

*Individual Health Insurance Comparison*

**American Community**  
Community Preferred  
PPOM

**Assurant**  
RightStart PPO  
PPOM

**Humana**  
HumanaOne  
PPOM

**Golden Rule**  
Co-pay Select  
PPOM

**BCBS**  
Individual Care Blue  
BCBS

**Continental General**  
Elite Advantage  
PPOM

**In-Network Benefits**

**Deductible**

Individual	\$500, \$1,000, \$1,500, \$2,500	\$500, \$1,000, \$2,500	\$500, \$1,000, \$2,500, \$5,000	\$500, \$1,000, \$1,500, \$2,500	\$0	\$500, \$1,000, \$1,500, \$2,500
Family	2x deductible	3x deductible	3x deductible	2x deductible	\$0	3x deductible

**Co-insurance**

Percentage	10% or 20% to \$5000	50% to \$4000	20% to \$10,000	20% to \$10,000	30% to \$2,500	10%, 20%, 40% to \$500 or \$10,000
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**Out-of-Pocket Maximums (excluding ded.)**

Individual	\$500 & \$1000	\$2,000	\$2,000 per person	\$2000 per person	\$2,500	\$500, \$1,000, \$2,000, \$4,000
Family		\$4,000				3x individual co-insurance

**Prescriptions**

Deductible	\$0	\$500 calendar year ded. for brand name	\$500 per individual opt. \$0 ded available	\$100 calendar year ded. for brand name	\$0	\$0
Generic co-pay	25% co-pay, minimum \$25, max \$100	\$15	\$10/\$30	\$15 co-pay	50% co-pay \$10 min. \$100 maximum	Discount or %15 co-pay
Brand name co-pay		\$25 co-pay + 50% co-insurance	\$30/\$50	\$30 co-pay		Discount or \$25 co-pay and 20%
Non-formulary			25%	\$60 co-pay		Discount or \$35 co-pay and 30%
Maximum per year	\$2,500	\$2,000 buy up option	\$2,500	Unlimited	\$2,500	

**Physician Charges**

Office visit	\$25 co-pay	Ded. & co-insurance or added option of	\$25/\$40 co-pay 4 visits per year	\$25 co-pay	n/a	\$30 co-pay or ded. and co-insurance
Office visit - x-ray & lab	First \$200 covered	Ded. & co-insurance	Ded. & co-insurance	Ded. & co-insurance		Lab covered for lower deductible plans only
Preventive services	\$400 per family member per year	Covered after 1 year after ded. & co-insurance	20% co-pay after 90 day wait	\$25 co-pay, x-ray lab ded. & co-insurance	No coverage except for mammography	Ded. & co-insurance or \$500 for covered expenses
Hospital visits	Ded. & co-insurance	Ded. & co-insurance	Covered after ded.	Ded. & co-insurance	30% co-pay	Ded. & co-insurance
Surgery & anesthesiology	Ded. & co-insurance	Ded. & co-insurance	Covered after ded.	Ded. & co-insurance	30% co-pay	Ded. & co-insurance

**Hospital & Other Facility Charges**

In-patient care	Ded. & co-insurance	Ded. & co-insurance	Ded. & co-insurance	Ded. & co-insurance	30% co-pay	Ded. & co-insurance
Out-patient care	Ded. & co-insurance	Ded. & co-insurance \$5,000 max. per year \$10,000 buy up avail	Ded. & co-insurance	Ded. & co-insurance	30% co-pay	Ded. & co-insurance
Diagnostic, x-ray & lab	First \$200 covered then ded. and co-insurance	Ded. & co-insurance	Ded. & co-insurance	Ded. & co-insurance	30% co-pay	Ded. & co-insurance
Emergency care (must be medical emergency)	Ded. & co-insurance	\$75 co-pay then ded. & co-insurance	\$75 co-pay then ded. & co-insurance	\$100 co-pay ded. & co-insurance	30% co-pay	\$74 co-pay & deductible
Hospice care	Ded. & co-insurance then \$200 per day \$7,500 per benefit period	Not covered	Ded. & co-insurance	Ded. & co-insurance limited to 180 days for inpatient care	100% up to approved dollar amount	20% co-insurance
Home health care	Ded. & co-insurance then \$75 per day \$60 per calendar year	Not covered	Ded. & co-insurance	Ded. & co-insurance lifetime maximum 365 visits nursing services 1,000 hours	30% co-pay	Deductible & 20%

**Mental Health & Substance Abuse**

In-patient mental health	Not covered	Not covered	Ded. & 50% co-insurance	Ded. & co-insurance lifetime max \$3,000	30% co-pay up to 30 days	50% to \$2,000 max
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*Rates vary based on each person's needs. Please contact your agent for a rate quote based on your individual needs.*

	<u>American Community</u> Community Preferred PPOM	<u>Assurant</u> RightStart PPO PPOM	<u>Humana</u> HumanaOne PPOM	<u>Golden Rule</u> Co-pay Select PPOM	<u>BCBS</u> Individual Care Blue BCBS	<u>Continental General</u> Elite Advantage PPOM
Out-patient mental health	Not covered	Not covered	Ded. & 50% co-insurance	Ded. & co-insurance \$50 per visit lifetime same \$3,000	n/a	\$10 co-pay & 50% to \$550 max
In-patient substance abuse	Ded. & co-insurance amount payable is adjusted annually	Not covered	Ded. & co-insurance, amount payable is adjusted annually	Ded. & co-insurance lifetime max \$3,000	30% up to approved dollar amount	n/a
Out-patient substance abuse		Not covered		Ded. & co-insurance \$50 per visit		n/a
<b>Plan Maximums</b>						
Lifetime maximum	\$5,000,000	\$50,000, \$100,000, \$250,000 annual \$2,000,000 lifetime	\$5,000,000	\$3,000,000		\$5,000,000

	<u>American Community</u> Community Preferred PPOM Option	<u>Assurant</u> RightStart PPO PPOM Option	<u>Humana</u> HumanaOne PPOM Option	<u>Golden Rule</u> Co-pay Select Golden Rule Network	<u>BCBS</u> Individual Care Blue BCBS	<u>Continental General</u> Elite Advantage PPOM Option
<b>Out-of-Network Benefits</b>						
<b>Deductible</b>						
Individual	\$500 & \$50 co-pay	2x in-network	\$1,000	2x in-network 75% of covered benefits only	\$0	\$1,000, \$2,000, \$5,000, \$10,000
Family	2x deductible	2x in-network	3x deductible	2x in-network 75% of covered benefits only	\$0	3x deductible
<b>Co-insurance</b>						
Percentage	40% of usual, cust. & reasonable charges	70%	40%	20% & 25% of usual, cust. & reasonable	50% co-pay per person	30%, 40%, 50%
<b>Optional Benefits</b>						
Supplemental accident	\$500 per person	\$2,500, \$5,000, \$10,000	n/a	\$500 per person	n/a	\$500, \$1,000, \$2,500, \$5,000
Deductible carryover	available	available	Included, no charge	n/a	n/a	n/a
Dental	available	available	available	discount programs	n/a	n/a
Life insurance	n/a	available	available	available	n/a	Included in plan
Maternity	n/a	Complications only	\$500 ded. then 60% after waiting period	\$2,500 & \$4,000 options 50% first year	Included at 30%, no pre- or post-natal care	Complications only
Critical illness lump sum payment	n/a	available	n/a	n/a	n/a	available

**Disclaimer:** This is intended as a benefits summary. It is not a contract. Additional limitations and exclusions may apply to covered services.

<b>Coverage Type</b>	<u>American Community</u> Community Preferred PPOM	<u>Assurant</u> RightStart PPO PPOM	<u>Humana</u> HumanaOne PPOM	<u>Golden Rule</u> Co-pay Select PPOM	<u>BCBS</u> Individual Care Blue BCBS	<u>Continental General</u> Elite Advantage PPOM
Single	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Couple	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Adult & Child	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00

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