

**Basic Medical Plan w/ \$100 Wellness Benefit**

**Summary of Benefits**

*This is intended as a brief summary of the American Sentinel/Aegis Plan; the Insurance Certificate is the official document governing provisions of this Plan.*

**In-Network  
BeechStreet  
PPO**

**Out-of-Network**

**Office Visit Benefit**

*No deductible*

**\$20 Co-pay**  
\$65 per visit maximum benefit

**\$35 Co-pay**  
\$65 per visit maximum benefit

**Rx Benefit**

*For name brands and generics*

**Covered at 50%**  
\$750 annual maximum benefit

*Members also receive discounts averaging 18%. Available at all major pharmacies across the U.S. (i.e., Walgreens, Wal-Mart, Eckerd, Rite Aid.)*

**Maximum Benefit Per Accident or Sickness**

*For each separate accident or sickness per covered person*

**\$2,500**  
per occurrence

**Deductible Per Accident or Sickness**

**\$200**

**Hospital Care**

*Inpatient and outpatient*

**Covered at 60%**

**Covered at 50%**

**Physician Services**

**Covered at 60%**

**Covered at 50%**

**Chiropractic Services**

*Twelve (12) visits per 52-week calendar year*

**Covered at 60%**

**Covered at 50%**

**Additional In-Patient Benefit**

*Pays after per accident or sickness maximum benefit is used*

**\$200 per day**  
30 days max per calendar year

**Lab/X-Ray/Diagnostic Care**

*Including interpretation*

**Covered at 60%**  
up to \$750 per occurrence

**Covered at 50%**  
up to \$750 per occurrence

*Discount lab program also included for Unlimited Lab Tests at a savings of up to 70% when utilizing these facilities: **Quest Diagnostics and Lab Corp***

**Emergency Room/Ambulance**

*Deductible waived if admitted into a hospital or if due to an accident*

**Covered at 60%**  
After \$350 ER deductible

**Surgery**

*Inpatient or Outpatient*

**Covered at 60%**

**Covered at 50%**

**Other Covered Medical Services**

*Home Health Care  
Skilled Nursing Facility  
Hospice Care  
Physical Therapy  
Durable Medical Equipment*

**Covered at 60%**

**Covered at 50%**

**All State Mandated Benefits Included**

*Typically, if a condition is treated in the prior six months, there will be no coverage for that pre-existing condition for 12 months. This varies by state; please see your Insurance Certificate. Credit will be given with proof of prior coverage. All benefits are limited to UCR Charges at the 80th percentile based on data provided by Medical Data Research (MDR).*

Greater Cedar Valley Chamber of Commerce \$5.00 per Employee Per Month included for the Chamber Commerce.		
EE	EE+1	Family
<b>\$117.50</b>	<b>\$215.50</b>	<b>\$311.50</b>

**Guaranteed Issue**

**Maternity Coverage  
From Day One**

**HIPAA Compliant**

**“A” Rated Carrier**

**Assignable Benefits**

**PPO Discounts**

**\$100 Wellness  
Benefit Included**

**Vision Discount  
Program**

**\$10,000 Accidental  
Death Benefit**

**COBRA  
Administration**

Underwritten By:



**Aegis Group**

American Sentinel Insurance Company  
Aegis Security Insurance Company  
A.M. Best Rating: A (Excellent)



# Premier Medical Plan w/ \$100 Wellness Benefit

- Guaranteed Issue**
- Maternity Coverage From Day One**
- HIPAA Compliant**
- “A” Rated Carrier**
- Assignable Benefits**
- PPO Discounts**
- \$100 Wellness Benefit Included**
- Vision Discount Program**
- \$10,000 Accidental Death Benefit**
- COBRA Administration**
- Underwritten By:
- 
- Aegis Group**
- American Sentinel Insurance Company  
Aegis Security Insurance Company  
A.M. Best Rating: A (Excellent)

	In-Network <b>BeechStreet PPO</b>	Out-of-Network
<b>Summary of Benefits</b> <i>This is intended as a brief summary of the American Sentinel/Aegis Plan; the Insurance Certificate is the official document governing provisions of this Plan.</i>		
<b>Office Visit Benefit</b> <i>No deductible</i>	<b>\$15 Co-pay</b> \$85 per visit maximum benefit	<b>\$25 Co-pay</b> \$85 per visit maximum benefit
<b>Rx Benefit</b> <i>For name brands and generics</i>  <i>Members also receive discounts averaging 18%. Available at all major pharmacies across the U.S. (i.e., Walgreens, Wal-Mart, Eckerd, Rite Aid.)</i>	<b>Covered at 50%</b> \$1000 annual maximum benefit	
<b>Maximum Benefit Per Accident or Sickness</b> <i>For each separate accident or sickness per covered person.</i>	<b>\$5,000</b> per occurrence	
<b>Deductible Per Accident or Sickness</b>	<b>\$150</b>	
<b>Hospital Care</b> <i>Inpatient and outpatient</i>	<b>Covered at 80%</b>	<b>Covered at 70%</b>
<b>Physician Services</b>	<b>Covered at 80%</b>	<b>Covered at 70%</b>
<b>Chiropractic Services</b> <i>Twelve (12) visits per 52-week calendar year</i>	<b>Covered at 80%</b>	<b>Covered at 70%</b>
<b>Additional In-Patient Benefit</b> <i>Pays after per accident or sickness maximum benefit is used</i>	<b>\$400 per day</b> 30 days max per calendar year	
<b>Lab/X-Ray/Diagnostic Care</b> <i>Including interpretation</i>  <i>Discount lab program also included for <u>Unlimited Lab Tests</u> at a savings of up to 70% when utilizing these facilities: <b>Quest Diagnostics and Lab Corp</b></i>	<b>Covered at 80%</b> up to \$1000 per occurrence	<b>Covered at 70%</b> up to \$1000 per occurrence
<b>Emergency Room/Ambulance</b> <i>Deductible waived if admitted into a hospital or if due to an accident.</i>	<b>Covered at 80%</b> After \$350 ER deductible	
<b>Surgery</b> <i>Inpatient or Outpatient</i>	<b>Covered at 80%</b>	<b>Covered at 70%</b>
<b>Other Covered Medical Services</b> <i>Home Health Care Skilled Nursing Facility Hospice Care Physical Therapy Durable Medical Equipment</i>	<b>Covered at 80%</b>	<b>Covered at 70%</b>

**All State Mandated Benefits Included**  
Typically, if a condition is treated in the prior six months, there will be no coverage for that pre-existing condition for 12 months. This varies by state; please see your Insurance Certificate. Credit will be given with proof of prior coverage. All benefits are limited to UCR Charges at the 80th percentile based on data provided by Medical Data Research (MDR).

<b>Greater Cedar Valley Chamber of Commerce</b>		
<b>\$5.00 per Employee Per Month included for the Chamber Commerce</b>		
<b>EE</b>	<b>EE+1</b>	<b>Family</b>
<b>\$187.50</b>	<b>\$360.50</b>	<b>\$530.50</b>