

1. Mini Premier PPO Plan

Mini Premier PPO Plan is designed to function like major medical insurance, but contains a \$25,000 annual maximum. It is not a scheduled or indemnity type plan. It's NEW and different program than those offered in the past. The PPO networks, provide great discounts (making your benefit dollars go further) and the doctors and hospitals accept assignment-you do not have to pay and be reimbursed like most plans!

Coverage is available for individuals or families on a guaranteed issue basis during the open enrollment period (regardless of health) as long as you are actively working. Catastrophic coverage (#3) may also be purchased.

Schedule of Benefits		
American Medical Life Insurance Company of New York, NY.		
Plan of Insurance	In-Network	Out-of-Network
Lifetime Plan Maximum	\$100,000 Lifetime Maximum per Covered Person	
Annual Plan Maximum	\$25,000 Annual Maximum per Covered Person	
Calendar Year Deductible (Individual/Family) <i>Calendar Year Deductible applies to every expense listed below, unless otherwise noted. Co-payments are not applied to the Calendar Year Deductible.</i>	\$250 / \$750	\$500 / \$1500

The Right Plan for Families and Individuals



ITC has you covered.

With ITC you can get basic coverage to cover first dollar expenses. (Chose one, not both) and add catastrophic coverage to either program up to \$1,000,000. You choose the plan that best fits your needs and your budget.

Scheduled Benefit
Allstate SHOP

\$25,000
Mini Premier
PPO Plan

\$1,000,000
Preferred Catastrophic

Mini Premier Patient Care Coverage

	In-Network (PPO) Covered Percentage	Out-of-Network Covered Percentage
In-patient Care		
Surgery-Inpatient, Physicians Services	80%	60%
Hospital Inpatient (Facility)	80%	60%
Other Hospital Charges (Including hospital based professional charges) See Note (A)	80%	60%
Physician Services (Inpatient visits)	80%	60%
Out-patient Care See Note (B)		
Physician/Specialist Office Visit (Co-pay does not apply to any other service rendered in the office.)	\$20 Co-pay Then 100%	60%
Other Office Services provided during an Office Visit	80% No Calendar Deductible	60%
Urgent Care Facility	80%	60%
Surgery, Outpatient	80%	60%
Maternity Care (Insured Person and covered spouse only)	80%	60%
Emergency Room (if not admitted inpatient)	80% after \$100 Co-pay	60% after \$100 Co-pay
Cardiac, Occupational, Physical, Pulmonary, & Speech Therapies and Chiropractic See Note (C)	80%	60%
Transplant-Related Expenses	80%	60%
Routine Physical Exams, Pap Smears, Mammograms	\$15 Co-pay Then 100% \$100 Calendar Benefit	60% No Calendar Deductible \$100 Calendar Benefit
Other Services	80%	60%
Mental Health/Substance Abuse	Not Covered	Not Covered
Substance Abuse Care	Not Covered	Not Covered

NOTES: (A): Other Inpatient Hospital Care is subject to \$10,000 annual maximum per Covered Person

(B): Outpatient Care is subject to \$10,000 annual maximum per Covered Person

(C): Subject to 20 visits per category per calendar year, per Covered Person

Underwritten by American Medical and Life Insurance Company 35 Broadway, Hicksville, NY 11802-0546

This material describes health insurance available through American Medical and Life Insurance Company, but is not a contract.

Group Policy Form # AMLIASG MM 2006 POL TX CDAoA

Prescription Benefits Provided by NBPharmacy	Separate from Medical Benefits shown on pages 4 & 5	
Generic Tiered Drug Program	\$10, \$20, or \$40 Tiers	\$10, \$20, or \$40 Tiers
Brand Tiered Drug Program	\$10, \$20, or \$40 Tiers	\$10, \$20, or \$40 Tiers
Non-Select Brand or Generic	discount	discount

Rates	Monthly	Weekly
Member Only	\$201.00	\$46.39
Member plus one	\$435.00	\$100.39
Member Family	\$688.50	\$158.90

Final Rates	Monthly	Weekly
Member Only	\$202.50	\$46.73
Member plus one	\$436.50	\$100.73
Member Family	\$690.00	\$159.24

5 Disclaimer: These rates include PPO charges (\$6/mo).

Disclaimer: These rates include NBpharmacy (\$1.50/mo) and PPO Charges (\$6/mo).