



Limited Benefit Medical Plans

Custom Benefit Plan Parameters

Description	Benefit Parameters
Doctor's Office Visit Benefits paid if a covered person visits a doctor's office for medically necessary treatment, care or advice of an injury or sickness covered under the policy.	Up to \$25-\$125 per visit (0 - 10 visits) <i>(Co-Pay options available)</i>
Adult Wellness Visit Benefits paid for an annual routine examination. Covered services include a medical history, physical examination, X-rays and laboratory tests including Pap tests, colorectal screening, prostate cancer screening, mammography and bone density screening.	Up to \$25 - \$250 per visit (0 - 3 visits)
Well Child Visit For children (birth through age four), benefits paid for well child care. Covered services include a medical history, physical examination and laboratory tests.	Up to \$25 - \$250 per visit (0 - 6 visits)
Outpatient X-Ray & Lab Benefits paid for outpatient laboratory tests and x-rays if a covered person is not confined in a hospital and the tests or x-rays are ordered by a doctor and performed by an appropriately licensed technician.	Up to \$25 - \$250 per visit (0 - 6 visits)
Advanced Studies – includes MRI, PET scan & CAT scan	Up to \$500 or \$1,000 per visit (1 visit)
Emergency Room Benefit Benefits paid for emergency room visits for a medical emergency.	Up to \$50 - \$500 per visit (0 - 5 visits)
In-Patient/Out-Patient Surgery & Anesthesia Benefits Benefit paid if a covered person undergoes medically necessary surgery at the direction of a doctor for a covered injury or sickness. Benefits paid at 25% of the surgery benefit for anesthesia services for pre-operative screening and the administration of anesthesia during a surgical procedure whether an inpatient or outpatient basis.	Up to \$500 - \$3,500
Ambulance Benefit Benefit paid if a covered person requires transportation in an ambulance to the nearest hospital for treatment of an injury or sickness.	Up to \$100- \$500 per trip (2 trips)
First Hospital Confinement Benefits paid when a covered person is confined in a hospital for the first time in the Plan Year; no benefits are available for any subsequent hospitalizations in the same Plan Year. This benefit is paid in addition to the Hospital Confinement benefit.	Lump Sum Benefit: \$500 - \$5,000 Scheduled Benefit: Days 1 & 2: \$500 per day Days 3-5: \$1,000 per day

*The sample benefit parameters shown below represent one of the multiple carriers utilized by CHC. CHC will custom design a plan utilizing the carrier that will best meet each of our clients' unique needs.

**Pending final Health Care Reform regulations, co-pay option may not be available.



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Hospital Confinement Benefits paid if a covered person is confined as an inpatient in a hospital because of a covered injury or illness.	First Day: \$100 - \$2,000 Days 2-100: \$100 - \$2,500
Maternity Benefits paid under the applicable provision for Doctor's Office Visits, Outpatient X-ray & Lab, Surgery or Hospital Confinement for pregnancy-related expenses.	Included
ICU Confinement Pays in addition to the Hospital Confinement Benefit.	Equal to Hospital Confinement Benefit
Substance Abuse Confinement Benefits paid for confinement in a rehab facility for substance abuse.	Half of Hospital Confinement Benefit
Mental Illness Disorder Confinement Benefits paid for confinement in a rehab facility for mental or nervous disorders.	Half of Hospital Confinement Benefit
Skilled Nursing Facility Confinement Benefits paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.	Half of Hospital Confinement Benefit
Accident Medical (\$100 deductible per occurrence)	Up to \$5,000 per occurrence
Accidental Death & Dismemberment Employee Spouse Child	\$15,000 \$7,500 \$3,000
Pharmaceutical Benefits	Discount Drug & Co-pay drug
PPO Network All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates prior to the above benefits being applied.	

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