE REHABILITATION-INPATIENT</b> Paid at the facility's semi-private room rate	\$250 per Admission Subject to Plan Allowable
<b>SUBSTANCE ABUSE REHABILITATION-OUTPATIENT</b>	\$50 Copay per Visit 10 Visit per Member Maximum Benefit per Plan Year



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<b>OTHER SERVICES</b>	
<b>ALLERGY SHOTS</b>	\$50 Copay per Visit 100% AFTER COPAY, Subject to Plan Allowable
<b>HOME HEALTH CARE</b>	\$50 Copay per Visit \$500 Maximum Benefit per plan year per Member
<b>HOSPICE CARE</b> Residential / Facility	\$5,000 Maximum Benefit per Plan Year Subject to Plan Allowable
<b>SKILLED NURSING CARE</b> Paid at facility's semi-private room rate	\$50 Copay per Day \$5,000 Maximum Benefit per Plan Year Subject to Plan Allowable
<b>DURABLE MEDICAL EQUIPMENT (DME):</b> Limited to 12 month rental or purchase price, whichever is less	\$50 Copay per Item \$500 Maximum Benefit per Plan Year Subject to Plan Allowable
<b>PROSTHETICS AND ORTHOTIC DEVICES</b>	\$50 Copay per Item \$2,500 Benefit Maximum per Plan Year Subject to Plan Allowable
<b>ALL OTHER COVERED CHARGES</b>	Subject to Plan Allowable
<b>RX BENEFIT HIGHLIGHTS</b>	
<b>Rx Company</b>	<b>America's Pharmacy Source</b>
<b>Phone</b>	1-800-974-7036
<b>Website</b>	My Free Pharmacy Via America's Pharmacy Source: <a href="https://myfreepharmacy.com">myfreepharmacy.com</a>
<b>Formulary</b>	<a href="#">APS Formulary</a>
<b>RX COPAYMENTS</b>	
<b>RETAIL PHARMACY COPAYMENTS</b> (30 DAY SUPPLY)	ZERO COPAY
<b>MAIL ORDER OR RETAIL PHARMACY COPAYMENTS</b> (90 DAY SUPPLY)	ZERO COPAY



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# AMERICA'S PHARMACY SOURCE HIGHLIGHTS

## ANNUAL MAX PLANS

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- **125 acute medications and over 480 maintenance medications**
- **Home delivery service with tracking through USPS**
- **30 and 90-day supply options**

\*Specialty medications are not covered



# ANNUAL MAX PLANS 100-500

## PLAN PRICING

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	<b>ACHP 500</b>
Employee Only	<b>\$479.00</b>
Employee / Spouse	<b>\$679.00</b>
Employee / Child(ren)	<b>\$629.00</b>
Employee / Family	<b>\$929.00</b>

\*\*\* New age band for 18-35 coming in Q2!

# PHCS PRACTITIONER & ANCILLARY NETWORK

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- **Check for your doctors - Can always nominate if not in-network**
- **Hospitals and Facilities do not show up under network search**
- **Scheduled Procedures - require a Precertification (866.815.6001)**
  - **Name of procedure and provider - Detego will do the rest**
  - **May search a driveable radius and make offer to client**
- **Emergency - No Pre-Cert needed - go anywhere and get treatment**
- **Out of Network Doctors - Detego will pay In-Network rate**
- **Out of Network Hospitals/Surgery - RBP (up to 4x Medicare rate)**



# IMPORTANT DATES/CUTOFFS

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- **1st - Monthly effective dates**
- **23rd - Last day for upcoming 1st of month effective date**
- **20th - All future monthly premium drafts**
- **Must submit the application prior to primary turning 63**
- **7-10 Business Days to receive physical insurance cards**
- **Benefit Year is Calendar**
- **Rate year resets on 07/01**

# IMPORTANT CONTACTS

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## **MEMBER SUPPORT**

(866)815-6001

Mon-Fri 7-5 CST

[memberservices@detegohealth.com](mailto:memberservices@detegohealth.com)

## **AGENT SUPPORT**

(920)631-1413

[support@effectiveins.com](mailto:support@effectiveins.com)