



Bankers Individual Major Medical PPO Plan FLORIDA

Bankers Health Plans is proud to offer our Individual Major Medical Plan*. You should never go without health insurance.

Our Individual Major Medical Plan is ideal for individuals, families or the self-employed looking for affordable major medical coverage. The plan provides comprehensive medical coverage, the option of a Health Savings Account and the choice of four available provider networks. An optional benefit for Maternity Coverage is also available. Individual Plans start at less than \$100 a month and under \$200 for couples.

Rates are guaranteed for 12 months

Standard Benefits

	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible		
Individual	\$500, \$1,200, \$2,500, \$5,000	\$750, \$1,800, \$3,750, \$7,500
Family	\$1,000, \$2,400, \$5,000, \$10,000	\$1,500, \$3,600, \$7,500, \$15,000
Coinsurance Levels	80%	60%
Individual Maximum	\$2,000	\$4,000
Family Maximum	\$4,000	\$8,000
Out-of-Pocket Maximum Amounts		
Individual	\$2,500, \$3,200, \$4,500, \$7,000	\$4,750, \$5,800, \$7,750, \$11,500
Family	\$5,000, \$6,400, \$9,000, \$14,000	\$9,500, \$11,600, \$15,500, \$23,000
Primary Physician Benefits	\$25 Copay	Deductible & Coinsurance Apply
Specialist Benefits	\$50 Copay	Deductible & Coinsurance Apply
Emergency	\$100 Copay per visit (Copay waived if admitted)	Deductible & Coinsurance Apply
Maternity (Optional Benefit)	Plan 1 – \$1,000 Deductible / 20% Coinsurance OR Plan 2 – \$2,500 Deductible / 50% Coinsurance Lifetime Maximum of \$12,000 Maternity Option available with a 15 month waiting period	
Mammography Exams	Deductible & Coinsurance Waived	Deductible & Coinsurance Waived
Preventive	Annual Maximum of \$250, including Routine Testing and Lab Work Limited to one exam per calendar year	
Well Child	\$25 Copay	Coinsurance Only/Deductible Waived
Annual OB/GYN Exams	\$25 Copay	Coinsurance Only/Deductible Waived
Adult Annual Routine Physical	\$25 Copay	Coinsurance Only/Deductible Waived
Prescription Drugs	\$200 Deductible, \$15/\$25/\$50 Copay	Not Covered
	Deductible not applied to Generics with \$15 Copay	
Overall Lifetime Benefit Maximum (Per Person)	\$1.0 million, \$3.0 million, \$5.0 million	



- HSA plans are available with \$1,200, \$2,500, and \$5,000 deductibles, 100% Coinsurance offered with all HSA Deductibles. Office visit and Rx Copays do not apply when HSA elected (Deductibles and Coinsurance apply).
- In & Out-of-Network Deductibles and Out-Of-Pocket Maximums accumulate separately
- Office Visits and Rx Copays are payable before charges are subject to deductible/coinsurance and are not counted towards Out-of-Pocket limits.

**Coverage underwritten through Bankers Insurance Company*

Exclusions

The Individual Major Medical plan does not cover pre-existing conditions* during the first 12 months of coverage. Dental and routine eye care is not covered. Other exclusions apply. A complete listing of plan exclusions is included in the Policy and Outline of Coverage.

**Pre-Existing Condition: A condition for which medical treatment or advice was rendered or recommended by a licensed physician within 24 months prior to the effective date of coverage; or the existence of symptoms, which would cause an ordinarily prudent person to seek medical diagnosis, care, or treatment during the 24 months prior to the effective date of coverage.*

10 Day Free Look Period

We are so confident in the quality of the Bankers Individual Major Medical Plan; we will guarantee your satisfaction. If you are not completely satisfied with our plan, you may return the policy and ID card within 10 days of delivery for a full refund.

Payment Options: Bankers offers different payment options to meet your needs.

Single Payment Option: You may pay for the entire 12-month coverage period with a single up-front payment.

Monthly Payment Option: You also may pay for coverage on a monthly basis.

Visa or MasterCard: You may pay your initial monthly premium by Visa or MasterCard and subsequent monthly premiums will be automatically charged to your account.

Automatic Charge to Checking Account: After your initial monthly premium is paid by check, subsequent monthly premiums will be automatically debited to your checking account.

Monthly Billing Statements: You may also elect to receive billing statements with premium checks remitted to Bankers on a monthly basis.

***Rates shown are for illustrative purposes only. Final rates are subject to underwriting and approval. This is not a guarantee of coverage.*

Questions about Bankers Health Plans and our Individual Major Medical Plan can be directed to 866-987-9844. You may also visit our web site at www.BankersHealthPlans.com.



Bankers Individual Major Medical PPO Plan FLORIDA

Bankers Health Plans is proud to offer our Individual Major Medical Plan*. You should never go without health insurance.

You will have more control over when and how you access care, the doctors you see and how much you spend on healthcare services

- Premiums are lower allowing you to save money every month
- Serves as a Safety Net, reducing concern about the financial impact from a serious illness or injury
- Access to National Networks of physicians, facilities and other health care professionals
- Coverage for Mammogram and Well Child care (Under State of Florida mandates)
- Selection of a primary care physician is not required
- Access to network discounts for medical care and prescription drugs

Rates are guaranteed for 12 months

Standard Benefits

	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible		
Individual	\$10,000	\$15,000
Family	\$20,000	\$30,000
Coinsurance Levels	80%	60%
Individual Maximum	\$2,000	\$4,000
Family Maximum	\$4,000	\$8,000
Out-of-Pocket Maximum Amounts		
Individual	\$12,000	\$19,000
Family	\$24,000	\$38,000
Primary Physician Benefits	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Specialist Benefits	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Emergency	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
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Preventive		
Well Child	Deductible & Coinsurance Waived	Deductible & Coinsurance Waived
Annual OB/GYN Exams	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Adult Annual Routine Physical	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Prescription Drugs	Deductible & Coinsurance Apply	Not Covered



Overall Lifetime Benefit Maximum (Per Person)	\$1.0 million, \$3.0 million, \$5.0 million
<ul style="list-style-type: none">▪ In & Out-of-Network Deductibles and Out-Of-Pocket Maximums accumulate separately▪ Office visit and Prescription Drugs copays do not apply to plans with \$10,000 In-Network Deductibles (Deductibles and Coinsurance apply)▪ Deductibles and Coinsurance apply for Preventive Benefits for plans with \$10,000 In-Network Deductible.	

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