W. America's Chains											
*America's Choice Physician & Ancillary RBP Plan Structure 2024 PRODUCT INFORMATION	\$500/\$1,000 Titanium	\$1,000/\$2,000 Diamond	\$1,500/\$3,000 Platinum	\$2,500/\$5,000 GOLD	\$2,500/\$5,000 HSA	\$3,500/\$7,000 SILVER	\$3,500/\$7,000 HSA	\$5,000/\$10,000 Bronze	\$5,000/\$10,000 HSA	\$7,350/\$14,700 COPPER	
Rates effective as of July 1, 2024											
MAXIMUM ANNUAL BENEFIT AMOUNT	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	
PER COVERED PERSON (Contracted Physician)	\$500	\$1,000	\$1,500	\$2,500	\$2,500	\$3,500	\$3,500	\$5,000	\$5,000	\$7,350	
PER COVERED PERSON (Non-Contracted Physician)	\$1,000	\$2,000	\$3,000	\$5,000	\$5,000	\$7,000	\$7,000	\$10,000	\$10,000	\$14,700	
PER FAMILY UNIT (Contracted Physician)	\$1,000	\$2,000	\$3,000	\$5,000	\$5,000	\$7,000	\$7,000	\$10,000	\$10,000	\$14,700	
PER FAMILY UNIT (Non- Contracted Physician)	\$2,000	\$4,000	\$6,000	\$10,000	\$10,000	\$14,000	\$14,000	\$20,000	\$20,000	\$29,400	
CONTRACTED PHYSICIAN NETWORK MAXIMUM OUT-OF- POCKET AMOUNT, PER PLAN YEAR (Individual/Family) Includes Deductible, Coinsurance & Copayments	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$6,550/\$13,100	\$7,350/\$14,700	\$6,550/\$13,100	\$7,350/\$14,700	\$6,550/\$13,100	\$7,350/\$14,700	
NON-CONTRACTED PHYSICIAN MAXIMUM OUT-OF-POCKET AMOUNT, PER PLAN YEAR (Individual/Family) Includes Deductible, Coinsurance & Copayments	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	
COPAYMENTS											
Primary Care Physician Office Visits (Family and General Practitioner, and Internist)	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	20% After Deductible	\$25 Copay	20% After Deductible	\$25 Copay	20% After Deductible	\$25 Copay	
Specialist Office Visits	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	
Physical & Occupational Therapy	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	
Speech Therapy	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	
Cardiac Rehabilitation	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	
Outpatient Mental Health/Substance Abuse	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	20% After Deductible	\$25 Copay	20% After Deductible	\$25 Copay	20% After Deductible	\$25 Copay	
Prenatal/Postnatal Office Visits	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	20% After Deductible	\$25 Copay	20% After Deductible	\$25 Copay	20% After Deductible	\$25 Copay	
Spinal Manipulation Chiropractic	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	
Routine Vision Exam (One per year)	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	20% After Deductible	\$45 Copay	
Urgent Care	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	20% After Deductible	\$60 Copay	20% After Deductible	\$60 Copay	20% After Deductible	\$60 Copay	
TELEMEDICINE-Primary Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	Included **	\$0 Copay	Included **	\$0 Copay	20% After Deductible	\$0 Copay	
TELEMEDICINE-Urgent Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	Included **	\$0 Copay	Included **	\$0 Copay	Included **	\$0 Copay	
TELEMEDICINE-Mental Health Therapy	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	Included **	\$0 Copay	Included **	\$0 Copay	20% After Deductible	\$0 Copay	
PREVENTIVE SERVICES - <u>Click Here</u> for a complete list.											
ANNUAL ADULT PHYSICAL	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	
ADULT IMMUNIZATIONS: Flu Vaccine, Pneumonia Vaccine, Tetanus/Diphtheria	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	
MAMMOGRAM	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	
GYNECOLOGICAL SERVICES	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	
ROUTINE COLONOSCOPY	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	
WELL CHILD CARE/NEWBORN CARE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	100% OF ALLOWABLE	

*America's Choice Physician & Ancillary RBP Plan Structure 2024 PRODUCT INFORMATION	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,500/\$7,000	\$3,500/\$7,000	\$5,000/\$10,000	\$5,000/\$10,000	\$7,350/\$14,700
	Titanium	Diamond	Platinum	GOLD	HSA	Silver	HSA	Bronze	HSA	COPPER
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	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	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)	60%, AFTER Non-Certified	60%, AFTER Non-Certified	60%, AFTER Non-Certified	60%, AFTER Non-Certified	80%, AFTER Non-Certified	60%, AFTER Non-Certified	80%, AFTER Non-Certified	60%, AFTER Non-Certified	80%, AFTER Non-Certified	100%, AFTER Non-Certified
	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	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,	100%, AFTER COPAY,	100%, AFTER COPAY,	100%, AFTER COPAY,	80%, AFTER DEDUCTIBLE,	100%, AFTER COPAY,	80%, AFTER DEDUCTIBLE,	100%, AFTER COPAY,	80%, AFTER DEDUCTIBLE,	100%, AFTER COPAY,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	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)	60%, AFTER Non-Certified	60%, AFTER Non-Certified	60%, AFTER Non-Certified	60%, AFTER Non-Certified	80%, AFTER Non-Certified	60%, AFTER Non-Certified	80%, AFTER Non-Certified	60%, AFTER Non-Certified	80%, AFTER Non-Certified	100%, AFTER Non-Certified
	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,	Providers DEDUCTIBLE,				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN O	OUTPATIENT FACILITY									
DIAGNOSTIC TESTING	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	100%, AFTER DEDUCTIBLE,				
LAB, X-RAY	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
COMPLEX DIAGNOSTIC SERVICES CT Scan, MRI, Ultra Sound, PET & Nuclear Medicine	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	100%, AFTER DEDUCTIBLE,				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
SURGICAL SERVICES Procedures & Anesthesia	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	80%, AFTER DEDUCTIBLE,	100%, AFTER DEDUCTIBLE,				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
EMERGENCY / URGENT CARE										
URGENT CARE IN AN URGENT CARE FACILITY	100%, AFTER COPAY,	100%, AFTER COPAY,	100%, AFTER COPAY,	100%, AFTER COPAY,	100%, AFTER DEDUCTIBLE,	100%, AFTER COPAY,	100%, AFTER DEDUCTIBLE,	100%, AFTER COPAY,	100%, AFTER DEDUCTIBLE,	100%, AFTER COPAY,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
EMERGENCY ROOM SERVICES	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	100%, AFTER DEDUCTIBLE				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
EMERGENCY AMBULANCE SERVICES Ground / Air Ambulance	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	100%, AFTER DEDUCTIBLE,				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
INPATIENT HOSPITAL SERVICES										
ROOM AND BOARD Paid at the Facility's Semi-Private room rate	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	100%, AFTER DEDUCTIBLE,				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
INTENSIVE CARE UNIT Paid at the Facility's Semi-Private room rate	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	100%, AFTER DEDUCTIBLE				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				
MATERNITY SERVICES:										
ROOM AND BOARD - Limited to semi-private room rate. Dependent daughter pregnancy is not covered.	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	80%, AFTER DEDUCTIBLE	100%, AFTER DEDUCTIBLE,				
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable				

*America's Choice										
Physician & Ancillary RBP Plan Structure 2024 PRODUCT INFORMATION	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,500/\$7,000	\$3,500/\$7,000	\$5,000/\$10,000	\$5,000/\$10,000	\$7,350/\$14,700
	Titanium	Diamond	Platinum	GOLD	HSA	SILVER	HSA	Bronze	HSA	COPPER
THERAPIES										
PHYSICAL & OCCUPATIONAL THERAPIES Limited to 20 visits combined per benefit period	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
SPEECH THERAPY Limited to 20 visits per benefit period	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
CARDIAC REHABILITATION THERAPY Limited to 36 visits per therapy, per benefit period	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
CHIROPRACTIC SERVICES/SPINAL MANIPULATION Limited to 20 visits per benefit period	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,	80%, AFTER DEDUCTIBLE,	100% AFTER COPAYMENT,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
MENTAL HEALTH CARE SERVICES: SUBJECT TO GROUP SIZE AI	ND REGULATORY REQUIREMEN	NTS (SEE PLAN DOCUMENT)								
INPATIENT/PARTIAL HOSPITALIZATION MENTAL HEALTHCARE SERVICES Paid at the facility's semi-private room rate	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
OUTPATIENT MENTAL HEALTHCARE SERVICES	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
SUBSTANCE ABUSE SERVICES: SUBJECT TO GROUP SIZE AND	REGULATORY REQUIREMENTS	S (SEE PLAN DOCUMENT FOR I	DETAILS)							
SUBSTANCE ABUSE REHABILITATION-INPATIENT Paid at the facility's semi-private room rate	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
SUBSTANCE ABUSE REHABILITATION-OUTPATIENT	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
OTHER SERVICES									1	
HOME HEALTH CARE	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
60 visits per benefit period	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
HOSPICE CARE	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
Residential / Facility	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
SKILLED NURSING CARE Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
DURABLE MEDICAL EQUIPMENT (DME): Limited to 12 month rental or purchase price, whichever is less	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
PROSTHETICS AND ORTHOTIC DEVICES Max amount of \$6,500 per member/per plan year	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable
ALL OTHER COVERED CHARGES	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	80% AFTER DEDUCTIBLE,	100% AFTER DEDUCTIBLE,
	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable	Subject to Plan Allowable

*America's Choice Physician & Ancillary RBP Plan Structure 2024 PRODUCT INFORMATION	\$500/\$1,000 Titanium	\$1,000/\$2,000 DIAMOND	\$1,500/\$3,000 Platinum	\$2,500/\$5,000 GOLD	\$2,500/\$5,000 HSA	\$3,500/\$7,000 SILVER	\$3,500/\$7,000 HSA	\$5,000/\$10,000 Bronze	\$5,000/\$10,000 HSA	\$7,350/\$14,700 COPPER
RX BENEFIT HIGHLIGHTS										
Rx Company	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	America's Pharmacy Source				
Phone	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	800-974-7036
Website	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	MedalistRx.com	My Free Pharmacy Via America's Pharmacy Source: myfreepharmacy.com
Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	Medalist Formulary	APS Formulary
RX COPAYMENTS										
RETAIL PHARMACY COPAYMENTS (30 DAY SUPPLY)	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT AFTER DEDUCTIBLE	GENERIC \$10 COPAYMENT	GENERIC \$10 COPAYMENT AFTER DEDUCTIBLE	GENERIC \$10 COPAYMENT	GENERIC \$15 COPAYMENT AFTER DEDUCTIBLE	ZERO COPAY
	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT AFTER DEDUCTIBLE	BRAND NAME \$45 COPAYMENT	BRAND NAME \$45 COPAYMENT AFTER DEDUCTIBLE	BRAND NAME \$45 COPAYMENT	BRAND NAME \$65 COPAYMENT AFTER DEDUCTIBLE	
	NON-PREFERRED BRAND \$85 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT AFTER DEDUCTIBLE	NON-PREFERRED BRAND \$100 COPAYMENT	NON-PREFERRED BRAND \$85 COPAYMENT AFTER DEDUCTIBLE	NON-PREFERRED BRAND \$100 COPAYMENT	NON-PREFERRED BRAND \$100 COPAYMENT AFTER DEDUCTIBLE	
MAIL ORDER OR RETAIL PHARMACY COPAYMENTS (90 DAY SUPPLY)	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT AFTER DEDUCTIBLE	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT AFTER DEDUCTIBLE	GENERIC \$30 COPAYMENT	GENERIC \$30 COPAYMENT AFTER DEDUCTIBLE	
	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT AFTER DEDUCTIBLE	BRAND NAME \$90 COPAYMENT	BRAND NAME \$90 COPAYMENT AFTER DEDUCTIBLE	BRAND NAME \$90 COPAYMENT	BRAND NAME \$130 COPAYMENT AFTER DEDUCTIBLE	ZERO COPAY
	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT AFTER DEDUCTIBLE	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$150 COPAYMENT AFTER DEDUCTIBLE	NON-PREFERRED BRAND \$150 COPAYMENT	NON-PREFERRED BRAND \$200 COPAYMENT AFTER DEDUCTIBLE	
SPECIALTY MEDS	**SPECIALITY MEDICATIONS AI	RE NOT COVERED BY THE PLAN.	MEDICATIONS MAY BE SEPARA	TELY AVAILABLE THROUGH PHA	RMACY IMPORTATION PROGRA	M (PIP) OR A PATIENT ASSISTAN	ICE PROGRAM (PAP). AMERICA'	S CHOICE WILL ASSIST MEMBER	S WITH THESE APPLICATIONS.	
PRECERTIFICATION										
Precertification is required for all in-hospital admissions, imagin			ME (over \$500), chemotherapy/r	adiation, organ transplants, sle	ep studies, prosthetics/orthotic	cs, therapies (chiropractic, card	ac, PT/OT/ST), and outpatient	surgery. Please refer to the plar	document for a complete list	of all services that require

precertification under your plan. A 50% (up to \$2,500) penalty will apply for not obtaining precertification.

This illustration describes the plan in an easily understood manner and is presented as a matter of general information only.

The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan; and it is not to be considered a policy of insurance.

** Telemedicine Disclaimer - Inclusion of this benefit is subject to change according to the Consolidated Appropriations Act, 2023