

Access Series

*Integra-AmeriBenefit Plan Association
A Limited Health Benefit Insurance Plan
for you and your family*

Limited Health Benefit Underwritten By



Association Member Benefits Provided By



AmeriBenefit Plan


Integra-AmeriBenefit Plan Association PLAN DESIGNS

ACCESS						
INDEMNITY BENEFITS (All maximums are per Plan Year)	PLAN 1			PLAN 2		
Hospital Indemnity: Coverage for confinement in a Hospital as a result of accident or sickness. Benefits are paid at the amount shown for each day of confinement up to the maximum number of days per plan year. <i>The Hospital Confinement and Hospital Intensive Care Unit Confinement benefit will not be paid concurrently.</i>	\$500/day Maximum 30 days/ Plan Year			\$750/day Maximum 30 days/ Plan Year		
ICU Benefit: Coverage for confinement in a Hospital Intensive Care Unit. Benefits are paid at the amount shown for each day of confinement up to the maximum number of days per year. <i>The Hospital Intensive Care Unit Confinement and Hospital Confinement benefit will not be paid concurrently.</i>	\$1,000/day Maximum 10 days/ Plan Year			\$1,500/day Maximum 10 days/ Plan Year		
Surgery Inpatient & Outpatient: Coverage for surgery performed according to the surgical schedule per covered procedure. Surgical schedule by plan is based on the specified percentage of the 2009 Arizona Physician Fee Schedule (Medicare allowable RBRVS).	80%			80%		
Anesthesia: Covers administration of anesthesia if the surgical indemnity benefit is payable. Benefits are paid according to a percentage of the surgical schedule.	25%			25%		
Doctor Visit: Covers visits to a doctor's office for treatment of a covered sickness or injury. Benefits are paid at the pre-selected fixed dollar amount per visit up to a maximum number of visits per policy year.	\$50/Visit Maximum 4 Visit/ Plan Year			\$75/Visit Maximum 3 Visit/ Plan Year		
Wellness: Coverage for routine examination or well child care. Covered services include: medical history, physical examination, X-rays and laboratory tests including a Pap test, colorectal screening, prostate cancer screening, mammography and bone density screening.	\$50/Visit Maximum 1 Visit/ Plan Year			\$100/Visit Maximum 1 Visit/ Plan Year		
Emergency Room: Coverage for services that result from a sickness or injury that are medically necessary and are provided on an emergency basis that do not result in a hospital confinement.	\$100/Visit Maximum 1 Visit/ Plan Year			\$100/Visit Maximum 1 Visit/ Plan Year		
DXL: Coverage for charges for diagnostic; x-ray and/or laboratory testing due to a covered sickness or accident are paid at a pre-selected fixed dollar amount per test up to a maximum number of tests per policy year.	\$100/Day Maximum 3 Testing Days/ Plan Year			\$100/Day Maximum 3 Testing Days/ Plan Year		
DISCLAIMER: This insurance is not major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. The plan limitations are disclosed in the certificate of coverage provided in the fulfillment kit. "For costs and complete details of the coverage, call your insurance agent." <i>The above Limited Health Benefits are underwritten by Companion Life Insurance Company rated A+ by A.M. Best.</i>						
NON-INSURANCE BENEFITS						
Prescription Drug / Aetna Dental / Coast To Coast Vision / Beechstreet PPO Network: Description and State Availability on page 4.	Included			Included		
ABP Association: Description of Levels on Association Brochure Insert GIABP11/10	Basic / 10 / 20			Basic / 10 / 20		
	Basic	10	20	Basic	10	20
Member	\$239.32	\$280.32	\$306.32	\$260.71	\$301.71	\$327.71
Member & Spouse	\$403.86	\$462.81	\$487.81	\$449.87	\$508.82	\$533.82
Member & Children	\$361.07	\$420.02	\$445.02	\$399.59	\$458.54	\$483.54
Family	\$483.56	\$542.51	\$567.51	\$545.61	\$604.56	\$629.56

Integra-AmeriBenefit Plan Association PLAN DESIGNS

PREMIER ACCESS						
INDEMNITY BENEFITS	PLAN 3			PLAN 4		
Hospital Indemnity	\$1,000/day Maximum 60 days/ Plan Year Additional \$1,000 1st day benefit			\$2,000/day Maximum 30 days/ Plan Year		
Hospital Indemnity	\$2,000/day Maximum 15 days/ Plan Year			\$4,000/days Maximum 15 days/ Plan Year		
Surgery Inpatient & Outpatient	100%			100%		
Anesthesia	25%			25%		
Doctor Visit	\$100/Visit Maximum 3 Visit/ Plan Year			\$50/Visit Maximum 3 Visit/ Plan Year		
Wellness	\$100/Visit Maximum 1 Visit/ Plan Year			\$50/Visit Maximum 1 Visit/ Plan Year		
Emergency Room	\$100/Visit Maximum 1 Visit/ Plan Year			\$100/Visit Maximum 1 Visit/ Plan Year		
DXL	\$200/Day Maximum 3 Testing Days/ Plan Year			\$50/Day Maximum 3 Testing Days/ Plan Year		
<p>The Limited benefit Plan may have a pre-existing condition limitation. A pre-existing condition is a condition, physical or mental, regardless of cause or condition, for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a 12 month period preceding the effective date of covered person. Benefits are not available in CA, CT, HI, KS, ME, MD, MN, MT, NH, NC, NJ, NV, NY, OR, PR, SD, WA. When applicable, the one time non-refundable application fee will be refunded in the following states: AR, GA, IN, MO, ND, SC, VT.</p>						
NON-INSURANCE BENEFITS						
Prescription Drug / Aetna Dental / Coast To Coast Vision / Beechstreet PPO	Included			Included		
ABP Association	Basic / 10 / 20			Basic / 10 / 20		
	Basic	10	20	Basic	10	20
Member	\$350.78	\$392.78	\$417.78	\$375.00	\$417.00	\$442.00
Member & Spouse	\$631.86	\$690.86	\$715.86	\$683.94	\$742.94	\$767.94
Member & Children	\$558.46	\$617.46	\$642.46	\$602.06	\$661.06	\$686.06
Family	\$777.15	\$836.15	\$861.15	\$847.40	\$906.40	\$931.40

Integra-AmeriBenefit Plan Association Non-Insurance Benefits

PRESCRIPTION DRUG BENEFIT	This benefit is designed to assist members in reducing the burdensome expense of prescription drug medications. The Preferred Drug List has four tiers:
TIER 1	Preferred brand and generic drugs that will be available for a fixed fee of \$10.00 or less for the scheduled quantity & dose.
TIER 2	Preferred brand and generic drugs that will be available for a fixed fee of \$20.00 or less for the scheduled quantity & dose.
TIER 3	Preferred brand and generic drugs that will be available for a fixed fee of \$40.00 or less for the scheduled quantity & dose.
TIER 4	Non-preferred brand and generic drugs for which HealthWINS Rx has negotiated a special discount price of up to 40% with an average savings of 20%.
	The HealthWINS Rx card is accepted at more than 50,000 participating pharmacies throughout the United States. The network includes most major pharmacy chains, as well as thousands of independent pharmacies. The network pharmacies' participation is not an endorsement of this program.

AMERIBENEFIT PLAN ASSOCIATION

Through your membership in the AmeriBenefit Plan, you will enjoy numerous Health, Travel, Business and Consumer-related discounts and services. Please refer to the AmeriBenefit Plan Brochure Insert for additional details.

MEMBER ADVOCACY

Navigating the world of healthcare claims, networks, referrals and deductibles takes special expertise – often overwhelming members and their family and leaving HR departments with more than they can or should support.

The Member Advocacy program offers crucial resources to serve members who need to: • Find doctors • Resolve insurance claims • Negotiate billing and payment arrangements • Handle a complicated medical condition

AETNA DENTAL ACCESS®

Immediate savings at over 76,000* participating Aetna Network Dental Providers. 15-50%** discounts on nearly every type of dental procedure, including crowns, x-rays and fillings, as well as orthodontia, periodontics and endodontics. No Health Restrictions. www.locateproviders.com

(Dental Benefit is not available to FL, KS, and VT residents.)

*According to the Aetna Enterprise Provider Database as of October 1, 2008.

**Actual costs and savings vary by provider and geographical area. The discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes. This discount card program contains a 30 day cancellation period.

COAST TO COAST VISION

Vision Plan has contracted with over 12,000 eye care locations nationwide. Members save on eyeglasses, contacts, eye exams and surgical procedures. Savings of 20% to 60% on prescription eyewear. Also save 10% to 20% on contact lenses at participating retail locations.

Save 40% to 50% off the overall national average on LASIK surgery. www.locateproviders.com

This discount card program contains a 30 day cancellation period.

(Vision Benefit not available to FL, KS, and VT residents.)

BEECHSTREET PPO NETWORK

For information on participating providers and discounts please visit www.beechstreet.com.

ELIGIBLE PROVIDERS

- Doctors and Physicians
- Hospitals and Outpatient Surgical Centers
- Clinics and Specialty Centers
- Laboratories and Imaging Centers

SEE ANY DOCTOR

You are free to see any doctor you choose but your coverage goes further if you select a participating Preferred Network Provider and take full advantage of the pre-negotiated network rates to reduce your medical bills before the insurance benefit is applied. Even if you elect to see a Non-Network Provider, the full insured benefit amount will still be applied to the bill for covered charges, but without the network rate reduction.

ASSIGNMENT OF BENEFITS

When you need to visit a doctor or go to the hospital, there is no need for you to file a claim for in-network providers because your benefits are fully assignable and can be paid directly to your provider. Any daily hospital benefits will be paid directly to your Provider and all other benefits are assignable at your discretion. In order to assign benefits you sign a document allowing your doctor or your hospital to collect your health insurance benefits directly from the carrier. By assigning benefits you will not have to file a claim with the Insurance carrier to be reimbursed. If you choose, you may pay your provider at the time of service and submit the claim yourself for reimbursement.

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This brochure is not a contract of insurance. The terms and conditions of coverage will be detailed in the Certificate of Insurance issued once we receive your acceptance. If there are any differences between the terms and conditions of this brochure and the policy issued to you, the Certificate of Insurance will govern. The Certificate of Insurance is governed by the laws of the state in which it is delivered. Certain terms or provisions may be different if required by the laws of that state.

Discount Medical Benefit Disclosures: This plan is NOT insurance. This discount card program contains a 30 day cancellation period.