

Care Access Health Plan, Inc. (Alternative Limited Benefit Plan)

Care Access offers a wide range of comprehensive routine and preventive health care benefits, including a limited prescription benefit, with added benefits such as vision, hearing and chiropractic, designed to keep you well. All care is managed through your primary care physician that you select, and referrals to specialists are required. There are no deductibles, and co-pays apply to care received through the Care Access network of physicians for both Low and High Option. A defined payment hospital plan is included from Markel Basic Health Insurance and pays \$500 per day to the hospital for up to 100 days.

General Provisions	High Option	Low Option
Is a PCP election/referral required	Yes	Yes
Annual Benefit Maximum (Outpatient Only)	\$25,000	\$25,000
Annual deductible	N/A	N/A
Annual Out-of-Pocket Max (excluding deductible)	N/A	N/A
Hospital Admission Benefit (Provided through Markel Basic health Insurance)	\$500 per day up to 100 days of confinement	\$500 per day up to 100 days of confinement
Plan Coinsurance	None	None
Inpatient Surgery Benefit (Provided through Markel Basic Health Insurance)	\$2,000/1 per year	\$2,000/1 per year
Outpatient Services		
Who is a Primary Care Physician (PCP)	Family and General Practitioners, Internists, Pediatricians	
Physician Charges	100% after \$10 co-pay	100% after \$20 co-pay
Preventive Care - Immunizations	Included in PCP office visit co-pay	Included in PCP office visit co-pay
Hearing examinations	100% after \$25 co-pay, 1 per year	100% after \$35 co-pay, 1 per year
Well Child Care	100% after \$10 co-pay	100% after \$20 co-pay
Vision Screening (eye exam/refraction) (Optometrist)	100% after \$25 co-pay, 1 per year	100% after \$35 co-pay, 1 per year
Physical examination	100% after applicable co pay	100% after applicable co-pay
GYN visit (specialist)	100% after \$25 co-pay, requires referral	100% after \$35 co-pay, requires referral
Mammograms (specialty care)	100% after \$25 co-pay, requires referral	100% after \$35 co-pay, requires referral
Laboratory- Quest Labs	No co-pay, after referral from PCP or specialist	No co-pay, after referral from PCP or specialist
Non-Hospital Based Diagnostic (High Tech Radiology, CT Scans, Pet Scans, MRI, nuclear medicine, X-ray and mammography)	100% after \$50 co-pay, requires referral	100% after \$100 co-pay, requires referral
Physical, occupational or speech therapy	30 visits per year, \$25 co-pay, requires referral	100% after \$35 co-pay, requires referral
Specialist Office Visit (all specialists)	100% after \$25 co-pay	100% after \$35 co-pay
Maternity Care (Pre and Post Natal Only, Delivery not covered)	100% after \$25 co-pay	100% after \$35 co-pay
Outpatient Surgery** (performed at contracted facility)	\$750 max after \$100 co-pay/episode	\$750 max after \$200 co-pay/episode
Urgent Care Centers (non-hospital)	100% after \$25 co-pay	100% after \$50 co-pay
Emergency Care (for in-area hospital, provided through Markel Basic Health Insurance)	\$300 per visit (1 for injury and for sickness allowed per year)	\$300 per visit (1 for injury and for sickness allowed per year)
Mental Health (Substance Abuse not covered)	20 visits per contract year, requires referral	20 visits per contract year, requires referral
Allergy Treatment (testing/ therapy)	\$15 co-pay in addition to office visit co-pay made to Specialist or PCP, requires referral	\$30 co-pay in addition to office visit co-pay made to Specialist or PCP, requires referral
Home Health	30 visits/year, \$10 co-pay	30 visits/year, \$20 co-pay
Durable Medical Equipment	\$10 co-pay upon delivery, requires referral	\$20 co-pay upon delivery, requires referral
Chiropractic Care	100% after \$25 co-pay	100% after \$35 co-pay
Out-of-area Urgent Care (Non-hospital)	Plan pays \$100 per episode after \$50 co-pay	Plan pays \$75 per episode after \$75 co-pay
Prescription Drugs***		
Retail Generic/ Formulary-Brand /Non-Formulary	\$7/25/25	\$15/35/35

Note: The covered services listed above and other services not listed are more fully explained in the Schedule of Benefits that is available to each Member upon Enrollment

****In addition, Markel Basic Health Insurance pays for 1 outpatient surgery per calendar year at \$800. 00**
*****Plan pays maximum \$1,200 per year maximum, or \$100 per month, no carry-over. Monthly limits also include \$100 for specialty injectibles and \$100 for allergy treatment**

Care Access Health Plan with Market Basic Health Insurance Rates

Inpatient and Outpatient Combined Rates		
	Per Member	Per Member
Age Band	High Option	Low Option
0-25	\$118.00	\$108.00
26-35	\$132.35	\$122.28
36-45	\$157.90	\$148.23
46-55	\$196.05	\$185.15
56-64	\$288.90	\$278.85
65 +	\$422.80	\$412.45

These Rates are Monthly for employees' eligible dependents.

For More Information Call:

866-222-0105