



Silver

Gold

Diamond

HealthMax Plus

National

National

National

National

Medical Care

Doctor's Office Visits: For treatment of injury or sickness per covered person per calendar year. This benefit can also be used as an emergency room benefit.	\$50 Per Visit	\$75 Per Visit	\$75 Per Visit	\$100 Per Visit
Number of Office Visits: Per person Per year (no limit to a family)	5	5	5	7
Diagnostic Testing or X-ray: Medically necessary diagnostic tests and x-rays performed in a doctor's office or outpatient facility. E.g. MRI, CAT Scan, EKG, Mammography	\$50 Per Visit 3 Per Year	\$100 Per Visit 3 Per Year	\$150 Per Visit 3 Per Year	\$400 Per Visit 5 Per Year
Preventative Care Benefit: Benefit applies to testing only	\$100 Per Visit 1 Per Year	\$100 Per Visit 1 Per Year	\$150 Per Visit 1 Per Year	\$150 Per Visit 1 Per Year

Hospitalization

Regular Hospital Inpatient Stay: A maximum of 100 days per confinement.	\$750 Per Day	\$1,000 Per Day	\$1,000 Per Day	\$1,000 Per Day
ICU/CCU: An Extra Daily Benefit	N/A	N/A	\$1,000 Per Day Max 5 Days	\$1,000 Per Day Max 15 Days
Hospital Admission: An Extra Benefit for the first day admitted in the hospital	N/A	N/A	N/A	\$2,000 Per Stay
Critical Illness Rider:	N/A	\$2,500 Primary Applicant Only	\$2,500 Primary Applicant Only	\$5,000 for Primary and Spouse
Surgery: Inpatient/Outpatient Plan pays as a % of Medicare Reimbursement (% of R.B.R.V.S)	50%	80%	100%	100%
Surgery Maximum: Maximum annual benefit for surgery	Unlimited	Unlimited	Unlimited	Unlimited
Anesthesia Benefit: As % of surgery benefit	N/A	20%	20%	25%
Accident Coverage: One accident covered per person, per year	\$2,500 Per Year / \$100 Ded. / 80% Coinsurance	\$5,000 Per Year / \$100 Ded. / 80% Coinsurance	\$5,000 Per Year / \$100 Ded. / 80% Coinsurance	Optional
RX Card Rider: Generic: \$5 Copay- Mail Order / Brand: Avg 48% Discount	Included	Included	Included	Included

IRG Solutions Savings Health Card included on all plans

All Plans Include These Additional Benefits: Multiplan PPO Network www.mulitplan.com	Vision	Physician Services Hospitals	Chiropractic Hearing	Prescriptions Cosmetic Dental
--	--------	---------------------------------	-------------------------	----------------------------------

Monthly Rates

Single:	\$155.00	\$188.00	\$212.00	\$277.76
Single + 1:	\$255.00	\$318.00	\$355.00	\$455.23
Single + Child(ren)	N/A	N/A	N/A	\$507.21
Family:	\$305.00	\$399.00	\$455.00	\$662.51

Dependents Covered Age: 19, or 25 if fulltime student

Employee Eligibility: All Employees

Size of Group: Individuals, Sole Props, 1099 Employees, Groups 2+ (No Participation % Requirement)

All Plans are Guarantee Issue